



Nourishing the Future of Food in Health Care

A Pan-Canadian Policy Scan 2018

Acknowledgments

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About Food Secure Canada

Food Secure Canada is a pan-Canadian alliance of organizations and individuals working together to advance food security and food sovereignty through three interlocking goals: zero hunger, healthy and safe food, and sustainable food systems.

www.foodsecurecanada.org

About McConnell Foundation

The McConnell Foundation is a private Canadian foundation that develops and applies innovative approaches to social, cultural, economic and environmental challenges. We do so through granting and investing, capacity building, convening, and co-creation with grantees, partners and the public.

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About Nourish: The Future of Food in Health Care

Nourish is an initiative working at the intersection of food and healthcare. Over the past two years, Nourish Innovators and their organizations have been working to improve patient experience, organizational culture and community through food.

www.nourishhealthcare.ca

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Introduction

Introduction

The health of Canadians, and that of our health care system, is being significantly affected by diet-related chronic disease, food insecurity, antibiotic resistance and climate change. An important factor in all of these pressures is our current food system.

Nourish: The Future of Food in Health Care aims to build a future where the impact of food on health is understood and valued. This includes taking a broader look at food that can be more healthy, delicious, local, sustainable and cultural in health care settings. It is grounded in the work of 26 innovators in hospitals, health centres and long-term care facilities across Canada who are changing the role of food in health care. Nourish also supports collaborative projects, cross-sectoral convening and policy innovation. It is a project led by the McConnell Foundation with key partners including HealthcareCAN, Healthcare Without Harm, Food Secure Canada and the Canadian Coalition for Green Healthcare.

HealthCareCAN's Issue Brief *The Role of Food in Hospitals* (Murphy, 2017) outlines some of the key issues with hospital food including the need to improve the patient food experience, address malnutrition, provide food that appeals to people of diverse cultural backgrounds and increase the nutritional value of retail food options. Similarly in long-term care settings, older adults are often nutritionally vulnerable. *Making the Most of Mealtimes* (Keller, 2016) and *Exercising Choice in Long-Term Residential Care* (Armstrong & Daly, 2017) identify the need to support better food intake by improving menus and the taste of food, creating more welcoming, comfortable eating spaces and providing person-centred techniques and choice. Many other actors see the broad opportunities for

leveraging the purchasing power of public institutions towards local, sustainable, resilient food systems.

Nourish's work so far has brought to light many opportunities for reimagining food in health care to positively affect patient experience, institutional culture and community well-being. However, there are many challenges in moving forward that stem from the policies, regulations and practices that govern food in health care — in both food and health care systems.

Health care facilities in Canada have a tremendous opportunity through demonstrated leadership and “whole of hospital” approaches to food that can generate health, economic and environmental impacts through the \$4 billion spent annually on food services (“Nourish Infographic”, 2018). Public policies, within governments and facilities, are a powerful way to drive and support these many cross-cutting impacts on health, agriculture and equity.

The McConnell Foundation commissioned Food Secure Canada to conduct a pan-Canadian scan and create an inventory of existing health, agriculture and procurement policies that guide food in health care settings in order to better identify opportunities for policy innovation that can help shift hospitals and other care centres toward more healthy, delicious, local, sustainable and cultural food. This report aims to highlight policy gaps and opportunities before us.

Understanding the pan-Canadian policy landscape of food in health care settings

With a diversity of cultures, food systems, procurement and health care frameworks across Canada, food in health care settings is guided by many different policies and practices. The scan focuses on provincial/territorial policies, as health care service delivery falls under this jurisdiction. Agricultural and procurement policies at the provincial/territorial level were also reviewed as they impact food available to health care institutions and how they purchase food. With a groundswell of innovations that are bringing more local, healthy, sustainable and cultural food into health care settings, promising actions at a regional level have also been included where identified.

The provincial/territorial policy scan was framed around the following questions:

Food and nutrition strategies:

- **Do food and nutrition strategies reference institutional food?**

Food in health care settings

- **Are there food service standards for both hospitals and long-term care?**
- **How are healthy food environments promoted?**
- **How is the patient food experience assessed?**
- **Is the serving of Indigenous country/traditional foods enabled?**

Local food

- **How is local food defined and promoted?**
- **Are there initiatives that support institutional procurement of local food?**

Procurement

- **Are there values-based procurement policies which encourage generating triple bottom-line sustainability impacts (social, economic and environmental)?**
- **How is food purchasing structured for health care facilities?**

This report provides an analysis of the policy landscape and identifies where early work is underway to enable stronger connections between the patient food experience, cultural food that is healthy, delicious, local and sustainable, and more values-based procurement.

Scan approach

The scan was conducted by researching publicly available data (available as of March 31, 2019), gathering input from Nourish innovators and conducting key informant interviews to address gaps. An early draft of the scan findings was presented to senior officials from provincial, territorial and Indigenous governments at a policy workshop in September 2018, many of whom provided detailed feedback. The scan also builds upon other recent research, for example, *Food-EPI Canada 2017* (Vanderlee, Goorang, Karbasy, Schermel, L'Abbé, 2017), *Dietitians in Long-Term Care: A Pan-Canadian Environmental Scan* (Dietitians of Canada, 2018), *Buying Local: Tools for Forward Thinking Institutions* (Duffy & Pringle, 2013), *Mapping the Food Policy Landscape in Canada* (Martorell, 2017), *A Guide to Social Procurement* (LePage, Fiorante, Hanbury, 2018), with the objective of compiling into a single document policies and analyses that otherwise tend to remain siloed in health, agriculture or procurement.

Due to limited resources, the scan was not exhaustive and may not have captured all emergent activities. For example, it did not include a number of additional policy areas that affect efforts to encourage more local, sustainable, cultural food procurement, such as food safety. Analysis focused on comparing qualitative aspects of policies and does not provide an assessment of depth or impact of existing policies.

As the work of Nourish progresses, this scan will be used as a living document and updated regularly. Feedback and suggestions for edits are welcome and can be emailed to institutions@foodsecurecanada.org.

How to read this report

Section 1: Key Findings presents the **key findings** of the policy scan and **areas for policy innovation**. **Five leverage points**, which are targeted changes in one area that can produce larger shifts across systems, are offered as ways to enhance the economic, health, social and environmental benefits of bringing food into a more central role for health and healing.

Section 2: Discussion of Scan Findings maps out the pan-Canadian policy landscape with a detailed discussion for each thematic area: food and nutrition strategies; food in health care settings; local food; and values-based procurement.

Section 3: Appendices provide an inventory of policies which were compiled for each province and territory.

Key Findings

The scan findings illustrate a wide diversity of policies and practices that currently guide food choices in health care settings. Presented in this section are the key findings of policies in provinces and territories in each thematic area, along with opportunities for policy innovation that could enable Canadian health care facilities to generate more value through food.

Key findings



Food and nutrition strategies

Improving institutional food has been identified by many provinces as an important way to encourage healthy eating.

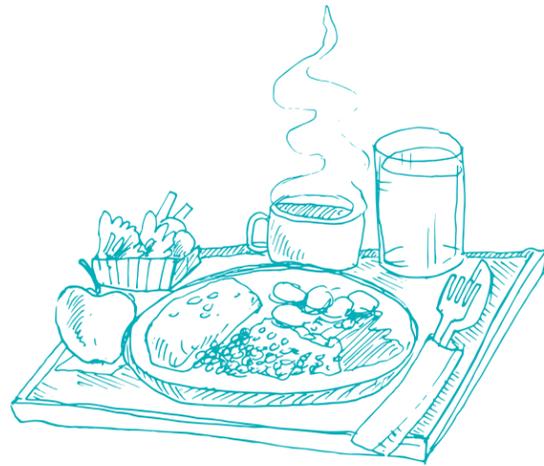
Almost all provinces and territories have food and nutrition strategies to support the critical connection between a nutritious diet and health. Many emphasize the importance of creating healthy eating environments in public institutions.

Policies identified in: Alberta, British Columbia, New Brunswick, Newfoundland and Labrador, Nova Scotia, Prince Edward Island, and Quebec

Opportunity for policy innovation

Ensure all health care settings across Canada are healthy food environments and explore how food literacy and food access programming could further support healthy eating in the population.

The new *Canada Food Guide* offers a powerful opportunity to look more closely at food in health care as it has the potential to influence the diets of the thousands of Canadians who are receiving care, working in or visiting healthcare facilities every day. Specialized diets are still needed for many patients and residents in healthcare facilities, but the broader population touched by the healthcare sector can benefit from healthier eating environments and more opportunities for developing food skills and improved food access.



Food in health care settings

Hospital food service standards

A gap exists around hospital food service standards.

In notable contrast to long-term care settings, the frameworks outlining the provision of acute hospital care do not include standards for food and nutrition, apart from Nunavut's Hospital Standard Regulations (Nu. Reg. 1990 c T-g) which outlines the equipment and facilities required for the storage, preparation and serving of food. Menus in hospitals are typically based on *Canada's Food Guide*, with additional therapeutic diets developed to meet clinical needs.

Policies identified in: Nunavut

Several provinces have initiatives aimed at improving food in hospitals.

Alberta Health Services has a suite of guidelines focusing on improving the patient meal experience. British Columbia has a sodium

reduction target for patient and resident meals. Quebec created a framework to encourage facilities to adopt policies to improve food quality for all users—clients, staff and visitors. And the Nova Scotia Health Authority is implementing a province-wide standardized room service model which enables patients to choose what, and when, to eat.

Policies identified in: Alberta, British Columbia, Nova Scotia, Quebec

Opportunity for policy innovation

Developing comprehensive hospital food service standards to address malnutrition and define nourishing food.

As there is currently a gap in hospital food service standards this is a promising area for policy innovation. Research by the Canadian Malnutrition Task Force (CMTF) has identified numerous barriers to patients' eating in hospitals such as difficulties opening food packaging, a lack of protected meal times and limited choice being offered. The resulting malnourishment of many patients is linked to longer hospital stays, costing an estimated \$2 billion each year (Curtis, 2017) and also incurs costs for dealing with plate waste. Effectively addressing these issues will require going beyond simply improving the hospital tray—it will require taking "whole of hospital" approaches, which encourage clinical and food services to work better together to see food as integral to both health and healing.

Hospital food service standards could be developed to support whole of hospital approaches in order to address malnutrition and to define nourishing food, including criteria such as nutrition (health benefits), comfort (emotional and mental benefits), cultural safety (spiritual and cultural well-being), and sustainability (economic, social and environmental value).

Long-term care food service standards

All provinces have regulatory guidance, to varying degrees, for food and nutrition in long-term care settings.

Regulations vary across provinces in terms of menu planning, food preparation, food availability, participation by persons in care, etc. Ontario's *Long-term Care Homes Act* (2007) and Regulation 79/10 appear to be the most comprehensive in Canada.

Policies identified in: Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, Prince Edward Island, Quebec, Saskatchewan

Opportunity for policy innovation

Support better food intake by residents in long-term care by improving menus and the taste of food, creating more welcoming, comfortable eating spaces and providing person-centred techniques and choice.

Recent research reports, *Making the Most of Mealtimes* (Keller, 2016) and *Exercising Choice in Long-Term Residential Care* (Armstrong & Daly, 2017), identify the need to support better food intake by residents in long-term care by improving menus and the taste of food, creating more welcoming, comfortable eating spaces and providing person-centred techniques and choice as this influences how much residents eat and enjoy their meals. As many provinces already have established long-term care food service standards there is a strong opportunity to further develop them in order to contribute significantly to residents' health and well-being.

Healthy food environments

A growing number of provinces support creating healthier food environments in health care settings to more fully align with population health goals.

Only a decade ago, in 2009, Capital Health in Nova Scotia became the first health authority in Canada to establish a comprehensive healthy eating strategy and policy. Now several provinces also have policies to support healthier food environments through improving vending and cafeteria offerings.

Policies identified in: Alberta, British Columbia, New Brunswick, Northwest Territories, Nova Scotia, Quebec

Opportunity for policy innovation

Health care institutions have an important role to play in encouraging population wide shifts towards healthy eating.

The availability of fast food options and sugary drinks in hospital cafeterias, retail franchises and vending machines often do not model healthy eating. Existing policies at the facility, regional and provincial/territorial level provide a foundation for adaptation and scaling out toward the goal of creating healthier hospital food environments for patients (both in-hospital and ambulatory), staff, families and communities.

Patient food experience

Several provinces use standardized tools to assess patient satisfaction with food.

Many provinces have recently adopted the use of the *Canadian Patient Experience Survey for Inpatient Care (CPES-IC)* to assess and benchmark the patient experience across the continuum of care, but questions related to food are not included. Three provinces currently use standardized patient food survey tools: Alberta Health Services, the Nova Scotia Health Authority and the Saskatchewan Health Quality Council. In other provinces/territories, facilities typically conduct their own patient satisfaction surveys and/or plate waste audits when new menu items are introduced. An Ontario research project *Putting Quality Food on the Tray* is developing and testing a patient food satisfaction and experience tool, along with Nourish innovators who are testing it in other provinces.

Policies identified in: Alberta, Nova Scotia, Saskatchewan

Opportunity for policy innovation

Prioritizing a more nourishing meal experience can help enhance recovery and inspire healthier eating.

As patient-centred care continues to be at the heart of improving health care service delivery, exploring in greater depth the role that food plays in the patient experience, healing and wellness is an important area for innovation. Learning from better evaluation tools and taking whole-of-hospital approaches that encourage food services and clinical teams to work together can help to bring food into a more central role for health and healing for patients.

Country/traditional foods

Country/traditional foods are often not available in health care settings, but several facilities and jurisdictions are leading the way.

Food security and nutrition are important issues for First Nations, Inuit and Métis peoples. Access to country/traditional foods and the sacred connection to the land is a vital part of health and well-being. However, in health care settings, these foods are rarely available, often due to barriers related to food safety traceability and other regulations. The Government of Nunavut and the Nunavut Food Security Coalition have partnered on a guide encouraging government-funded facilities and community programs to offer more country foods. Some facilities have established country/traditional food programs using donated wild food, with two notable examples being Meno Ya Win Health Centre in Ontario and Whitehorse General Hospital in the Yukon. Regional efforts and pilot programs in facilities are also underway in British Columbia, N.W.T, Quebec, and Saskatchewan.

Policies and regional efforts identified in: British Columbia, Northwest Territories, Nunavut, Ontario, Quebec, Saskatchewan, Yukon

Opportunity for policy innovation

Working to improve access to country/traditional foods in health care settings is a pathway toward decolonization and reconciliation with Indigenous peoples.

There are a number of promising practices that are improving access to country/traditional foods in health care settings including: health care legislation that enables the sourcing of uninspected country foods, piloting distribution systems and new menus, and education and training about food safety. Learning from and scaling these initiatives offers great potential along with the broad recognition that collaborative approaches will be needed that engage stakeholders at all levels—from national, provincial/territorial, regional and Indigenous governments—to establish new policy frameworks for country/traditional food systems across Canada.



Promoting local food

Defining and promoting local food

There is variability in how local food is defined across Canada.

To implement local food procurement and track the results, “local” food needs to be defined. *The Local Food Claims Interim Policy of the Canadian Food Inspection Agency* (n.d.) offers a definition related to food being produced within a province/territory, or within 40 km of its border. Several provinces have definitions that incorporate different aspects related to processing: Alberta’s definition includes agricultural products processed in the province; “Manitoba food” means food that is grown, raised, produced or processed by individuals or businesses in Manitoba. Local food designations for processed foods in British Columbia, Quebec and Ontario include both criteria for a minimum percentage of food ingredients to be provincially produced, and that processing also occur within the province.

Policies identified in: Alberta, British Columbia, Manitoba, Ontario, Quebec

Almost all provinces/territories promote local food.

Almost all provinces and territories have legislation and/or programs that promote local food. Quebec has also made encouraging the growth of the sustainable food sector a priority.

Policies identified in: Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland, Northwest Territories, Nova Scotia, Nunavut, Ontario, Prince Edward Island, Quebec, Yukon

Opportunity for policy innovation

Working towards shared criteria along value chains to identify local and sustainable foods for institutional purchasers.

When institutions are looking to source more local food, it is important for them to start by clearly defining their goals and understanding existing definitions in their jurisdiction, and those used by the value chain. From here, work towards shared definitions will support innovations needed, for example in improving traceability of local food in distributor ordering systems. Similarly, sourcing more sustainably produced foods will require support for institutions in identifying various aspects of sustainable production. Some can be identified currently through third-party certifications and label claims but there are other aspects of sustainability that currently do not fit easily on a label such as regenerative use of natural resources (soil, water, nutrients), promoting biodiversity, and ensuring fair working conditions for food producers and workers.

Supporting institutional local food procurement

Institutional local food procurement is a growing strategic priority.

British Columbia, New Brunswick, Newfoundland and Labrador, Northwest Territories, Ontario, Quebec, and Yukon all identify institutional local food procurement as a strategic priority in supporting their agricultural sectors. As previously mentioned, Quebec includes sustainable food procurement and sector growth as a further priority with specific targets for organic food production. Common strategies include marketing brands and programs for producers to develop value chains for better access to the institutional market.

Policies identified in: British Columbia, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, Ontario, Quebec, Yukon

Opportunity for policy innovation

Learning from and scaling the growing number of innovations

With a groundswell of innovations, both in facilities and policy, there are tremendous opportunities for sharing learning and working towards scaling. To inform enabling policies, it is essential to consider the diversity of different facility sizes, existing infrastructures for cooking, and management of food service operations (self-operated vs. corporate caterers) along with an understanding of the complexities of food value chains. Facilitating peer learning on innovations and promising practices between provinces and territories can support efficient and adapted scaling, for example a promising practice found in the scan of menu recognition programs to help patients, visitors and staff better identify local foods.

Currently B.C. is the only province which has set an aspirational local procurement target. Feed B.C.'s target is 30% local food purchasing by health care institutions.

Feed B.C.'s first initiative is currently underway with the Interior Health Authority to bring more local food into hospitals and long-term care facilities. The Nova Scotia Health Authority tracks local food spending to enable it to report the percentage of overall local food purchased and Ontario recently announced the local food public sector organization goal under the *Local Food Act* (2013) including reporting progress in its annual *Local Food Report*.

Policies identified in: British Columbia, Nova Scotia, Ontario

Opportunity for policy innovation

Tracking progress toward local sustainable food purchasing goals incentivizes health care institutions to build stronger, mutually beneficial relationships with local producers, processors, and distributors.

The food service sector in health care spends \$4 billion every year which represents significant purchasing power. As public institutions they are accountable to stakeholders and taxpayers for seeking to maximize the value generated from the use of public funds. Nourish innovator experiences have demonstrated that when healthcare facilities start to track their local and sustainable food spend it helps them to change their purchasing practices and menus because they can measure progress and impact. Implementing policies to encourage health care facilities to develop baselines of their existing spending on local food is a powerful first step.



Procurement

Values-based procurement

A growing number of provinces/territories are rethinking procurement practices in order to obtain better overall value for public dollars.

British Columbia, Manitoba, Newfoundland and Labrador, Nova Scotia, and Ontario have identified leveraging procurement as a strategic opportunity to make positive social, sustainability and economic impact. The Northwest Territories, Nunavut, and Yukon target greater procurement from businesses in their regions. Manitoba is unique in its policies to promote procurement from Indigenous businesses. Policies in Quebec and Nova Scotia enable public sector purchasers to source more socially and environmentally sustainable products through the inclusion of sustainability criteria in bid evaluation.

Policies identified in: British Columbia, Manitoba, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, Ontario, Quebec, Yukon

Opportunity for policy innovation

Innovative values-based procurement tools and strategies are needed specifically to facilitate health care food purchasing from local, sustainable food producers and leveraging their contracts for food service management.

The development of tools and criteria for more values-based procurement of local, sustainable, healthy, cultural food is needed for the offering and evaluation of bids that can generate best value for public institutions by considering not only price but other impacts.

Health care food purchasing

Group Purchasing Organizations pool buying power for health care institutions.

Hospitals and long-term care facilities typically participate in a Group Purchasing Organization (GPO) to pool buying power for all types of products, from medical supplies to equipment to food. There is one regional GPO in Ontario, MEALSource, which has over 30 health care facility members, and there are three GPOs in Quebec - Sigma Santé, GACEQ, GAQOuest. The rest of health care facility food purchasing volume flows through national GPO HealthPro, corporate caterers and distributors.

Opportunity for policy innovation

Regional Group Purchasing Organizations (for example, in Ontario and Quebec) are leading efforts to expand local, sustainable food purchasing.

Facilities and regional GPO's are demonstrating how health care purchasing is helping to develop markets and value chains for local, sustainable food producers and contributing to more resilient rural economies which could be scaled across Canada.

Pan-Canadian Policy Landscape

Food and Nutrition Strategies

A Institutional food is identified as a way to support healthy eating

Food in Health Care Settings

B Hospital food service standards/initiatives

C Long-term care food service standards

D Healthy Food Environments

E Patient Food Experience

F Indigenous country/traditional food

Local Food

G Local Food Definition

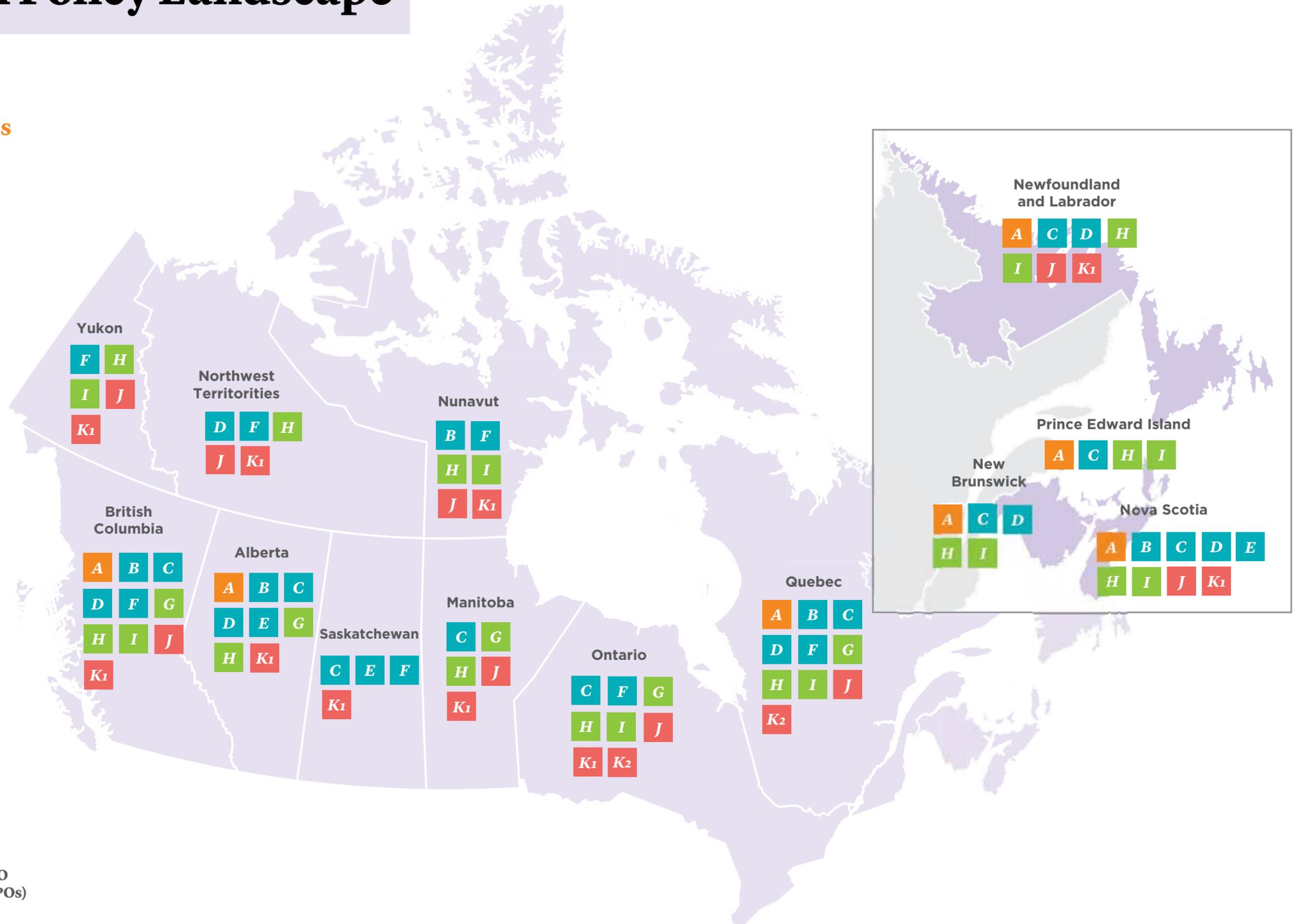
H Local Food Promotion

I Supporting institutional local food procurement

Procurement

J Values-based procurement policies

K Health care food purchasing via GPO (K1: HealthPro GPO, K2: regional GPOs)



Leverage points for change

Five leverage points are offered as ways to enhance the economic, health, social and environmental benefits of bringing food into a more central role for health and healing.

1. Bringing to life the new Canada Food Guide

The new Canada Food Guide released in 2019 by Health Canada offers a powerful opportunity to look more closely at food and health. This dietary guidance takes healthy eating in a new direction including considerations that go beyond nutrients to include the eating environment, the nature of food (fresh vs. processed), as well as relevant social, cultural and environmental issues. Bringing this guidance to life in health care settings can influence menus, food service operations, and food environments. The Food Guide points to the important twofold role public institutions can play in creating healthier food environments to support population health - by modelling the new dietary guidance and by increasing healthy food options outside the home.

2. Investing in food services to help unlock its full value

Food services in health care typically work with very tight budgets for food, which along with a range of different kitchen facilities and staffing resources, can limit their ability to shift purchasing and menus towards more local, sustainable foods. Only two provinces were identified in the scan with funding envelopes set for raw food costs in long-term care facilities: in Ontario, budgets are \$9/resident/day, and in New Brunswick, \$5.95/resident/day. This leaves other long-term care facilities and all acute care facilities vulnerable to budgetary pressures. Increasing support for food services to enable them to purchase more local, sustainable food could help to unlock its full value for both health and agriculture systems. Shifting food and nutrition services from operations (cost focus) to patient care (health focus) was a recommendation offered by a September 2014 consensus conference of public health and food procurement experts in this regard (Raine et al, 2018).

3. Shifting to menus that are good for people and the planet

With climate change looming as a global health threat, food is an emerging opportunity for action to help meet Canada's Paris Agreement targets and beyond. As the recent *EAT-Lancet Commission on Healthy Diets from Sustainable Food Systems brief for Policymakers* (2019) notes, "the food we eat, the ways we produce it, and the amounts wasted or lost have major impacts on human health and environmental sustainability. A diet that includes more plant-based foods and fewer animal source foods is healthy, sustainable, and good for both people and planet. Getting it right with food will be an important way for countries to achieve the targets of the UN Sustainable Development Goals and the Paris Agreement on climate change." Health care facilities can meaningfully support this work by shifting to more plant-based menus and sourcing sustainably produced foods.

4. Creating a food culture that celebrates healthy, delicious, local, and sustainable food helps institutions to invest in the hard work of change

Shifting to more healthy, delicious, local, sustainable procurement by institutions requires engaging many actors along the value chain — producers, distributors, procurement officers, food service managers, health care leaders, patients and communities — as well as supporting culture shifts to successfully embed these changes in both food and health systems. Leadership and policies at the facility, provincial/territorial and federal level will be important to enabling greater local and sustainable procurement by institutions.

5. Health care institutions can be anchors in their communities

Unhealthy eating is a major risk factor for chronic disease and death in Canada. Four million Canadians experience food insecurity which has negative impacts on their health and costs our health care system as well. Health care institutions have significant resources and economic power — procurement, employment, investment, real estate — that they can align with strategies to address unhealthy eating, food insecurity and improve the social determinants of health by being anchors in their communities.

Taken together the opportunities for policy innovation and leverage points for change illustrate the great potential for the future of food in health care to positively affect patient experience, institutional culture and community well-being. This scan is intended as a starting point for deepening understanding and identifying opportunities for greater policy integration and innovation across sectors and across Canada.

This discussion section provides a more detailed analysis of pan-Canadian policies related to food in health care settings, the promotion of healthy, delicious, local, sustainable and cultural food, and values-based procurement.

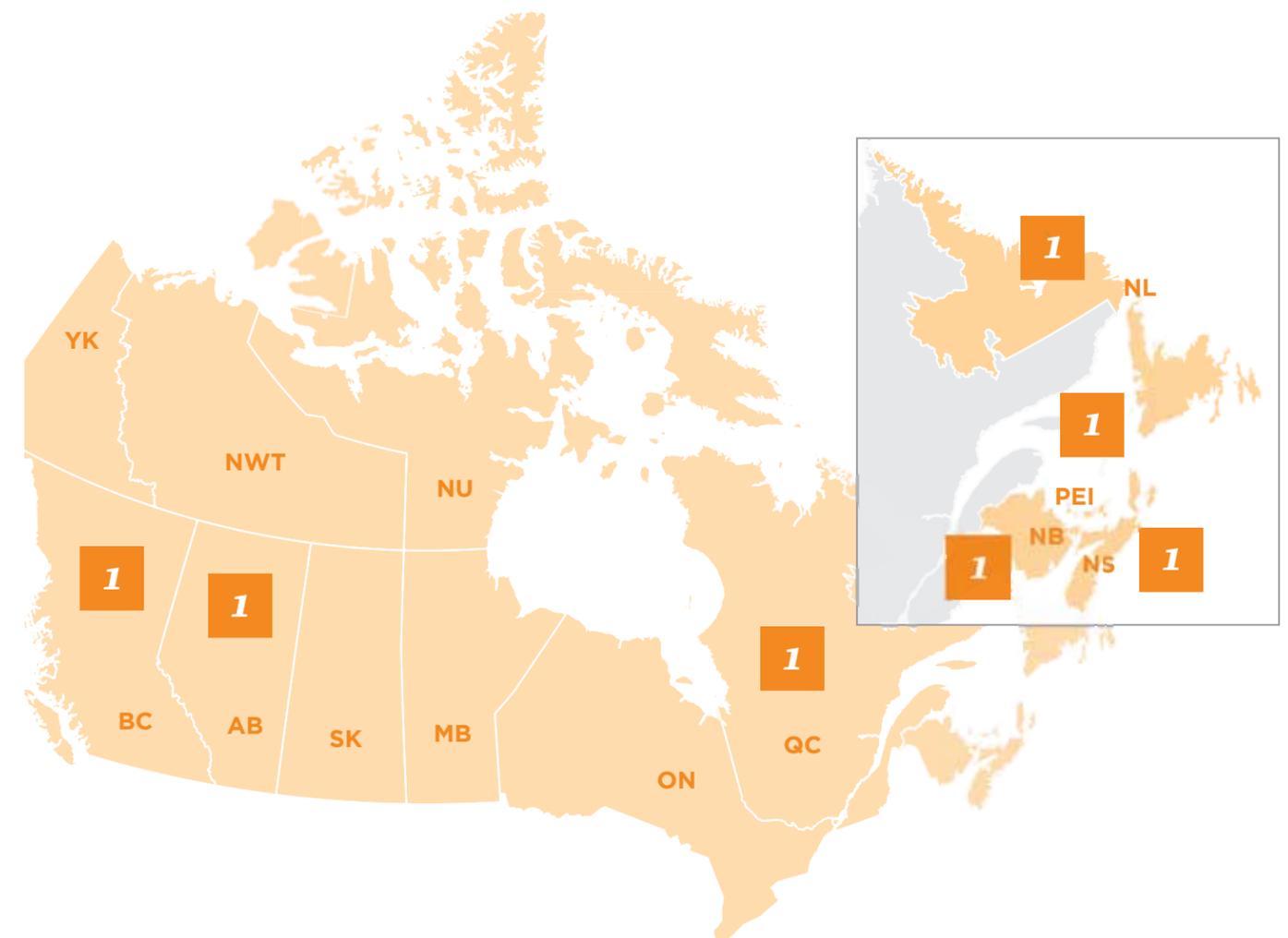
Discussion of Scan Findings

POLICIES RELATED TO

Food and nutrition strategies

1 Institutional food is identified as a way to support healthy eating

Food and nutrition strategies in Alta., B.C., N.B., N.L., N.S., P.E.I., and Que., reference institutional food as a way to support healthy eating.



Food and nutrition strategies



Almost all provinces and territories have food and nutrition strategies emphasizing the critical connection between a nutritious diet and health. They offer guidelines and recognize the need for support for vulnerable populations in order to encourage healthier eating and reduce rates of diet-related chronic disease.

Strategies that identify the important role that creating healthy food environments in public institutions can play in encouraging healthy eating in populations are highlighted below.

ALBERTA

Alberta Nutrition Guidelines for Adults (Government of Alberta, 2012) and the *Alberta Nutrition Guidelines for Children and Youth* (Government of Alberta, 2012) are designed to equip Albertans, facilities and organizations with the foods they need to create healthier eating environments in their homes, workplaces and in public settings.

BRITISH COLUMBIA

Promoting Healthy Eating and Sustainable Local Food in B.C.: An Action Framework for Public Institutions “provides a broad range of ideas that health authorities, educational institutions, childcare facilities, and local governments can take to support the determinants of healthy eating while promoting a local and sustainable food

supply” (B.C. Provincial Health Authority, 2011). More recently, the provincial health authority commissioned a report detailing the connection between agriculture and health, *Agriculture’s Connection to Health: A summary of the evidence relevant to British Columbia* (B.C. Provincial Health Authority, 2016).

NEW BRUNSWICK

The New Brunswick Public Health Nutrition Framework for Action 2012-2016 (Government of New Brunswick, 2012) includes recommendations to “support the development of nutrition policies in health care settings” and to “promote the use of local nutritious food and beverages in public institutions.”

NOVA SCOTIA

Healthy Eating Nova Scotia (Healthy Eating Action Group, 2005) is a provincial planning framework for action on healthy eating which “recommends that the Office of Health Promotion work with partners to develop food and nutrition policy frameworks for food service operators in publicly funded institutions, such as schools, hospitals and post-secondary institutions,” and the *Nova Scotia Food and Beverage Nutrient Criteria* (Government of Nova Scotia, 2008) outlines maximum and minimum nutrition criteria for use in policies in various settings.

NEWFOUNDLAND AND LABRADOR

The Eating Healthier in Newfoundland and Labrador: Provincial food and nutrition framework and action plan (Government of Newfoundland and Labrador, 2006) is designed to direct and support other actors, including public institutions, in making decisions regarding food and nutrition.

ONTARIO

While it does not have a provincial policy per se, Ontario does have a diverse group of experts and stakeholders representing agriculture, food, health and Indigenous communities from the not-for-profit, public health, academia and government sectors who have developed the *Ontario Food and Nutrition Strategy* (Ontario Food and Nutrition Strategy Group, 2017). The strategy identifies an action area—increasing the use of healthy and local food in public sector organizations—as being important “to start shifting the food environment by showcasing healthy and local foods in their facilities and acting as role models for other organizations” (p.18).

PRINCE EDWARD ISLAND

Prince Edward Island identifies healthy eating as a key pillar in its Wellness Strategy identifying “opportunities to impact healthy food and overall healthy living choices in many different settings and across the lifespan – from breastfeeding friendly environments, early learning centers, schools, post-secondary education settings, workplaces, recreation facilities, hospitals, and long-term care facilities” (PEI Department of Health and Wellness, 2014, p.10).

QUEBEC

In Quebec, the *Politique gouvernementale de prévention en santé* (Québec MSSS, 2016) sets out policy to achieve a number of health policy objectives and the *Plan d’action interministériel 2017-2021 de la Politique gouvernementale de prévention en santé* (Québec MSSS, 2018) offers an interdepartmental plan of action to this end. Additionally, the Institut National du Santé Publique du Québec has produced a report called *The Diet of Québec First Nations and Inuit Peoples* (2015) to “emphasize the urgency of supporting First Nations and Inuit

in their efforts to reclaim a varied and healthy diet and all of the associated benefits for their overall health and quality of life.”

Food in health care settings

1 Hospital food service standards/initiatives

Hospital food referenced in regulations: Nunavut.
Hospital food initiatives: Alta. (patient food experience); B.C. (sodium reduction); N.S. (room service); Que. (framework for facility-led policy development);

2 Long-term care food service standards

All ten provinces have regulations (varying levels) Alta., B.C., Man., N.B., N.L., N.S., Ont., P.E.I., Que., Sask.

3 Healthy Food Environments

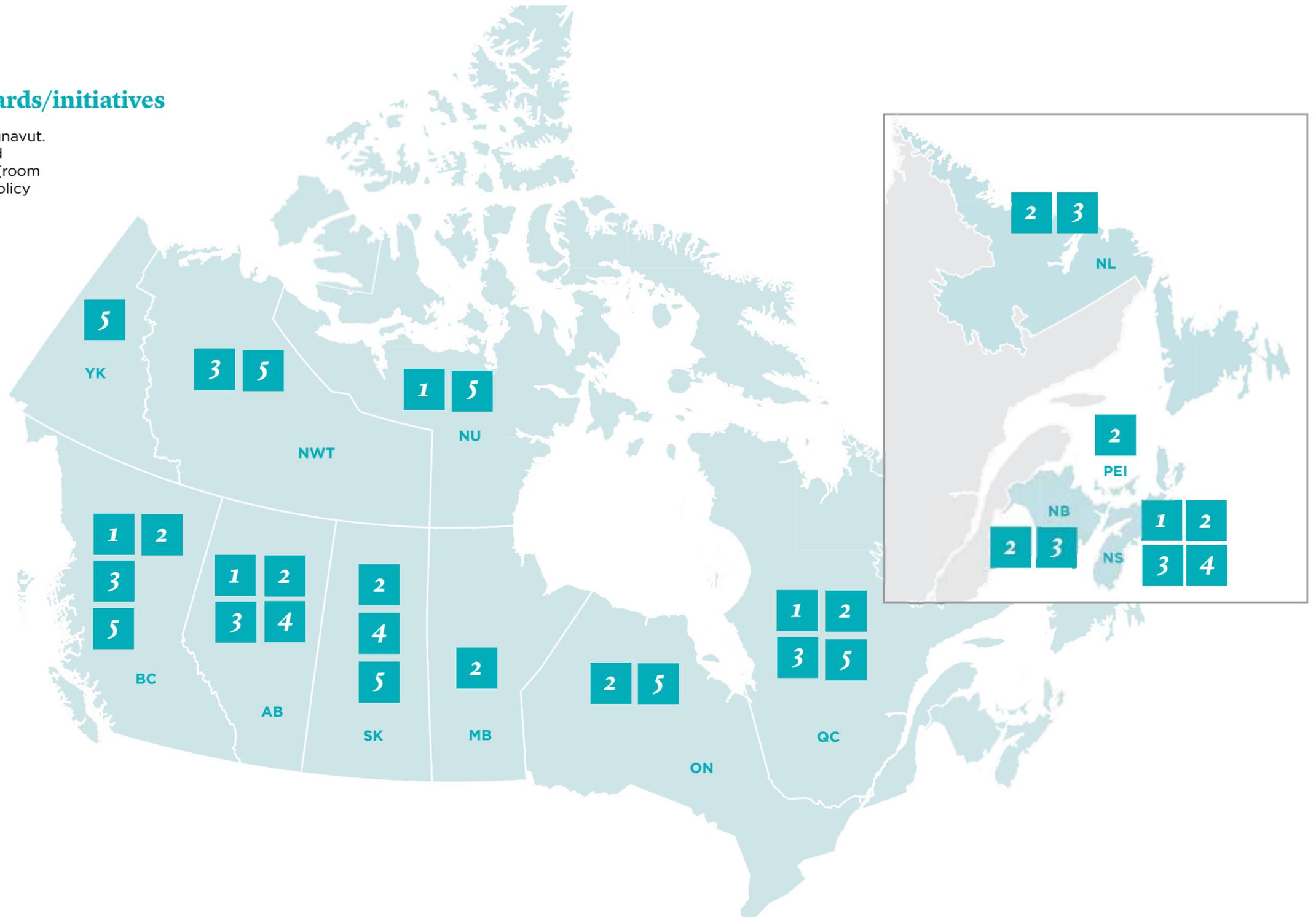
Alta., B.C., N.B., N.S., N.W.T., Que. all have supportive policies (varying levels.)

4 Patient Food Experience

Alta., N.S., Sask. have standardized patient food experience survey tools

5 Indigenous country/traditional food

Policies and regional efforts identified in: B.C., N.W.T., Nunavut, Ont., Que., Sask., Yukon



Food in health care settings



Five aspects of food in health care settings were included in the policy scan: **hospital food service standards, long-term care food service standards, healthy food environments, patient food experience,** and **Indigenous country/traditional foods.**

Hospital food service standards

Provincial/territorial legislation and frameworks that outline the requirements for the provision of acute hospital care do not provide detailed standards for food and nutrition apart from Nunavut. This is notably in contrast to long-term care settings where food is often guided by detailed regulations (see the section below).

NUNAVUT

Consolidation of Hospital Standard Regulations (Nu. Reg. 1990 c T-6) outline the equipment and facilities required for the storage, preparation and serving of food but do not provide guidance on menus etc.

Hospital Food Context

Without standards in place hospital food is shaped by menu setting practices and food service operations.

Menu setting

Menu setting in hospitals is typically led by a dietitian and based on Canada's Food Guide, with additional therapeutic diets developed to meet clinical needs. Two examples of diet compendiums are offered here: *Adult Diet Compendium, Nutrition and Food Services* (Winnipeg Regional Health Authority, 2008) and the *Alberta Health Services Diet Guidelines* (2018).

Food preparation

Typically, larger hospitals use cold plated/retherm systems where outsourced menu items (from a bulk production facility that services multiple institutions in a network, or from a supply chain) are reheated for meal service. Research in Ontario found that often more than 70% of menu items are outsourced (Padanyi, Kanetkar, Varangu, Wylie-Toal, Blay-Palmer, 2012). Other hospitals may produce menu items from scratch or semi-scratch using hot-plate systems where food is prepared on site and served hot. Outsourcing food often limits facilities' flexibility, for example, in being able to purchase from small producers who lack the infrastructure to process their products (e.g.

peeled and chopped vegetables), or in being able to control ingredients like sodium, sugar and potential allergens in meals since they are not cooking from scratch.

Meal service

Most hospital patients are served non-select menus at set meal times, meaning they are not offered menu choices but are typically interviewed at admission about food preferences, which are then taken into account when putting together patient food trays. A small but growing number of hospitals are offering on-demand room service models where patients choose what they would like from the menu, and when to eat. Early adopters include Children's Hospital of Eastern Ontario in 2003 (Payne, 2018), IWK Health Centre in 2008 ("Twenty-four hour Dial for Dining Program," 2011), Halton Health Care in 2013 ("Call to Order," 2013), CHU Ste-Justine in 2015 (Lavoie, 2016) and Misericordia Community Hospital in 2018 ("Made to order," 2018). Nova Scotia is the first to work toward province-wide scaling of the room service model (see below).

Hospital food initiatives

Several provinces have undertaken efforts to improve hospital food.

ALBERTA

Alberta Health Services (AHS) has developed department guidelines for the *Patient and Resident Centred Meal Experience* (2014) related to food choice, food quality and customer service for all health service operated sites. AHS has also recently focused on addressing malnutrition through its *Time to Eat Toolkit* (2018), which aims to reduce barriers to eating by engaging all staff to support patients at meal time in acute and other care settings such as pediatric, adult or elder care facilities. Additionally, Alberta's policies and frameworks are informed by the *Alberta Nutrition Guidelines* (for both adults and children) (Government of Alberta, 2012).

BRITISH COLUMBIA

While researchers have identified that high sodium levels are an issue in hospital menus (Arcand, Steckham, Tzianketas, L'Abbé, Newton, 2012), only British Columbia has implemented a strategy and set a reduction target of 2300 mg sodium per day in patient meals by 2021. The report *Sodium Reduction in Health-Care Facilities: B.C.'s Experience* (B.C. Ministry of Health, 2016) outlines challenges in meeting this target relating to palatability for patients and residents and the inability to influence food manufacturers' recipes to reduce sodium.

NEWFOUNDLAND AND LABRADOR

In Newfoundland and Labrador, recent changes in food service within the Eastern Regional Health Authority provides individuals with the ability to select items from a predetermined menu of healthy choices from the Steamplicity program of Compass (McNeish, 2018). A number of other facilities across Canada have adopted this program.

NOVA SCOTIA

The Nova Scotia Health Authority is implementing a standardized room service model across the province which aims to increase patient satisfaction through better sensory qualities and food temperature control, patient autonomy and flexibility in meal choices and eating times, and inviting family members and visitors to order from guest menus and join patients at meal time.

QUEBEC

Quebec's health ministry, MSSS, developed a framework, *Miser sur une saine alimentation : une question de qualité* (2009), to assist health and social services institutions in implementing facility policies that ensure a high-quality food environment for all clients, including users, staff and visitors. This framework outlined a suite of policy options that facilities could adopt, such as offering foods with high nutrition value, integrating the principles of sustainable development into all food service activities, promoting the availability and economic accessibility of a variety of foods with high nutritional value, ensuring the development of

staff skills and ensuring the overall quality of food and beverages offered. The 2015 follow-up report on policy uptake, *Miser sur une saine alimentation: une question de qualité*. Bilan de la mise en oeuvre des politiques alimentaires dans les établissements du réseau de la santé et des services sociaux (Québec MSSS, 2015), provides survey results on the uptake and development of these food policies by facilities.

Long-term care food service standards

All ten provinces provide frameworks for food and nutrition in long-term care settings, albeit to varying degrees. These regulatory standards and guidelines consistently cite *Canada's Food Guide* and, in some cases, *Canada's Food Guide for Métis, First Nations and Inuit*, as the basis of menu planning. The recent *Dietitians in Long-Term Care: A Pan-Canadian Environmental Scan* (Dietitians of Canada, 2018) provides an overview and additional detail on requirements in legislation/regulation across Canada related to dietitian's roles such as nutrition assessment and menu planning.

A list of regulations are provided here with details available in the appendices:

- **Alberta** - *Accommodation Standards and Licensing Information Guide, Long-term Care* (Alberta Health, 2010)
- **British Columbia** - *Residential Care Regulation* (B.C. Reg. 96/2009)
- **Manitoba** - *Personal Care Homes Standards Regulation* (MB Reg. 30/2005)
- **New Brunswick** - *Standards and Procedures for Adult Residential Facilities* (N.B. Social Development, 2013)
- **Newfoundland and Labrador** - *Long term care facilities in Newfoundland and Labrador - Operational Standards* (Newfoundland and Labrador Department of Health and Community Services, 2005).
- **Nova Scotia** - *Homes for Special Care Regulations* (N.S. Reg. 127/77)
- **Ontario** - *Long-term Care Homes Act* (2007) and *Regulation 79/10*
- **Prince Edward Island** - *Community Care Facilities and Nursing Homes Act Regulations* (PEI Reg. EC 391/84),
- **Quebec** - *Regulation respecting the certification of private seniors' residence*

(CQLR c S-4.2, r 0.01); Public long-term care facilities (CHLSD) are guided by *Un milieu de vie de qualité pour les personnes hébergées en CHSLD - Orientations ministérielles* (MSSS, 2003)

- **Saskatchewan** - *Program Guidelines for Special Care Homes* (Ministry of Health, 2016)

NORTHWEST TERRITORIES, NUNAVUT, YUKON

All three territories offer Continuing Care Facilities which are not currently governed by food regulations.

- **Northwest Territories** - Regulatory framework is being developed as referenced in the *Continuing Care Services Action Plan* (Government of Northwest Territories, 2017)
- **Nunavut** - *Continuing Care in Nunavut 2015-2035* (Nunavut Department of Health, 2015) reports that there are 44 long-term care beds in the territory and anticipates a need for more care options in the coming years. While it does not mention food and nutrition regulations, the assessment of out-of-territory placement for individuals with dementia notes the importance of access to country food for Indigenous populations as a strong reason for providing care in the territory.
- **Yukon** - The five continuing care facilities in the Yukon are not governed by regulations, though they do tend to rely on the *Dietitians of Canada working paper, Best Practices for Nutrition, Food Service and Dining in Long Term Care Homes* (2013).

A brief analysis is offered below exploring several aspects of regulations such as eating environments, incorporating patient preferences into menu planning and budgets.

COMPREHENSIVE STANDARDS

Ontario's *Long-term Care Homes Act* (2007) and *Regulation 79/10* appear to be the most comprehensive in Canada, outlining specific structures and staffing required at each facility, for example, requirements that at least one cook work onsite 35 hours a week, that

a registered dietitian complete a nutritional assessment for every resident upon admission and be onsite for 30 minutes per resident per month, and that a Residents' Council be established to provide input on food services.

FOOD PREFERENCES

Asking residents about food preferences is included in regulations in Alberta, Saskatchewan, Prince Edward Island, Newfoundland and Labrador. Manitoba's regulation stipulates that residents' culture, religious practices and food preferences must be incorporated into menu planning. New Brunswick's standards takes this a step further, requiring that operators "give residents the opportunity to help in the planning and the preparation of meals and snacks" and "encourage residents to utilize kitchen facilities to prepare and/or access their own snacks" (N.B. Social Development, 2013).

PHYSICAL DINING SPACE

Regulations in Saskatchewan and Nova Scotia include specifications regarding the physical space for dining. Saskatchewan's program guidelines include a detailed dining experience policy with 21 specifications designed to ensure that, in addition to being resident centred and nutritional, dining experiences are socially and emotionally supportive. Nova Scotia's regulation includes specifications regarding the amount of square feet per resident in both the dining room and in the food preparation area.

SUSTAINABILITY

B.C. provides an optional checklist for the review of current sustainability practices in food services, such as purchasing, menus and waste management, in *Audits and More: A Nutrition and Food Service Audit Manual for Adult Residential Care Facilities for 25 Persons or More* (B.C. Ministry of Health, 2008).

HARMONIZED MENUS

Quebec's MSSS led an initiative to harmonize menus in long-term care facilities with a goal of full adoption by March 31, 2018, which appears to have been delayed (Lachance, 2018).

DAILY FOOD BUDGETS

Funding envelopes for daily food budgets for residents are set only in Ontario at \$9/resident/day, and in New Brunswick at \$5.95/resident/day (Dietitians of Canada, 2018). With the recent increase in the food budget in Ontario statements provided by Advantage Ontario reference this as an opportunity to now provide fresher food to residents (Welsh, 2017).

EMERGING RESEARCH ON MEALTIMES

Despite the standards in place some long-term care residents continue to find the quality of their food poor and list it among their central concerns, as found for example in the report of *2018 Saskatchewan Health Authority CEO Long-Term Care Facility Visits*.

Making the Most of Mealtimes (2018) was the largest study of its kind in Canada to explore what residents living in long-term care eat in four different provinces and what factors promote better nutrient intake. Its key findings offer many insights into potential improvements. It identified that to support better food intake among older adults in long-term care, who are often nutritionally vulnerable, there is a need to improve menus and the taste of food, create more welcoming, comfortable eating spaces and provide person-centred techniques. *Exercising Choice in Long-Term Residential Care* (Armstrong & Daly, 2017) identified a number of promising practices to support the exercise of choice by residents including “regulations that allow flexibility in mealtimes” and that “Food prepared and cooked on the premises; food that is both available and accessible 24/7 in the living area and in the residence and that can be prepared there; healthy, colourful food that is familiar, appealing, and easy to consume in small portions” (p. 52).

Healthy food environments

Food environments heavily influence food choices as “the types and quality of foods that are available to us, the cost, and the marketing of those foods all influence what we consume daily, with an ultimate influence on our overall health” (Vanderlee et al, 2017, p.2). Currently the availability of fast food options and sugary drinks in hospital cafeterias, retail franchises and vending machines often does not best model healthy eating. As hospitals are significant employers and reach a large population of patients and visitors, this makes them an important setting for healthy eating efforts and a wide array of policy mechanisms were identified in the scan to build upon.

The new *Canada Food Guide* speaks to the growing recognition that policy action is needed to shift healthy eating to a more collective responsibility. Only a decade ago, in 2009, Capital Health in Nova Scotia was the first health authority in Canada to develop a comprehensive healthy eating strategy and policy with this lens. The *Journey to Healthy Eating at Capital Health: Doing the Right Thing* (Capital Health, 2011) document states that the authority started its journey to healthy eating “in 2004 when a staff member emailed Capital Health’s then-CEO Don Ford to ask why a health care facility was selling the very foods that were contributing to the conditions we were treating” (p.4).

Several provinces are working to create healthier food environments by improving vending and cafeteria offerings in all types of public institutions. School food policies and guidelines, while beyond the scope of this scan, are notable in that they have been a priority for provinces and territories since 2005, including parameters for foods that can be sold during school hours (Federal Provincial Territorial Group on Nutrition Working Group on Improving Consistency of School Food and Beverage Criteria, 2014).

Below are highlights of efforts to create more supportive healthy eating environments in health care settings.

ALBERTA

The Alberta Health Services Healthy Eating Environments (2017) policy aims to promote healthy eating among patients, staff, volunteers and visitors, and the *Nutrition Guidelines for Foods and Beverages in AHS Facilities* (2018) provide details for retail and vending. Recently, the Rockywood General Hospital piloted the removal of sugar-sweetened beverages (Rockyview ‘drinks’ to healthy beverages, 2017).

BRITISH COLUMBIA

The Healthier Choices in Vending Machines in B.C. Public Buildings (B.C. Ministry of Health, 2014) policy was introduced to increase the range of healthier food and beverage choices available in vending machines in publicly owned buildings in B.C.. Additionally, the *B.C. Informed Dining in Health Care Program* (Healthy Families B.C., 2016) applies to all retail food service establishments in health care facilities and offers a designation for retailers that provide consumers with nutrition information on calories and sodium so they can make informed choices.

NORTHWEST TERRITORIES

Healthy Foods in Facilities (NWT Health and Social Services, 2006) provides guidelines for the kinds of foods and beverages offered in health and social service facilities.

NEW BRUNSWICK

The Vitalité Health Network, one of the two provincial health authorities in New Brunswick, has adopted a *Healthy Food Environment Policy* (2015) and currently has an action plan to implement the policy in its four areas within its jurisdiction over the next three years. The first step was to ensure adherence to the policy for the hospital patient menu and to continue working towards a healthy food culture (Vitalité Health Network, 2018). The Network is now

implementing a healthy hydration program to eliminate sweetened beverages by March 2019.

QUEBEC

Quebec’s framework, *Miser sur une saine alimentation : une question de qualité* (MSSS, 2009), discussed earlier in this report in the section on hospital regulations, is a tool offering a suite of policy options to encourage health and social services institutions to adopt facility policies with the goal of ensuring a high-quality food environment for all users.

REGIONAL INITIATIVES

There are two notable regional initiatives. The Healthy Food in Hospitals Program (Champlain Cardiovascular Disease Prevention Network, 2012), led by the 19 CEOs in the Champlain Local Health Integration Network (LHIN) in Ontario, is aimed at increasing availability of healthy foods. The program outlines gold, silver and bronze standards for stepwise change to create healthier food environments in cafeterias, vending, franchises and volunteer operations (e.g. gift shops and cafés). And the *Winnipeg Regional Health Authority’s Position Statement on Healthy Eating* (2017) promotes a “comprehensive approach to healthy eating that considers nutrition, food, eating competence (positive attitudes towards eating where needs and wants are in harmony), food systems, community food security, pleasure and traditions, and how these factors intersect to influence healthy eating” (p.2).

Patient food experience

The impact of food on patient experience is a promising avenue to explore. Saskatchewan Health Quality Council (2012) research into what influences patients' ratings of hospital care in acute settings found that patients were "four times more likely to rate their hospital as '10 out of 10 - best hospital possible' when they rate the quality of the food (how it tasted, serving temperature and variety) as excellent" (p. 2). However, there are many methodological challenges in thoroughly assessing both food quality and how food contributes to a patients' experience, recovery and wellness.

For many years, discharged patient surveys included general questions about satisfaction with food services. Recently, many provinces — Alberta, British Columbia, Manitoba, New Brunswick, Nova Scotia, Ontario and Quebec — have adopted the *Canadian Patient Experience Survey for Inpatient Care* (CPES-IC) (Canadian Institute for Health Information, 2015) to assess and benchmark the patient experience across the continuum of care, and to support pan-Canadian comparisons. The survey does not, however, contain questions about food. As mentioned in the long-term care food service standards section above, seeking and addressing patient feedback is also integrated into many provincial/territorial regulations. The Canadian Institute for Health Information is currently developing a similar tool to the CPES-IC for patient-reported experience measures in long-term care (n.d).

Three provinces use standardized patient satisfaction survey tools related to food:

- **ALBERTA:** Alberta Health Services (AHS) *Department Guidelines Patient and Resident Centred Meal Experience* (2014) "establish the foundation upon which all meal improvement strategies and initiatives should be based." AHS uses a *Standardized Patient Food Services Satisfaction Survey* on taste,

overall appearance, variety, temperature, service and portion size, all of which are combined for an overall score. Surveys are conducted every six months.

- **NOVA SCOTIA:** The Nova Scotia Health Authority (NSHA) *Patient Experience Survey* (2018) provides feedback on elements measuring the patient experience within NSHA facilities and care centres (e.g. inpatient care units, veteran care and long-term care). In addition, the NSHA conducts an annual *Nutrition & Food Services Patient Experience Survey* to all patient care units to gain feedback on patients' food and food service experience. The survey results are shared across the province to monitor patient experiences, identify common trends and identify areas of improvement within the Nutrition and Food Services department.
- **SASKATCHEWAN:** The Saskatchewan Health Quality Council's standardized tools to measure patient experience (2017) include an acute care survey tool with one food-related question, and a long-term care resident experience survey with four food-related questions. Additionally, since 2013 "Saskatchewan Health Authority leadership have been conducting annual tours of long-term care facilities across the province. The goal of these annual tours is to find out what's working well and what can be improved" (Saskatchewan Health Authority, 2018, p. 1) and the 2018 report references food many times. The Saskatchewan Health Authority (SHA) has identified patient food experience as a key performance indicator for the department of Nutrition and Food Services (NFS). The NFS team is leading the national *Good Food Project* (see below) with implementation in all SHA acute care facilities planned for fall 2019.

Two additional provinces are exploring potential patient satisfaction evaluation tools.

BRITISH COLUMBIA

The B.C. Ministry of Health is currently exploring options for collecting province-wide patient satisfaction data related to food services, recognizing that a standardized provincial food satisfaction survey tool would help assess the impact of any food service policy or initiative on patients and residents.

ONTARIO

The Ontario Ministry of Agriculture and Rural Affairs is funding a research project called *Putting Quality Food on the Tray*, which will develop and test a patient food satisfaction and experience tool from 2017-2020. Several Nourish innovators are collaborating with the research team, on the *Good Food Project: Measuring the patient experience with hospital food* (n.d.) to test the tool in other provinces and are aiming for implementation.

FACILITY-LED

In provinces/territories without standardized survey tools, facilities typically conduct their own patient satisfaction surveys and/or plate waste audits when new menu items are introduced to gauge how patients respond to them.

Indigenous country/traditional foods in health care settings

Food security and nutrition are important issues for First Nations, Inuit and Métis peoples, as outlined in *The State of Knowledge of Aboriginal Health by the National Collaborating Centre for Aboriginal Health* (NCCAH) (2012). Access to country/traditional foods and the sacred connection to the land is a vital part of health and well-being. Various resources outline these connections including the *Yukon Health and Social Services' Our Culture, Our Health* infographic on traditional foods and the *Dietitians of Canada's Aboriginal Nutrition Network resources*. Yet the most comprehensive review of Aboriginal health policy in Canada to date, the NCCAH's *Looking for Aboriginal Health in Legislation and Policies, 1970-2008* (2011), makes no mention of nutrition, signaling a significant policy gap.

A recent report *The Challenges of Delivering Continuing Care in First Nations Communities* (Standing Committee on Indigenous and Northern Affairs, 2018) includes a recommendation " [t]hat Indigenous Services Canada work with First Nations and the provinces and territories to take immediate measures to encourage the implementation of culturally appropriate programming and service delivery including traditional foods in long-term care facilities and as part of home care and community based care on reserves" (p. 36).

Serving country/traditional food is an integral part of delivering more patient-centred care (Lenihan, 2018) but often food safety traceability and other regulations create barriers to the provision of country/traditional foods in public institutions such as child care settings (Provincial Health Services Authority, 2016).

The Northern Policy Hackathon hosted by The Gordon Foundation in 2017 came up with three policy recommendations to optimize all

aspects of country/traditional food systems and acknowledging that a collaborative approach is needed at all levels to move forward.

Efforts towards sourcing and serving country/traditional foods in health care settings identified in the scan are presented below by province/territory and range from pilots, to established facility programs, to enabling guides and legislation.

BRITISH COLUMBIA

Northern Health in British Columbia is also working to create culturally safe environments with traditional First Nations foods (Carter, 2017).

NORTHWEST TERRITORIES

In the Northwest Territories, Health and Social Services Minister Glen Abernethy made a commitment in 2017 to make traditional foods widely available to patients at the new Stanton Territorial Hospital, expanding on offerings currently available by request (Brockman, 2017). The current *Food Establishment Safety Regulations* (NWT Reg. 97/09) Section 30 states that “(2) Wild fish or game that is not subject to inspection may be handled in a food establishment, if it is legally harvested in the Northwest Territories and is legally obtained by the operator.”

NUNAVUT

In Nunavut, government-funded facilities and community programs are encouraged to offer more country foods with the extensive guide *Serving Country Foods in Government Funded Facilities and Community Programs* developed by the Government of Nunavut and the Nunavut Food Security Coalition (2017).

ONTARIO

The Ontario legislature passed the *Bill Pr15, Sioux Lookout Meno-Ya-Win Health Centre Act* (2001) which permits the facility to serve traditional foods, such as uninspected meat from animals and birds killed by way of hunting, to be served to patients, visitors and staff. The Sioux Lookout Meno Ya Win

Health Centre Miichim (Traditional Foods) (n.d) program emphasizes that these foods are both an important part of the daily lives of many Anishinaabe people and are an important link between health, culture and identity. The centre offers traditional foods to all patients once a week, with a selection of premade frozen Miichim meals available for patients who wish to keep with their traditional diet on a daily basis.

A facility in Ottawa, the Tungasuvvingat Inuit’s Mamisarvik Healing Centre, which treats Inuit from across the country battling trauma and addiction issues, offers country food such as caribou, seal and arctic char as part of its program.

QUEBEC

In Quebec, the Cree Board of Health and Social Services of James Bay (2016) offers food safety training around the serving of traditional foods, serves traditional foods at the Chisasibi Hospital and reports planning to extend the service to Elder care settings and Child Care Centres.

SASKATCHEWAN

The Métis Nation-Saskatchewan and SHA signed a *Memorandum of Understanding* (2018) to work together to achieve better health outcomes for Métis people by “setting a path for meaningful discussions on health-related issues, including traditional medicine and spiritual healing practices for Métis and all Saskatchewan people.”

The Athabasca Health Facility, Yutthe Dene Nakohoki (“A Place to Heal Northern People”) in northern Saskatchewan uses both modern and First Nation Health Care methods and includes traditional/country foods in the regular patient menu guided by a *Game Meat in Care Facilities Policy* (PHU-EHA - 001, 2016) of the Northern Inter-Tribal Health Authority.

YUKON

The Whitehorse General Hospital in the Yukon has been offering a *Traditional Foods Program* (Yukon Hospitals, 2018) using donated wild food to First Nations, Inuit and Métis patients for over 20 years.

Local food

1 Local Food Definition

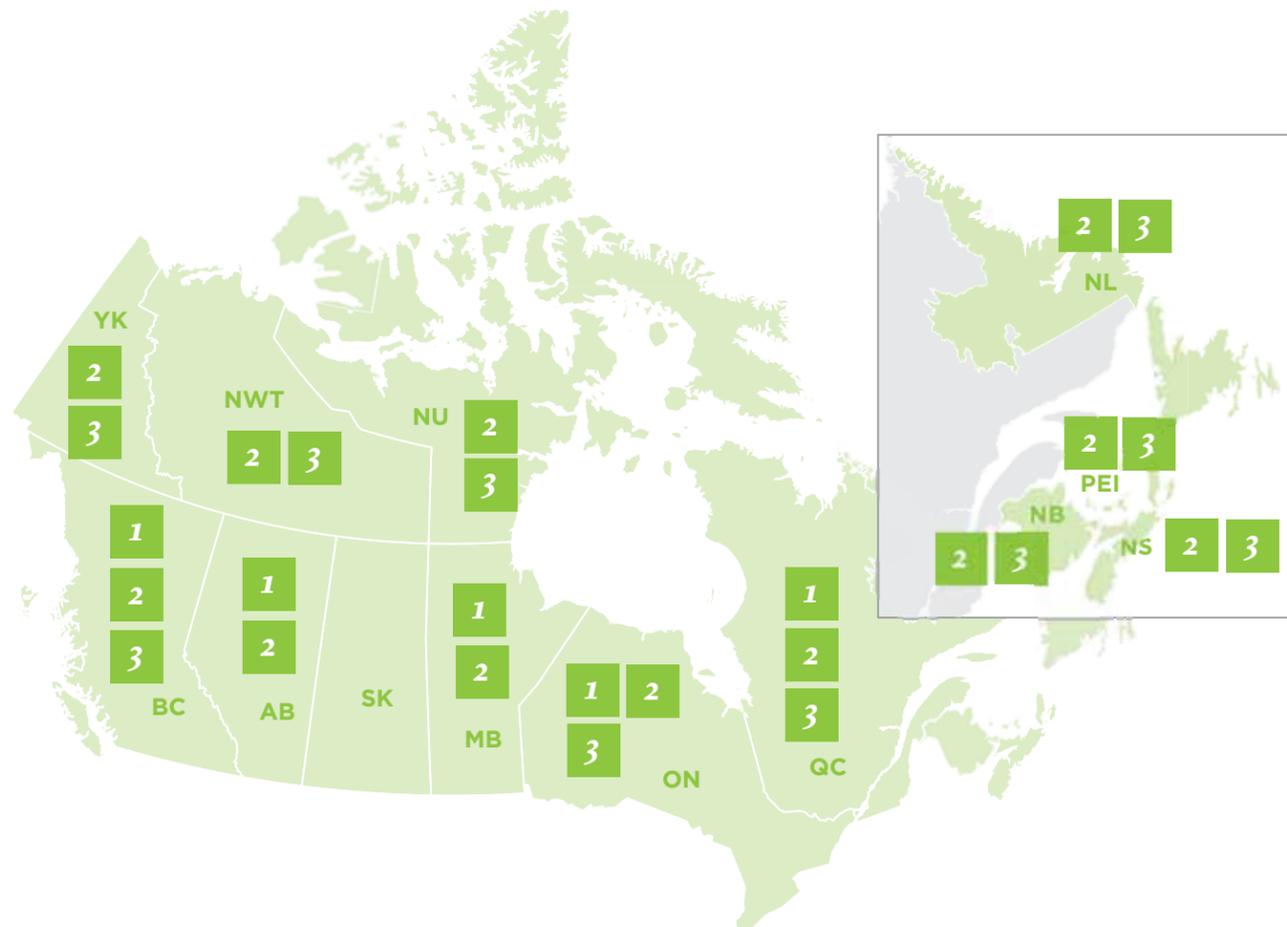
Canadian Food Inspection Agency has a local food claims interim policy. Alta., B.C., Man., Ont., Que., have provincial definitions of “local”.

2 Local Food Promotion

Nearly all provinces/territories promote local food; Que. includes a priority for sustainable food.

3 Supporting institutional local food procurement

B.C. has an aspirational local food procurement target for health care facilities; Procurement initiatives also in N.B., N.L., N.W.T., N.S., Nunavut, Ont., Que., Yukon.



Local food



Defining local food

To implement local food procurement and track the results, the definition of local food is clearly important. *The Local Food Claims Interim Policy* of the Canadian Food Inspection Agency (2019), defines “local” as food produced in the province or territory in which it is sold, or sold across provincial borders within 50 km of the originating province or territory.

However, using a singular definition of local food is challenging because not all individuals, institutions, retailers and distributors see it the same way. Instead, they tend to identify many different facets as “local.” In fact, many define local along a continuum. For example, this can start with giving preference to food produced in their community. When this is not possible, they can branch out to larger geographical areas — a county, a region (e.g. Niagara), a province, or even the whole country.

Another complicating factor in understanding “local” food is that many of the reasons why people seek out local food — freshness, taste, supporting small producers or seeking to know more about how their food is produced — are not included in a strictly geographic definition of local food.

Several Canadian provinces have local food definitions that provide specific criteria both for a minimum percentage of food ingredients which are provincially produced and for processing within the province:

- BRITISH COLUMBIA:** To be eligible for *Buy B.C. Cost-Shared Funding* to promote B.C. agrifood and seafood food must be “grown in B.C. (i.e. producing fresh food, beverage, or agricultural and seafood products which are 100% grown, caught, or raised in B.C.), or processed in B.C. (i.e. food, beverage, or agricultural and seafood products which are processed and packaged in B.C. with 51% or more of the direct cost of production in its final form—the sum of raw materials, direct labour, variable processing, and packaging—originating in B.C.). When the main raw materials are available in sufficient quantities from B.C. producers, they must be used” (Investment Agriculture Foundation of B.C., n.d.).
- QUEBEC:** Aliments du Québec (n.d.) are defined as “any product entirely made from ingredients sourced in Québec or composed of a minimum of 85% of main ingredients from Québec. All the processing and packaging activities must be done in Québec,” and processed foods (Aliments préparés au Québec) are considered to be “any product processed and packaged entirely in Québec. Thus, when the main

ingredients are available in Québec in sufficient quantities, they must be used” (Aliments du Québec, n.d.).

- **ONTARIO:** The Ontario Ministry of Agriculture and Rural Affairs Foodland Ontario definition (n.d.) is that Ontario processed food products must be made in Ontario from a majority of Ontario ingredients. More than 80% of the total direct costs of production must return to Ontario. Primary agricultural ingredients will meet the individual Ontario foods definition. For example, in “Ontario Beef and Vegetable Soup,” the primary ingredients (in this case beef and vegetables) would need to meet the individual Ontario food definitions.

ALBERTA

Alberta’s Bill 7, *Supporting Alberta’s Local Food Sector Act* (2018) defines “local foods” as agricultural products produced in Alberta, including forest or freshwater food, subject to any limitations in the regulations, processed in the province.

MANITOBA

Similarly, *Bill 4, The Farm and Food Awareness Act* (2015) includes a definition of “Manitoba food” meaning food that is grown, raised, produced or processed by individuals or businesses in Manitoba.

NORTHERN CONTEXT

In the northern context access to country foods is considered part of local food systems, for example, in Nunavut territory, Canadian agriculture programs focus primarily on access to country food.

Local food promotion

Even without their own definitions of local, almost all provinces and territories have policies and programs that promote local food.

ALBERTA

Alberta’s *Bill 7, Supporting Alberta’s Local Food Sector Act* (2018) includes the establishment of a Local Food Council (Alberta Ministry of Agriculture and Forestry, n.d.) with the mandate to “provide a report to the minister, within one year, with advice and recommendations on provincial policies, programs, pilot projects or initiatives that will help grow and sustain the local food sector.”

BRITISH COLUMBIA

British Columbia’s *Buy B.C. Partnership Program* (Investment Agriculture Foundation of B.C., n.d) supports labelling/packaging with a Buy B.C. logo, marketing collateral and promotional tools, market development activities and media advertising.

MANITOBA

Manitoba’s *Bill 4, The Farm and Food Awareness Act* (2015) broadly supports food and farming in the province, such as its creation of Manitoba Farm and Food Awareness Week and Agricultural Awareness Day, and also enables the Minister to establish further goals to support the purpose of the Act.

NEW BRUNSWICK

Buy New Brunswick is an initiative of the N.B. Department of Agriculture, Aquaculture and Fisheries to “support and promote New Brunswick’s important farming, fishing and aquaculture sectors.” The *Local, Healthy N.B. Food Promotion and Purchase Policy* (AD1709) (N.B. Agriculture, Aquaculture, and Fisheries, 2014) commits the provincial government to,

where possible, promoting and purchasing local, healthy food and beverages for meetings and activities. Resources for meeting planners are provided to implement the policy, *Putting Health on the Agenda* (N.B. Social Development, n.d.).

NEWFOUNDLAND AND LABRADOR

Newfoundland and Labrador’s *The Way Forward on Agriculture: Sector Work Plan* (2017) seeks to achieve several targets such as to “[i]ncrease Newfoundland and Labrador’s food self-sufficiency to at least 20 per cent by 2022 (from approximately 10 per cent at present)” (p. 2).

NORTHWEST TERRITORIES

The Government of Northwest Territories Canadian Agricultural Partnership Program (2018) includes funding for market development, food processing development, agricultural awareness and small-scale foods program which have relevance to health care facility purchasing, value chain development, and celebration of local foods.

NOVA SCOTIA

The Province of Nova Scotia’s buy local program *Select Nova Scotia* “is responsible for promotions, partnerships and campaigns that raise consumer awareness about Nova Scotia food, food products and seafood; locally made goods; and locally owned and operated businesses” (“About Us”, n.d.).

NUNAVUT

The Nunavut Food Security Strategy 2014-16 developed by the Nunavut Food Security Coalition (2014) in dialogue with seven government departments and numerous organizations is structured around six areas of strategic actions, including “Country Food, Store-Bought Food, Local Food Production, Life Skills, Programs and Community Initiative, as well as Policy and Legislation” in order to address the key determinants of food security (p. 5). Work is underway with the Nunavut Food Security Coalition to renew the Strategy. The Strategy observes that “[l]ocal food production goes beyond country food, and

involves growing, harvesting, and distributing foods not traditionally produced in Nunavut. This requires innovation, but has the potential to enhance local availability of foods and increase self-reliance of communities. Other northern jurisdictions have demonstrated viable greenhouses, composting systems, farms, fisheries, and bakeries that may have similar success in Nunavut. The resourcefulness of people exploring new ways to grow food in Nunavut should be supported” (p.9). To this end the objective “Develop a 5-Year Plan for Nunavut’s *Growing Forward Program*” was identified (p.19).

ONTARIO

Ontario’s *Bill 36, Local Food Act* (2013) proclaims Local Food Week and enables the Minister to establish goals or targets to aspire to “1. Improving food literacy in respect of local food. 2. Encouraging increased use of local food by public sector organizations. 3. Increasing access to local food.” Additionally, the long-running consumer promotion program *Foodland Ontario* “was established in 1977, and since then, has partnered with producers to champion, promote and support the consumption of fresh Ontario produce and processed agricultural foods” (Ontario Ministry of Agriculture, Food and Rural Affairs, n.d.).

PRINCE EDWARD ISLAND

Prince Edward Island’s *Canada’s Food Island* “is the overall brand which acts as an identifying system for people to easily recognize PEI local food products.”

QUEBEC

Québec’s *Aliments du Québec* and *Aliments préparés au Québec* brands were founded in 1996 to promote the agri-food industry and promote over 22,000 products across the province. The *Politique bioalimentaire 2018-2025* (MAPAQ, 2018), Québec’s policy on bio-food — which encompasses all activities associated with food production, from fisheries and aquaculture to processing and distribution of foods and beverages — includes amongst its objectives to increase homegrown food sales by \$10 billion by 2025, along with specific targets for organic food production.

YUKON

The Government of Yukon's *Local Food Strategy for Yukon: Encouraging the Production and Consumption of Yukon-Grown Food 2016–2021* (2016) outlines a number of initiatives that “support local food producers and strengthen the relationship between Yukoners, Yukon farmers and food” (p.5) through strategic “production, processing, distribution, access and availability, consumption, and resource and waste recovery efforts” (p.7).

Institutional local food procurement

Institutional local food procurement is a strategic priority for supporting a more vibrant agricultural sector in British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories, Ontario, Quebec and Yukon. Quebec includes sustainable food sector growth and procurement as a further priority.

Initiatives that promote getting more local food into public institutions include purchasing targets, marketing brands and support programs for producers to develop value chains to better access the institutional market.

BRITISH COLUMBIA

British Columbia is the only province to have set an aspirational target for local food purchasing in hospitals. British Columbia's Minister of Agriculture's *2017 mandate letter* (Horgan, 2017) included a call to “Initiate Feed B.C. to increase the use of B.C.-grown and processed foods in hospitals, schools, and other government facilities” (p.3). The Minister of Agriculture, with the support of the Minister of Health, set an aspirational goal of 30% for B.C. local food purchases by public sector organizations, with the initial focus to be on health care facilities (Popham, 2018). Interior Health is a key partner in the first initiative of Feed B.C. currently underway in B.C.'s southern interior to bring more local food into hospitals and long-term care facilities (Province of B.C., n.d.).

NEW BRUNSWICK

The *New Brunswick Local Food & Beverages Strategy* identifies an opportunity to “encourage procurement for local food in public institutions and promote agriculture in schools” (New Brunswick Department of Agriculture, Aquaculture and Fisheries, 2016, p.7).

NEWFOUNDLAND AND LABRADOR

The Government of Newfoundland and Labrador has identified farm-to-health-care procurement as a strategic opportunity in *The Way Forward on Agriculture: Sector Work Plan* (2017) and is implementing a *Farm to Health Care Pilot Project* (Food First Newfoundland, 2018) with direct sourcing of local healthy foods in two regional health authorities to develop a scalable model.

NORTHWEST TERRITORIES

Agriculture Strategy for the NWT. The Business of Food: A Food Production Plan 2017 - 2022 (Government of NWT, 2017) includes recommendation 6.6 related to institutional food procurement to “[d]evelop programs that give preference to the use of locally produced and processed food and secondary products,” as “[g]overnment institutions use significant quantities of food. Incorporating local foods can achieve many positive outcomes, industry growth and economic benefit” (p.34).

NOVA SCOTIA

The Nova Scotia Health Authority has defined three rings of local food — Nova Scotia, the Maritimes and Canada — to categorize purchases from suppliers, and to report the percentage of overall local food purchased within the provincial health authority. In order to be classified as local, the NSHA uses the definition of produced and sold in Nova Scotia.

NUNAVUT

In Nunavut work is ongoing to support country food procurement from experienced hunters, hunter and trapper organizations, and retail outlets that sell country food.

ONTARIO

Ontario recently announced the local food public sector organization goal under the *Bill 36, Local Food Act* (2013) to be “removing red tape barriers and opening the door for local food in the broader public sector” (OMAFRA, 2019) and will support it by taking a number of steps including promoting best practices and reporting progress in its annual *Local Food Report*.

QUEBEC

Quebec has a diversified policy portfolio. The *Stratégie de positionnement des aliments du Québec sur le marché institutionnel* (SPAQMI) (MAPAQ, 2013) encourages institutional local food procurement and the *Guide d'accès au marché institutionnel* (MAPAQ, 2014) is aimed at educating producers around market opportunities. The implementation of SPAQMI is supported by funding for institutional food projects including research into institutional food purchasing in different regions of Quebec, for example, *Diagnostic du marché institutionnel*, Région de Montréal (Conseil des Industries Bioalimentaires de l'Île de Montréal (CIBÎM), 2015). The *Aliments du Québec au Menu - Volet Institutionnel* (Aliments du Québec, n.d.) is a point-of-sale marketing initiative that identifies meals made with local ingredients that are served in schools, hospitals, long-term care and other institutions. In addition, the recent *Politique bioalimentaire 2018-2025* (MAPAQ, 2018) seeks to increase the procurement of healthy, local and sustainable food in public institutions.

YUKON

The Government of Yukon's (2016) *Local Food Strategy for Yukon* identifies increasing government purchasing and use of local food through two activities: the development of a Yukon Government Local Food Policy which will require consideration of purchase of local foods for events, and requiring event organizers to “document the investigation and availability of local foods considered or used for an event” (p. 23); and also establishing a liaison between Yukon producers and government food purchasers.

NATIONAL FOOD POLICY

The anticipated *Food Policy For Canada* holds potential as institutional food procurement was identified in the policy consultation report as a support for local food systems which would also contribute to food security and health (Minister of Agriculture and Agri-Food, 2018, p.17).

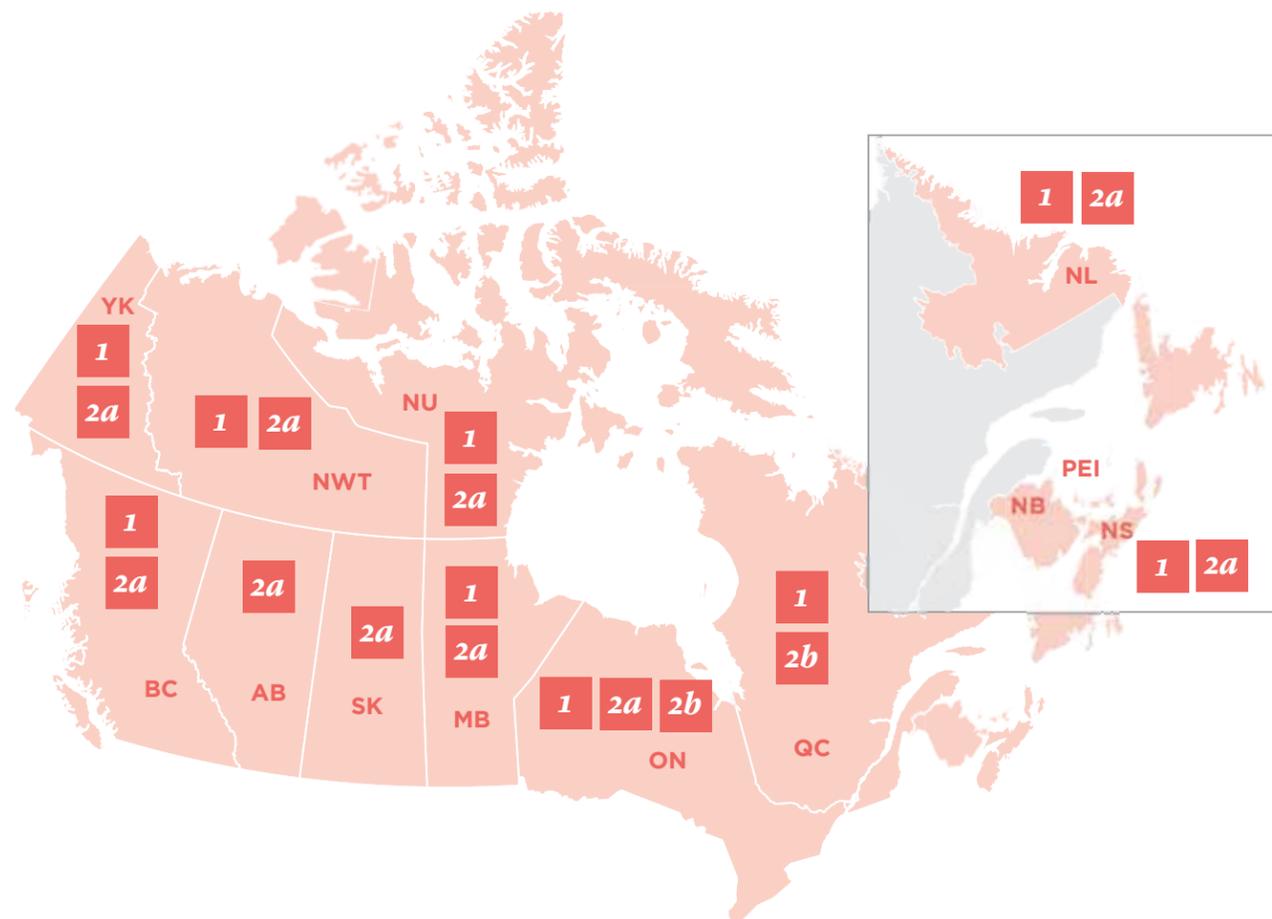
Procurement

1 Values-based procurement policies

Provinces/territories have values-based procurement policies towards varying social, economic, and environmental goals.

2 Health care food purchasing via GPO

Health care institutions typically purchase food through national or regional Group Purchasing Organizations (GPO), corporate caterers or distributors. **2a** identifies the HealthPro GPO, **2b** identifies regional GPOs.



Procurement



Purchasing of goods and services by public sector institutions is governed by procurement policy and trade agreements. Policies such as the *Canadian Free Trade Agreement (CFTA)* (Internal Trade Secretariat, 2017) establish a framework for upholding the principles of open, fair and transparent trade for provincial/territorial government procurement. Taken together these policies guide public institutions in obtaining “best value” in bids and contracts for goods and services, typically evaluated by lowest cost.

However governments around the world are starting to rethink their current procurement practices to obtain better overall value from public spending. Best overall value can be assessed by looking at cost but also include the social, environmental and economic value that can be generated from procurement.

Values-based procurement

A growing number of provinces/territories have identified more values-based procurement as a strategic opportunity to make positive social, sustainability and economic impact through a variety of policies and efforts. Additionally, policies in Quebec and Nova Scotia enable public sector purchasers to include sustainability criteria in their bid evaluations.

BRITISH COLUMBIA

The *British Columbia Procurement Strategy 2018* (B.C. Ministry of Citizens’ Services, 2018) has an overall goal of best value and increased social benefit to British Columbians and includes a priority action for 2018/2019 of “publishing new social and environmental impact purchasing guidelines” (p.16).

MANITOBA

The Sustainable Procurement Manitoba Working Group of public purchasers have created a website called *Sustainable Procurement in Manitoba* at <http://www.manitobasustainableprocurement.com/>

that provides practical knowledge to public purchasers. Additionally, the *Manitoba Finance Indigenous Procurement Initiative* (n.d.) seeks to increase the participation of Indigenous peoples and suppliers in providing goods and services to government by incorporating it into tenders, but this is not explicit to food.

NEWFOUNDLAND AND LABRADOR

Newfoundland and Labrador's *Bill 46, An Act Respecting Procurement by Public Bodies* (2016) specifies that procurement can be directed toward social, economic and environmental priorities. The *Factsheet on Food and Catering Services in Buying Green! A Guide for Purchasing Environmentally Preferable Products* (Government of Newfoundland and Labrador, 2014, p. 109) outlines how sustainable food and green food ware can advance the government's strategic priorities.

NOVA SCOTIA

Nova Scotia's *Bill 146, Environmental Goals and Sustainable Prosperity Act* (2007) aims to "fully integrate environmental sustainability and economic prosperity." Further, *Bill 23, Public Procurement Act* (2011) defines sustainable procurement as "obtaining best value for public service entities by integrating environmental, economic and social considerations in the procurement process."

Nova Scotia's *Sustainable Procurement Policy* (Government of Nova Scotia, 2016) states that: "[I]n order to establish best value, bids may be evaluated not only on purchase price and life-cycle cost considerations, but also items such as environmental considerations, social considerations, delivery, servicing and the capacity of the bidder to meet other criteria as stated in the bid documents" (p.1).

NORTHWEST TERRITORIES

The Government of Northwest Territories (NWT) *Business Incentive Policy* (2010) seeks to give preference of government procurement to businesses that are owned and operated within the NWT. Registered companies can receive a bid-adjustment, "the amount by which a tender or proposal bid is reduced for

the purpose of ranking bidders or proposers" (p.1) over non-registered companies. The bid-adjustment varies with the procurement threshold. For example, for contracts of more than \$25,000 and less than \$100,000, "[a] 15 % Bid Adjustment will be applied to the NWT Content. An additional 5 % Bid Adjustment will be applied to any Local Content" (p.10).

NUNAVUT

The Government of Nunavut has an incentive policy "The Nunavummi Nangminiqagtunik Ikajuuti, or NNI, is a set of rules providing for preferential treatment in public procurement of Inuit firms, Nunavut businesses and contractors employing Inuit, local or Nunavut labour as set out in the Nunavummi Nangminiqagtunik Ikajuuti Regulations, R-023-2017".

ONTARIO

Ontario's Social Enterprise Strategy 2016-2021 included objectives to expand market opportunities for social enterprises through public sector procurement.

Ontario health care sector innovations in procurement processes while not explicit to food offer insights into the potential of more values-based procurement. *The Healthcare Sector Supply Chain Strategy Expert Panel* (2016) report "call[s] for a new business approach, a new philosophy and new competencies. In other jurisdictions, purchasing for outcomes, life-cycle or patient experience have been seen to generate significant results" (p.6).

QUEBEC

Quebec's *Social Economy Act* recognizes and promotes the social economy as a lever for development, which can be broadly understood as:

"Social economy" means all the economic activities with a social purpose carried out by enterprises whose activities consist, in particular, in the sale or exchange of goods or services" (Chantier de l'économie sociale).

Quebec's *Bill 17, An Act respecting contracting by public bodies* (2006) permits a preferential margin for sustainability for bid evaluations of sustainable goods and services under the \$100,000 procurement threshold. A 10% bid adjustment can be used when comparing bids for best value.- However, this margin cannot be used in every context - depending on the threshold of the procurement or the criteria used to incorporate sustainability, different rules may apply.

YUKON

The *Yukon Business Incentive Program* (BIP) (Yukon Energy, Mines and Resources, n.d.) provides "competitive pricing opportunities to Yukon businesses supplying goods or services to the government. There are rebates available under the BIP for the procurement of some food products, however only contracts for goods that go to public tender are eligible to qualify to BIP. Each department has the discretion to decide whether a contract for goods under \$25,000 goes to public tender."

Health care food purchasing

Health care procurement is unique in that most hospitals, and many long-term care facilities, typically participate as members of a Group Purchasing Organization (GPO) for all types of products, from medical supplies to equipment and food. The GPO pools the purchasing volumes of its member facilities and negotiates with suppliers to get better volume pricing, and members also typically receive additional annual volume rebates. US research, applicable in the Canadian context, estimates that food typically represents less than 6% of an acute care facility's overall contracted expenditures with a GPO (Klein, 2015). Health care facilities may have an 80/20 purchasing clause with their GPO which reserves their "right to purchase 20% of its goods and services from vendors not listed in the GPO contract(s) for all food categories under contract" (Golden Horseshoe Food and Farming Alliance, 2018, p. 5). Fresh produce is often not included and instead is purchased "off contract," with facilities themselves purchasing directly from distributors/suppliers.

Important context for understanding health care food purchasing relates to the food supply chain and food service operations.

How food moves from field to tray

The institutional food supply chain flows from field to institution — producers and growers sell to manufacturers, wholesalers, regional distributors, who in turn sell to broadline distributors.

Purchasing pathways for food hinge on whether health care food services are self-operated or are contracted out to a food service management company (Reynolds & Hunter, 2017, p.5).

The three largest food service management companies in Canada are Compass (parent company of Morrison, which provides services for health care facilities), Sodexo and Aramark. Typically if an institution has contracted one of these companies to manage its food services the contract also includes requirements for sourcing food from the caterer's preferred suppliers.

Self-operated food services are managed by staff from the health care institution, and food purchasing can be done through public procurement processes to develop contracts with suppliers or through a group purchasing organizations. Across Canada an estimated 78% of health care facilities self-operate their food services (Saskatchewan Grocery Retail and Foodservice Value Chain Initiative, 2017, p.8).

In hospital budgets, food services are separate from clinical services. Purchasing decisions are tightly linked to budgets, and are forecasted factoring in the lower pricing offered by the broadline supply chain (compared with alternative food sources). Food service operations have become reliant on broadline distribution which offer one-stop shopping, low food inventory and volume discounts. Many food service operations also rely on outsourced meals and processed ingredients. Requirements for food safety traceability, insurance, federal meat inspection, large volumes and nutritional labeling are typical barriers for small- and medium-sized local producers selling to broadline distributors, group purchasing organizations or through direct contracts with hospitals (Reynolds & Hunter, 2017).

GROUP PURCHASING ORGANIZATIONS

The scan identified participation by health authorities in the two different GPO models in Canada, regional and national. Only Ontario and Quebec have regional GPOs: MEALSource is a GPO of 30+ health care facilities in southwest Ontario, and three GPOs cover Quebec—Sigma Santé, GACEQ, GAQOuest. The rest of the health care purchasing volume across Canada flows through national GPOs:

HealthPro, MedBuy and those of corporate caterers. Provinces which are restructuring their health care systems, such as Saskatchewan and Ontario, look to also be reassessing their procurement structures in the coming months.

The regional GPOs in Ontario and Quebec are working toward more local, sustainable food purchasing.

ONTARIO

In Ontario, MEALSource continues to innovate in meeting its health care facility member goals to increase their local food sourcing. For example, *Farm to Institution: The power of public sector purchasing* (Lapalme, 2015) offers a case study of how MEALSource switched its evaluation rubric to an RFP to source meat products. To evaluate bids, they assessed the cost per gram of protein rather than cost per serving as a more useful measure of product quality and thus its best value to members.

QUEBEC

The three groupes d'approvisionnement (GPOs) in Quebec, in collaboration with the Ministère de la Santé et des Services sociaux (MSSS) and the Ministère de l'Agriculture, Pêcheries et Alimentation (MAPAQ), are undertaking a project to support sustainable food procurement by health and social services organizations, the *Projet d'approvisionnement alimentaire responsable du réseau de la santé et des services sociaux* (RSSS) du Québec. Efforts to date include a portrait and diagnostic of sustainable food procurement in the network of health and social services (Le réseau de la santé et des services sociaux (RSSS)), identifying sustainable development issues for four food categories (fresh fruits and vegetables; meats, poultry and fish; dairy products; bakery products) and leading pilot projects.

Appendices: Provincial / Territorial Policies

Appendices: Provincial/Territorial Policies

Alberta

Provincial health care management structure:

The Alberta Health Services Board governs the one provincial health authority, Alberta Health Services (AHS). The AHS Nutrition and Food Services Department manages all health care facility food services.

Food and nutrition strategies

Alberta Nutrition Guidelines for Adults (Government of Alberta, 2012) and *Alberta Nutrition Guidelines for Youth* (Government of Alberta, 2012)

Making the Food-Health Connection: An Alberta Framework for Innovation (Government of Alberta, 2008) is a framework that works toward improving the availability of healthy food and food products in Alberta with resulting economic, health and health system outcome benefits.

Food in health care settings

Hospital regulations

Operation of Approved Hospitals Regulation (Alta. Reg. 249/90) does not refer to food or nutrition.

Long-term care regulations

Nursing Homes Operation Regulation (Alta. Reg. 258/85) stipulates that all meals must be in accordance with the Canada Food Guide, and that there must be an outline of the timing, menu posting and availability of options for special diets.

Accommodation Standards and Licensing Information Guide (Alberta Health, 2010), “related to Alberta’s *Supportive Living Accommodation Licensing Act, Supportive Living Accommodation Licensing Regulation and Long-term Care Accommodation Standards*,” (p.1) outlines nutritional and menu requirements including a 3-week cyclical menu that offers variety and seasonal variation.

Continuing Care Health Service Standards (Alberta Health, 2018) includes section 13.0 Nutrition and Hydration Management, which outlines actions to be taken if concerns arise.

Policies across the continuum of care

Nutrition Guidelines for Health Professionals (AHS, n.d) is a provincial online resource that

provides nurses, physicians, and other health professionals with consistent, evidence-based messaging for key nutrition topics.

Patient and Resident Centred Meal Experience (AHS, 2014) is a set of Department Guidelines focusing on food choice, food quality and customer service.

Trans Fat (AHS, 2009) is a policy to reduce the levels of trans fats contained in food and beverages in AHS operated food service facilities.

Time to Eat Toolkit: Tools to support patients at mealtimes (AHS, 2018) is for health care providers who want to lead change in patient meal times within their care setting (pediatric, adult and elder care).

AHS Provincial Diet Terminology and Guidelines (AHS, 2018) contains an AHS master list of evidence-based diets to be used across AHS and the continuum of care. These *Provincial Diet Guidelines* will support high-quality and safe care, provide a foundation for menu development and ensure consistency with patient/client education.

Healthy food environments

Healthy Eating Environments (AHS, 2017) is a policy to serve foods and beverages that align with provincial and federal dietary recommendations.

Nutrition Guidelines for Foods and Beverages in AHS Facilities (AHS, 2018) apply to “retail food service operators, third party operators (including franchises, third party outlets and retail outlets) and vending” (p.2) and align with *Canada’s Food Guide*.

Regional: Removal of Sugar-Sweetened Beverages at Rockywood General Hospital (Rockywood ‘drinks’ to healthy beverages, 2017).

Patient food experience

Patient and Resident Centred Meal Experience (AHS, 2014) is a set of Department Guidelines that “establish the foundation upon which all meal improvement strategies and initiatives should be based” (p.1). AHS uses

a standardized *Patient Meal Satisfaction Questionnaire* on taste, overall appearance, variety, temperature, service, portion sizes, meeting dietary requirements and overall meal experience.

Indigenous country traditional food

Continuing Care in Indigenous Communities Guidebook (AHS, 2019) is a guidebook intended to support Alberta First Nations and Métis communities to develop or expand continuing care services in their communities. It does not reference country/traditional foods.

Local Food

Local food definition

Bill 7, Supporting Alberta’s Local Food Sector Act (2018) includes a definition for local food: “(i) agricultural products produced in Alberta, including forest or freshwater food, and (ii) subject to any limitations in the regulations, agricultural products processed in Alberta.”

Local food promotion

Bill 7, Supporting Alberta’s Local Food Sector Act (2018) aims “(a) to encourage the development and success of a local food sector throughout the Province, and (b) to regulate agricultural products that are produced or processed in the Province and marketed and sold as organic products within the Province.” It does not reference institutional food procurement.

In support of the Act, a Local Food Council (Alberta Ministry of Agriculture and Forestry, n.d) has been given a mandate to “provide a report to the minister, within one year, with advice and recommendations on provincial policies, programs, pilot projects or initiatives that will help grow and sustain the local food sector.”

Institutional local food procurement

Selling local food directly to institutions and schools (Alberta Agriculture and Rural Development, 2013) is a fact sheet that

“outlines some common challenges and provides resources to help farmers better determine their readiness to sell to schools and institutions” (p.1).

Policies have not been developed in this area, but Alberta Health Services monitors the percentage of local foods purchased. The 2012 estimate was that 25% of total food purchases were local (AHS, n.d).

Procurement

Values-based procurement

The scan did not identify policies.

Health care food purchasing

Contracting, Procurement and Supply Management (AHS, n.d.) is a provincial department involved in contracting, purchasing, inventory and distribution of all supplies and services for AHS.

AHS is a member of HealthPRO (HealthPRO, n.d).

British Columbia

Provincial health care management structure:

Provincial Health Services Authority is responsible for managing the quality, coordination and accessibility of vital province-wide programs and services, and five regional health authorities deliver a full continuum of health services. The seventh health authority, First Nations Health Authority (FNHA), is the first province-wide health authority of its kind in Canada. The FNHA is responsible for planning, management, service delivery and funding of health programs, in partnership with First Nations communities in B.C.

Food and nutrition strategies

Agriculture’s Connection to Health: A summary of the evidence relevant to British Columbia (B.C. Provincial Health Services Authority, 2016) “finds the most direct link between agriculture and health is that agriculture provides the major source of food that supports British Columbians in meeting the recommendations outlined in *Eating Well with Canada’s Food Guide*. However, the connection between agriculture and health is more complex than simply providing healthy food” (p.3).

Promoting Healthy Eating and Sustainable Local Food in B.C.: An Action Framework for Public Institutions (B.C. Provincial Health Services Authority, 2011): “This action framework provides a broad range of ideas that health authorities, educational institutions, childcare facilities, and local governments can take to support the determinants of healthy eating while promoting a local and sustainable food supply” (p.5).

Food in health care settings

Hospital food service standards

Hospital Act Regulation (B.C. Reg. 121/97) does not reference food or nutrition.

Sodium Reduction in Health-Care Facilities: B.C.'s Experience (B.C. Ministry of Health, 2016) is a report outlining efforts to lower sodium content in patient and resident meals in publicly funded health care facilities in B.C. A policy target has been set at 2300 mg of sodium by 2021.

Long-term care food service standards

Residential Care Regulation (B.C. Reg. 96/09) outlines detailed regulations and references Canada's Food Guide for menu planning, nutrition, food preparation, food service, food availability, participation by persons in care, individual nutrition needs and eating aids. *The Audits and More: A Nutrition and Food Service Audit Manual for Adult Residential Care Facilities for 25 Persons or More* (B.C. Ministry of Health, 2008) also references *Canada's Food Guide* and includes a sustainability checklist in audit for a "[l]ocal, seasonal, organic, free-range, fair-trade and antibiotic-free food purchasing program (e.g. participating in the "Eat Local B.C." campaign)" (p.151). *Meals & More: A Foods and Nutrition Manual for Homes of Adults and Children with 24 Persons or Fewer in Care* (B.C. Ministry of Health, 2008) does not reference local food.

Healthy food environments

Healthier Choices in Vending Machines in B.C. Public Buildings (B.C. Ministry of Health, 2014) is a policy introduced to provide healthier food and beverages in vending machines.

B.C. Informed Dining in Health Care Program (Healthy Families B.C., 2016) applies to all retail food service establishments in health care facilities and offers a recognition program to provide consumers with nutrition information, particularly on calories and sodium.

Patient food experience

A standardized provincial food satisfaction survey tool would help assess the impact of any food service policy or initiative on patients and residents. The B.C. Ministry of Health is therefore exploring options for collecting province-wide patient satisfaction data related to food services. Early stages of this work include an environmental scan of tools used in B.C. and other jurisdictions and a literature review on validated tools and methods for measuring patient and resident satisfaction.

Indigenous country traditional food

Regional: Northern Health is working to create culturally safe environments with traditional First Nations foods (Carter, 2017).

Local food

Local food definition

To be eligible for *Buy B.C. Cost-Shared Funding to promote B.C. agrifood and seafood*, food must be:

grown in B.C. (i.e. producing fresh food, beverage, or agricultural and seafood products which are 100% grown, caught, or raised in B.C.), or processed in B.C. (i.e. food, beverage, or agricultural and seafood products which are processed and packaged in B.C. with 51% or more of the direct cost of production in its final form—the sum of raw materials, direct labour, variable processing, and packaging—originating in B.C.). When the main raw materials are available in sufficient quantities from B.C. producers, they must be used" (Investment Agriculture Foundation of B.C., n.d.).

Local food promotion

Buy B.C. Cost-Shared Funding (Investment Agriculture Foundation of B.C., n.d.) "is available to applicants to undertake sector/product specific marketing and promotional activities to increase consumer demand and sales of B.C. agrifood and seafood products within the Province."

Institutional local food procurement

British Columbia's Minister of Agriculture's 2017 mandate letter (Horgan, 2017) included a call to "Initiate Feed B.C. to increase the use of B.C.-grown and processed foods in hospitals, schools, and other government facilities" (p.3). The Minister of Agriculture, with the support of the Minister of Health, set an aspirational goal of 30% for B.C. local food purchases by public sector organizations, with an initial focus on health care facilities (Popham, 2018).

Regional: *Okanagan Bioregion Institutional Procurement Study* (Institute for Sustainable Food Systems, 2018) explored opportunities in the region and identifies that:

[w]hile there are many ways in which the institutional supply chain could support more local products, the current, centralized model, favouring a single large distributor is not always conducive to purchasing from small and medium scale producers, but rather favours and seeks the lowest price for any given product. There is much work underway on the topic of institutional food procurement, and the time is ripe for policy changes to support the positive actions that institutions and producers are making for the health and economic vitality of their communities (p.10).

Procurement

Values-based procurement

Guidelines for Environmentally Responsible Procurement (B.C. Procurement Services Branch, n.d.) have been developed as part of a Cabinet-directed B.C.-based Climate Change Action Plan to implement a long-term strategy that supports provincial economic, social and environmental priorities.

British Columbia Procurement Strategy 2018 (B.C. Ministry of Citizen's Services, 2018) has an overall goal of best value and increased social benefit to British Columbians and includes a 2018/2019 priority action of "publishing new

social and environmental impact purchasing guidelines" (p.16).

Health care food purchasing

Business Initiatives and Support Services (BISS) (2011) is "a virtual and integrated organization that has responsibility for BISS (Patient and Retail Food, Housekeeping, Laundry and Linen and Waste Management)" (p.1) within the four lower mainland health authorities: Vancouver Coastal Health, Fraser Health, Providence Health Care, and the Provincial Health Services Authority. Some authorities are HealthPRO members (HealthPRO, n.d.), others Aramark Group Purchasing Organization.

Manitoba

Provincial health care management structure:

Manitoba Health, Seniors and Active Living leads the health care system. Regional health authorities and provincial health organizations, such as CancerCare Manitoba and the Addictions Foundation of Manitoba, are responsible for the delivery of health-care services. The health care system is currently in a process of transformation (Manitoba Health, Seniors and Active Living, n.d.). The *Manitoba Health, Seniors and Active Living Transformation Program* has been established to guide the thoughtful planning and phased implementation of broad health-system changes aimed at improving the quality, accessibility and efficiency of health-care services across Manitoba. This includes the creation of a provincial health organization, called Shared Health, to better integrate and coordinate the planning of patient-centred care across Manitoba.

Food and nutrition strategies

Healthy Environments, Healthy People: 2015 Health Status of Manitobans Report (Manitoba Chief Provincial Population Health Officer, 2015) identifies healthy food systems as an important part of the built environments that have an impact on physical and mental health (p.60).

Northern Healthy Foods Initiative (Manitoba Indigenous and Northern Relations, n.d.) partners with various departments—including Agriculture, Education and Training, Health and Sustainable Development—to increase food security efforts at a community level and strengthen community-led development.

Regional: Winnipeg Regional Health Authority's (WRHA) *Position Statement on Food Security* (2014) includes a commitment “to support collaborative efforts to promote food security and reduce food insecurity and its root causes” (p.2).

Food in health care settings

Hospital food service standards

Hospital Services Insurance and Administration Regulation (Man. Reg. 48/93) does not make reference to food or nutrition.

Regional: *Adult Diet Compendium, Nutrition and Food Services* (WRHA, 2008) outlines standard diet for acute and long-term care settings using the four food groups of *Canada's Food Guide*, along with description of a number of therapeutic diets.

Regional: WRHA Regional Distribution Facility (n.d.) “Prepares and delivers 8,000 customized meals each day. 97 diet types are combined with patient specific preferences to create countless combinations.” It uses a “3 week cycle menu designed to meet *Canada's Food Guide*, provide variety and meet cultural food preferences. Example menu items include: bannock, caribou, arctic char, and selections of Kosher, East Indian and vegetarian choices.”

Long-term care food service standards

Personal Care Homes Standards Regulations (Man. Reg. 30/2005) includes dietary standards for the following: meeting nutritional needs of residents, taking into account the recommended daily allowances set out in *Canada's Food Guide to Healthy Eating*; taking into account the residents' culture, religious practice and food preferences; cycle menus (minimum of 3 weeks) that provide a variety of foods and offer choices; offering between-meal nourishment and beverages, including at least one that is not less than two hours after the evening meal; and as much as reasonably possible, ensuring that the environment of a group dining area facilitates the enjoyment of meals and the social aspects of dining.

Healthy food environments

Regional: *WRHA's Position Statement on Healthy Eating* (2017) promotes a “comprehensive approach to healthy eating that considers nutrition, food, eating competence (positive attitudes towards eating where needs and wants are in harmony), food systems, community food security, pleasure

and traditions, and how these factors intersect to influence healthy eating” (p.2).

Patient food experience

Regional: WHRA Nutrition and Food Services uses a *Patient/Resident Food Preferences Questionnaire*.

Indigenous country traditional food

The scan did not identify policies.

Local food

Local food definition

Bill 4, The Farm and Food Awareness Act (2015) defines “Manitoba food” as food that is grown, raised, produced or processed by individuals or businesses in Manitoba.

Local food promotion

Bill 4, The Farm and Food Awareness Act (2015) permits the Minister to set goals to encourage increased use of Manitoba foods. Before doing so, the Minister must consult with organizations or groups of persons that have an interest in the goal.

Institutional local food procurement

The scan did not identify policies.

Procurement

Values-based procurement

The Sustainable Procurement Manitoba Working Group of public purchasers has created a website called *Sustainable Procurement in Manitoba* at <http://www.manitobasustainableprocurement.com/> that provides practical knowledge to public purchasers. For example, a Food Services - Food Selection section offers minimum sustainable recommendations (Sustainable Procurement Manitoba Working Group, n.d.).

Manitoba Finance Indigenous Procurement Initiative seeks to increase the participation of Indigenous peoples and suppliers in providing goods and services to government by incorporating this criteria into tenders, but this is not explicit to food. It states that “[a]ll departments, including Special Operating Agencies, shall endeavor to increase the participation of Indigenous business in providing goods and services to the Manitoba Government by incorporating the Indigenous Procurement Initiative into tenders.”

Health care food purchasing

Health Authorities are members of HealthPRO (HealthPRO, n.d.).

New Brunswick

Provincial health care management structure:

Two Regional Health Authorities, Horizon Health Network and Vitalité Health Network, both have the broad mandate to deliver health services. Horizon Health Network has over 12 hospitals and 100 facilities, clinics and offices. Vitalité Health network is a Francophone organization and governs bilingual facilities and programs including 11 hospitals, a psychiatric hospital centre and six community facilities.

Food and nutrition strategies

The New Brunswick Public Health Nutrition Framework for Action 2012 - 2016 (N.B. Department of Health, 2012) identifies priority areas for action: Food security, Healthy environments, Prenatal and early childhood, Breastfeeding, and School-aged children and youth. It includes a recommendation to “support the development of nutrition policies in health care settings” (p.17) and identifies potential policy action to “promote the use of local nutritious food and beverages in public institutions” (p.17).

Food in health care settings

Hospital food service standards

General Regulation - Hospital Services Act (N.B. Reg. 167/84) includes a general reference to “accommodation and meals at the standard ward level” being a service hospital in-patients are entitled to.

A decision by the Government of New Brunswick was recently made to not outsource hospital food, environmental and portering services (2018).

Long-term care food service standards

Standards and Procedures for Adult Residential Facilities (N.B. Social Development, 2013) includes 5.8 Nutrition Services which outlines what operators must provide: “give the residents the opportunity to help in the planning and the preparation of meals and snacks. Encourage residents to utilize kitchen facilities to prepare and or access their own snacks,” and “make meals available to clients in accordance with *Canada’s Food Guide to Healthy Eating*, or in accordance with a diet as prescribed by a doctor or a dietician” (p.10).

The government funding envelope for food costs is \$5.95/resident/day (Dietitians of Canada, 2018, p.4).

Healthy food environments

The Position Statement: Healthy Food Environments in Health Care Facilities (New Brunswick Office of the Chief Medical Officer of Health, 2014) references the “ethical obligation to provide healthy environments for staff, clients and visitors in health-care facilities” (p.2).

Vitalité Health Network adopted a Healthy Food Environment Policy (2015) and currently has an action plan to implement the policy in its four areas within its jurisdiction over the next three years. The first step was to ensure adherence to the policy for the hospital patient menu and to continue working towards a healthy food culture (Vitalité Health Network, 2018). The Network is now implementing a healthy hydration program to eliminate sweetened beverages by March 2019.

Patient food experience

The scan did not identify policies.

Indigenous country/traditional food

The *Union of New Brunswick Indians First Nations Health Department* mentions improving access to traditional and market food for children, youth, parents and families as part of the *Aboriginal Diabetes Initiative*, but no further details are provided.

Local food

Local food definition

The scan did not identify a definition.

Local food promotion

Buy New Brunswick (N.B. Agriculture, Aquaculture and Fisheries, n.d) is an initiative to “support and promote New Brunswick’s important farming, fishing and aquaculture sectors.”

The Local, Healthy N.B. Food Promotion and Purchase Policy (AD1709) (N.B. Agriculture, Aquaculture, and Fisheries, 2014) commits the provincial government to, where possible, promoting and purchasing local, healthy food and beverages for meetings and activities. Resources for meeting planners are provided to implement the policy, *Putting Health on the Agenda* (N.B. Social Development, n.d.).

Institutional local food procurement

Local Food and Beverage Strategy: Increasing awareness, availability, and support for the New Brunswick Food and Beverage Sector 2016-2018 (N.B. Agriculture, Aquaculture and Fisheries, 2016) identifies the opportunity to “[e]ncourage procurement for local food in public institutions and promote agriculture in schools” (p.7) and addresses the government’s commitment to assisting growers and producers in developing their products and getting them to market by promoting them and encouraging New Brunswickers to buy local.

Procurement

Values-based procurement

The scan did not identify policies.

Health care food purchasing

The scan did not identify policies.

Newfoundland and Labrador

Provincial health care management structure:

Four Regional Health Authorities, each with its own board of directors and led by a CEO, set their own strategic direction, which is linked to the overall strategy of the Department of Health and Community Services.

Food and nutrition strategies

Eating Healthier in Newfoundland and Labrador: Provincial food and nutrition framework and action plan (Government of Newfoundland and Labrador, 2006) is designed to direct and support other actors in making decisions regarding food and nutrition.

Eat Great and Participate (Recreation Newfoundland and Labrador, n.d) is a program that, since 2009, “has been promoting healthy eating to children [and] youth and working to increase access to healthy food and beverage choices in recreation, sport and community facilities, and at events across Newfoundland and Labrador.”

The Nunatsiavut Government Department of Health and Social Development (2013) *Healthy Individuals, Families and Communities plan* addresses food access and nutrition in areas of health assessment, childcare programming and public health, but does not indicate provision of country/traditional foods in health care settings.

Food in health care settings

Hospital food service standards

Regional Health Authorities determine hospital patient menus based on *Canada's Food Guide* and workplace policies (Vanderlee et al, 2017, p.29).

Long-term care food service standards

Long term care facilities in Newfoundland and Labrador - Operational Standards (Newfoundland and Labrador Department of Health and Community Services, 2005), under Standard 9 - Clinical Nutrition Services, outlines performance measures, including that there be written policies and procedures governing the delivery of clinical services, that “residents are to be provided with menus and meals according to the *Canada Food Guide*, and in consideration of his/her preferences” (p.60), that resident’s dietary needs, based on a nutritional assessment and preferences, are included in his/her care plan, and that a clinical dietitian be a member of the interdisciplinary team and contribute to the development, implementation and evaluation of a resident’s care plan.

Healthy food environments

The scan did not identify policies.

Patient food experience

Regional: Patient food experience is assessed by Regional Health Authorities. For example, Eastern Health’s Food Services Department recently implemented the *Steamplicity* program of Compass and reported on increased patient satisfaction (McNeish, 2018).

Indigenous country/traditional food

The scan did not identify policies.

Local food

Local food definition

The scan did not identify policies.

Local food promotion

The Way Forward on Agriculture: Sector Work Plan (Government of Newfoundland and Labrador, 2017) supports the growth of the agricultural sector and aims to double the province’s food self-sufficiency. The first action identified is to “implement a pilot project to serve locally-grown farmed products in public health facilities.”

Institutional local food procurement

The *Farm to Health Care Pilot Project* (Food First Newfoundland, 2018) is planning a pilot in one facility in either Central Regional Health Authority or the Western Regional Health Authority to develop a scalable model.

Procurement

Values-based procurement

Newfoundland and Labrador’s *Bill 46, An Act Respecting Procurement by Public Bodies* (2016) clarifies that “[t]he chief procurement officer shall, in the development of the general policies respecting the procurement of commodities, apply those social, economic and environmental priorities that the Lieutenant-Governor in Council may direct.”

Buying Green! A Guide for Purchasing Environmentally Preferable Products (Government of Newfoundland and Labrador, 2014) includes a Factsheet on Food and Catering Services and outlines how sustainable food and green food ware can advance the government’s strategic priorities (p.109).

Health care food purchasing

Regional Health Authorities are members of HealthPRO (HealthPRO, n.d.).

Northwest Territories

Territorial health care management structure:

The Northwest Territories Health and Social Services Authority (NTHSSA), established in 2016, is responsible for the design and delivery of territorial health and social services planning in most communities across the Northwest Territories. In addition, the Hay River Health and Social Services Authority will continue operations and maintain its own Board of Management. The Tłıcho Community Services Agency will continue to be a Board of Management under the Hospital Insurance and Health and Social Services Administration Act and will continue to deliver health and social services in Tłıcho Communities. The NTHSSA respects the legislation that establishes the TCSA, which was implemented as a result of the Tłıcho Self Government Agreement. Continuing Care Services are core services that are delivered through three program streams—Home and Community Care, Supportive Living, and Long Term Care—as outlined in the *Northwest Territories Long Term Care Program Review* (Government of Northwest Territories, 2015).

Food and nutrition strategies

Northwest Territories Health and Social Services has created both the *Northwest Territories Food Guide* (2005) and *Traditional Food Fact Sheets* (2017).

While the Territory does not have a Food and Nutrition Strategy per se, the Government of NWT (2017) identifies a goal to address chronic disease by “Support[ing] the health and wellness of the population through promotion, prevention, disease protection and targeted access to high-risk populations to reduce disparities” in its *Caring for Our*

People: Strategic Plan for the Health and Social Services System 2017 – 2020.

NWT Caregivers Guide (NWT Health and Social Services, 2015) describes healthy eating as eating traditional foods whenever possible, foods from the four food groups on most days (grains, proteins, vegetables/fruit and dairy), and more fruits and vegetables and less pre-packaged or sugary food.

Food in health care settings

Hospital food service standards

Hospital and Health Care Facility Standard Regulations (NWT Reg. 36/05) include one reference to food in relation to the placement of handwashing facilities adjacent to where food is prepared, cooked or consumed. There are no references to nutrition.

Long-term care food service standards

Continuing Care Services Action Plan (Government of Northwest Territories, 2017) includes recommendation (Objective 3): Develop and implement an NWT LTC Regulatory Framework.

Continuing Care Standards (NWT Health and Social Services, 2015) Section 3.9 references standards for dietary services but does not offer strong statements on providing healthy food.

Northwest Territories Long-Term Care Review - Report (Government of NWT, 2015) includes a recommendation “10: LTC Facilities Revenue and Subsidies, calls for calculation of a per diem to fully recover cost of food and accommodation” (p. xix).

Healthy food environments

Healthy Foods in Facilities (NWT Health and Social Services, 2006) provides guidelines for the kinds of foods and beverages offered in health and social service facilities.

Patient food experience

NWT Health Services Patient Experiences Report (NWT Health and Social Services, 2016) includes data on surveys administered to users of all types of health care facilities including hospitals. The report does not provide information on patient experiences with food services, but it does provide data on the following question: “In the last 24 months, has a health care provider discussed with you the importance of a healthy diet?” (p.5).

Indigenous country/traditional food

In the Northwest Territories, Health and Social Services Minister Glen Abernethy made a commitment in 2017 to make traditional foods widely available to patients at the new Stanton Territorial Hospital, expanding on offerings currently available by request (Brockman, 2017). The Department of Health and Social Services is working on a suite of resources to help food service providers understand procurement and service of traditional foods. Resources being developed include guidelines for the service of traditional foods in NWT Health and Social Services facilities as well as long-term care facilities.

The current *Food Establishment Safety Regulations* (NWT Reg. 97/09) Section 30 states that “(2) Wild fish or game that is not subject to inspection may be handled in a food establishment, if it is legally harvested in the Northwest Territories and is legally obtained by the operator.”

Local food

Local food definition

The scan did not identify policies.

Local food promotion

The Government of Northwest Territories (2018) *Canadian Agricultural Partnership Program* (2018 - 2022) includes funding for market development, food processing development, agricultural awareness and small-scale foods program which have relevance to health care facility purchasing, value chain development and celebration of local foods.

The Government of Northwest Territories (2015) *Environment and Natural Resources Strategic Plan 2015 - 2020* identifies a strategic priority to develop “country food programming to promote the consumption of foods such as fish, wildlife, berries and mushrooms” (p.41) through the deliverable of a *Country Food Strategy*.

Institutional local food procurement

Agriculture Strategy for the NWT. The Business of Food: A Food Production Plan 2017 - 2022 (Government of NWT, 2017) includes recommendation 6.6 related to institutional food procurement to “[d]evelop programs that give preference to the use of locally produced and processed food and secondary products,” as “[g]overnment institutions use significant quantities of food. Incorporating local foods can achieve many positive outcomes, industry growth and economic benefit” (p.34).

Procurement

Values-based procurement

The Government of Northwest Territories (NWT) (2010) *Business Incentive Policy* seeks to give preference of government procurement to businesses that are owned and operated within the NWT. Registered companies can receive a bid-adjustment, “the amount by which a tender or proposal bid is reduced for the purpose of ranking bidders or proposers” (p.1) over non-registered companies. The bid-adjustment varies with the procurement threshold. For example, for contracts of more than \$25,000 and less than \$100,000, “[a] 15 % Bid Adjustment will be applied to the NWT Content. An additional 5 % Bid Adjustment will be applied to any Local Content” (p.10).

Health care food purchasing

Food service contractors procure food for the majority of hospitals and larger long-term care facilities in the NWT.

Territorial health authorities and facilities are members of HealthPRO (HealthPRO, n.d.).

Nova Scotia

Provincial health care management structure:

In 2015, the previous nine regional health authorities were consolidated into the Nova Scotia Health Authority (NSHA), which along with the IWK Health Centre, currently plans and delivers care for Nova Scotians.

Food and nutrition strategies

Healthy Eating Nova Scotia (Healthy Eating Action Group of the Nova Scotia Alliance for Healthy Eating and Physical Activity, 2005) is a comprehensive framework to reduce chronic disease through better nutrition. It recommends that the Office of Health Promotion work with partners to develop food and nutrition policy frameworks for food service operators in publicly funded institutions, such as schools, hospitals and post-secondary institutions.

The NSHA (2018) *Healthy Eating Policy* was developed using evidence, research and best practice to enhance healthy eating and support population health through the creation of supportive environments within the NSHA. The policy applies to all foods and beverages provided in NSHA retail food services with the aim to promote the consumption of maximum nutrition (i.e. food and beverages containing the most nutrients, little or no saturated fats or trans fats, little or no added fat, sugar, or sodium (salt), higher amounts of naturally occurring fibre and no sugar substitutes, and that have had little or no processing).

The NS Department of Health and Wellness (2014) *Healthy Eating Policy Grants* helped publicly funded institutions create supportive environments for health by helping people eat well.

Nova Scotia Food and Beverage Nutrient Criteria (Government of N.S., 2008) set limits on salt, sugar, and fat in foods and beverages,

and promote using whole foods such as whole grains, low-fat dairy, vegetables, and fruit as main ingredients. Various settings will use the *Nova Scotia Food and Beverage Nutrient Criteria* differently, creating policies that work with percentages of maximum and moderate nutrition based on the context of that setting.

Funded by the N.S. Department of Health and Wellness, the *Nova Scotia Consumer Food Environment Project 2015 - 2019* (Food Action Research Centre, n.d) has completed Phase 1, which took place Sept 2015 – April 2016; Phase 2 began in fall 2017 and will run until winter 2019. Phase 1 of the research resulted in the first ever comprehensive data set on the consumer food environment in Nova Scotia with respect to availability, price, promotion, and prominence of healthier and less healthy food and beverages. Phase 2 of the project focuses on digging deeper with data analysis and drawing meaning from the data with the aim of translating findings from Phase 1 into meaningful, credible and accessible resources that can be used to inform policy related to the consumer food environment in Nova Scotia.

Food in health care settings

Hospital food service standards

Hospitals Regulations (N.S. Reg. 53/15) do not include a reference to food or nutrition.

Long-term care food service standards

Homes for Special Care Regulations (N.S. Reg. 127/77) applies to nursing homes, homes for the aged, homes for the disabled and residential care facilities, and includes regulations relating to facilities and equipment, the amount of space per resident for both food preparation and dining areas, frequency of meals and snacks, attention to food preferences and nutrition in accordance with *Canada’s Food Guide*.

Long Term Care Program Requirements: Nursing Home and Residential Care Facilities (N.S. Department of Health and Wellness, 2019) offer similar and extensive guidance.

The Supportive Care Program (N.S. Department of Health and Wellness, 2011), is designed to support Continuing Care clients with long-term cognitive impairment and provide their caregivers with the help they need to remain in their own homes. Clients may be eligible to receive funding for support services including “assistance with personal care, respite, essential housekeeping and meal preparation” (p.8).

Dietitians of Canada (Nova Scotia) *Action Plan for an Aging Population* (2016) provides recommendations to the Government of Nova Scotia for considering strategies to support the health of older adults.

Healthy food environments

The NSHA Healthy Eating Policy (2018) is committed to providing foods and beverages that promote health throughout its facilities. It was developed using evidence, research and best practice. Evidence and research shows that the most effective way to enhance healthy eating and support the health of a population is through the creation of supportive environments.

The IWK Health Centre no longer sells pop or juice (including drinks with artificial sweeteners) (Patil, 2016).

Patient food experience

The *Quality Framework for a High Performing Health and Wellness System in Nova Scotia* (N.S. Department of Health and Wellness, 2013) makes no mention of food, nutrition or diet.

The *NSHA Patient Experience Survey* (2018) is used in all facilities and care centres, e.g. inpatient care units, veteran care and long-term care. In addition, the NSHA conducts an annual *Nutrition & Food Services Patient Experience Survey* (n.d) among all patient care units to gather feedback on patients’ food and food service experience. The survey results are shared across the province to monitor patient experience, identify common trends and identify areas requiring improvement within the Nutrition and Food Services department.

The NSHA is also implementing a standardized room service model across the province. The model seeks to increase patient satisfaction

through better sensory qualities and temperature control of food, offer patient autonomy and flexibility for their meal choices and eating time, and also invites family members and visitors to order from guest menus and join patients at meal time.

Indigenous country/traditional food

The Aboriginal Continuing Care Policy Forum (N.S. Department of Health and Wellness, 2013) fosters relationships and ongoing dialogue among First Nation communities, health authorities, and federal and provincial governments. Funding is provided by the Department of Health and Wellness, Health Canada, and Indian and Northern Affairs Canada.

Local food

Local food definition

Select Nova Scotia, a program developed by the Province of N.S. (n.d.), defines local as produced and sold in Nova Scotia. *Agri-Futures Nova Scotia* (n.d.) also defines local as produced in N.S.

The NSHA has defined three rings of local food (produced in Nova Scotia, the Maritimes, or Canada) to categorize food purchases from suppliers, and to report the percentage of overall local food purchased within the provincial health authority.

Local food promotion

Select Nova Scotia (Province of N.S., n.d.) is the province’s buy-local program “responsible for promotions, partnerships and campaigns that raise consumer awareness about Nova Scotia food, food products and seafood; locally made goods; and locally owned and operated businesses.”

Institutional local food procurement

Growing Demand: Local Food Procurement at Publicly Funded Institutions in Nova Scotia (Knight & Chopra, 2011) is a study of local food procurement opportunities in

publicly funded institutions conducted in Nova Scotia. A total of 86 interviews were conducted, and a benefit-barrier analysis as well as a consumption-production model were completed. The findings highlighted that buying local is a trend among institutions, and that four barriers are habit, supply, distribution, and price.

Procurement

Values-based procurement

Nova Scotia’s *Bill 146, Environmental Goals and Sustainable Prosperity Act* (EGSPA) (2007) objectives are to establish clear goals that foster an integrated approach to environmental sustainability and economic well-being. They work toward continuous improvement measured by social, environmental and economic indicators of prosperity. The EGSPA is reviewed every five years in order to identify and improve supports for a green economy.

Nova Scotia’s *Bill 23, Public Procurement Act* (2011) defines sustainable procurement as “obtaining best value for public service entities by integrating environmental, economic and social considerations in the procurement process.”

Nova Scotia’s *Sustainable Procurement Policy* (2016) states that “[i]n order to establish best value, bids may be evaluated not only on purchase price and life cycle cost considerations, but also items such as environmental considerations, social considerations, delivery, servicing and the capacity of the bidder to meet other criteria as stated in the bid documents” (p.1).

Health care food purchasing

Health Authorities are members of HealthPRO (HealthPRO, n.d.).

The N.S. Food and Nutrition Program Advisory Committee provides strategic direction to support the development, management and sustainability of the *NS Food and Nutrition Program* while representing the unique needs of the membership. The Advisory Committee contributes to and informs on matters related

to sourcing, administration, and decision making for the *N.S. Food and Nutrition Program*. The committee is responsible for making food and nutrition procurement recommendations that are grounded in best practices.

Nunavut

Territorial health care management structure:

The Department of Health is responsible for delivering health care services in Nunavut as well as for developing policies and legislation that govern the health care system. According to the Department, Nunavut is the only territory or province where the Department of Health is responsible for directly delivering health care services. The Department needs to work with several other departments to deliver on its roles and responsibilities. Its mission is to promote, protect, and enhance the health and well-being of all Nunavummiut, incorporating Inuit Qaujimagatuqangit (that is, traditional Inuit knowledge and values) at all levels of service delivery and design. Nunavut's 25 communities receive health services through 22 community health centres, regional health centres in Rankin Inlet and Cambridge Bay, and the Qikiqtani General Hospital in Iqaluit. A public health unit is also located in Iqaluit. The Department of Health also manages long-term care facilities in two communities. The Department manages three continuing care centers in the Nunavut.

Food and nutrition strategies

The *Nunavut Food Guide Revision Project* (Davison, Bachman, Holloway, & Dyck, 2011) "detail[s] the process taken in developing the drafted prototype of the *Nunavut Food Guide* (June 2010 to March 2011)" (p.i) leading to the creation of the *Nunavut Food Guide* (Nunavut Department of Health, 2012).

The *Nunavut Food Security Strategy 2014-16* developed by the Nunavut Food Security Coalition (2014) in dialogue with seven government departments and numerous organizations is structured around six areas of strategic actions, including "Country Food, Store-Bought Food, Local Food Production, Life Skills, Programs and Community Initiative,

as well as Policy and Legislation" in order to address the key determinants of food security (p. 5). Work is underway with the Nunavut Food Security Coalition to renew the Strategy.

Nutrition in Nunavut: A Framework for Action (Nunavut Department of Health and Social Services, 2007) "clearly sets out the agenda for investing in nutrition in Nunavut. The returns on this investment will be seen not only in reducing spiraling health care costs by averting a chronic disease epidemic, but more importantly, in supporting the health and well being of all Nunavummiut now and generations to come" (p.4).

Food in health care settings

Hospital food service standards

Consolidation of Hospital Standard Regulations (Nu. Reg. 1990 c T-6) outline the equipment and facilities required for the storage, preparation and serving of food but do not provide guidance on menus etc.

Long-term care food service standards

Continuing Care in Nunavut 2015-2035 (Nunavut Department of Health, 2015) assesses the future long-term care needs in the territory. It identifies that out-of-territory placement for individuals needing secured dementia care is recognized as suboptimal, given the history of residential schooling, tuberculosis, and lack of access to country foods or conversation in native language.

Healthy food environments

The scan did not identify policies.

Patient food experience

The Office of Patient Relations, Nunavut Department of Health, available at <https://www.gov.nu.ca/health/information/patient-relations> does not appear to use standardized survey tools.

Indigenous country/traditional food

Serving Country Food in Government-Funded Facilities and Community Programs (Government of Nunavut and Nunavut Food Security Coalition, 2017) offers food safety guidelines on how to handle and serve country food in the territory, especially to people who are already sick or have weakened immune systems. A pilot project to serve country foods is underway at Iqaluit Hospital.

Local food

Local food definition

In the territory, Canadian agriculture programs focus primarily on access to country food.

Local food promotion

The Nunavut Food Security Strategy 2014-16 (Nunavut Food Security Coalition, 2014) observes that "[l]ocal food production goes beyond country food, and involves growing, harvesting, and distributing foods not traditionally produced in Nunavut. This requires innovation, but has the potential to enhance local availability of foods and increase self-reliance of communities. Other northern jurisdictions have demonstrated viable greenhouses, composting systems, farms, fisheries, and bakeries that may have similar success in Nunavut. The resourcefulness of people exploring new ways to grow food in Nunavut should be supported" (p.9). To this end the objective "Develop a 5-Year Plan for Nunavut's Growing Forward Program" was identified (p.19).

Institutional local food procurement

Work is ongoing to support country food procurement from experienced hunters, hunter and trapper organizations, and retail outlets that sell country food.

Procurement

Values-based procurement

The Government of Nunavut has an incentive policy: "The Nunavummi Nangminiqaqtunik Ikajuuti, or NNI, is a set of rules providing for preferential treatment in public procurement of Inuit firms, Nunavut businesses and contractors employing Inuit, local or Nunavut labour as set out in the *Nunavummi Nangminiqaqtunik Ikajuuti Regulations, R-023-2017*".

The Serving Country Food in Government-Funded Facilities and Community Programs (Government of Nunavut and Nunavut Food Security Coalition, 2017) guide outlines policies and procedures on procuring country food, including the incorporation of Inuit societal values.

Health care food purchasing

Territory of Nunavut is a member of HealthPRO (HealthPRO, n.d.).

Ontario

Provincial health care management structure:

The Government of Ontario has announced plans for a transformation of the current system (previously structured around fourteen Local Health Integration Networks (LHIN)) towards the creation of a single Ontario Health agency and “Ontario Health Teams are a new way of organizing and delivering services for patients” (Government of Ontario, 2019):

Over time, Ontario Health Teams would provide seamless access to various types of health services, which could include: Primary care, Hospitals, Home and community care, Palliative care, Residential long-term care, Mental health and addictions. Ontario Health Teams will be funded and held accountable for improving patient experience and people’s health (Government of Ontario, 2019).

Food and nutrition strategies

While it does not have a provincial policy per se, Ontario does have a diverse group of experts and stakeholders representing agriculture, food, health and Indigenous communities from the not-for-profit, public health, academic and government sectors who have developed the *Ontario Food and Nutrition Strategy* (Ontario Food and Nutrition Strategy Group, 2017). The strategy includes an action area—increasing the use of healthy and local food in public sector organizations—as being important “to start shifting the food environment by showcasing healthy and local foods in their facilities and acting as role models for other organizations” (p.18).

Food in health care settings

Hospital food service standards

Hospital Management Regulation (O. Reg. 259/17) does not reference food or nutrition.

Ontario’s *Bill 46, Excellent Care For All Act* (2010) sets out a number of requirements for health care providers (currently only applicable to hospitals in Ontario within the meaning of the *Public Hospitals Act*) however food and nutrition are not referenced. The legislation requires that hospitals:

- establish quality committees that report on quality-related issues
- put annual quality improvement plans in place and make these available to the public
- link executive compensation to the achievement of targets set out in the quality improvement plan
- put patient/care provider satisfaction surveys in place
- conduct staff surveys
- develop a declaration of values following public consultation, if such a document is not currently in place
- establish a patient relations process to address and improve the patient experience (MOHLTC, n.d.).

Long-term care food service standards

Ontario’s *Long-term Care Homes Act* (2007) and Ontario Regulation 79/10 outline specific structures and staffing required at each long-term care facility to provide “an organized program of nutrition care and dietary services for the home to meet the daily nutrition needs of the residents” and “providing a variety of foods in keeping with *Canada’s Food Guide. A Guide to the Long-Term Care Homes Act, 2007* and *Regulation 79/10* provides an overview (Ontario Ministry of Health and Long-term Care (MOHLTC), 2011). For example, there are requirements that at least one cook work onsite 35 hours a week, that a registered dietitian complete a nutritional assessment for every resident upon admission and be onsite for 30 minutes per resident per month, and that a Residents’ Council be established to provide input on food services. The Ontario Association of Residents’ Councils (2012)

interprets these regulations to mean that Resident’s Councils have the specific right to “Review scheduled times for meals and snacks, and select alternate items for the menu” (p.23).

MOHLTC (2018) Long-Term Care Homes Level-of-Care Per Diem Funding Policy details the funding envelope for raw food costs of \$9/ resident/day.

Healthy food environments

Regional: The Champlain Cardiovascular Disease Prevention Network (2012) partnered with the Champlain Local Health Integration Network (LHIN) and created a Healthy Food in Hospitals Program to increase availability of healthy foods engaging all 19 hospitals in the LHIN.

Patient food experience

Health Quality Ontario’s (2015) *Common Quality Agenda* includes the patient experience as part of hospital care, but does not reference food or nutrition.

Ontario Ministry of Agriculture and Rural Affairs (OMAFRA) is funding a research project “*Putting Quality Food on the Tray*” (n.d) which will develop and test a patient food satisfaction and experience tool in 2017-2020.

Indigenous country/traditional food

Ontario’s *Bill Pr15, Sioux Lookout Meno-Ya-Win Health Centre Act* (2001) permits the facility to serve traditional foods, such as uninspected meat from animals and birds killed by way of hunting, to patients, visitors and staff. The *Miichim (Traditional Foods)* program at Meno Ya Win Health Centre emphasizes that these foods are both an important part of the daily lives of many Anishinaabe people and are an important link between health, culture and identity. The centre offers traditional foods to all patients once a week, with a selection of premade frozen Miichim meals available for patients who wish to keep with their traditional diet on a daily basis.

The Tungasuvvingat Inuit’s Mamisarvik Healing Centre in Ottawa, which treats Inuit from across the country battling trauma and addiction issues, offers country food such as caribou, seal and arctic char as part of its program.

Local food

Local food definition

The Ontario Ministry of Agriculture and Rural Affairs (n.d.) program *Foodland Ontario* offers Ontario foods definitions for specific commodities. Ontario processed food products must be made in Ontario from a majority of Ontario ingredients. More than 80% of the total direct costs of production must return to Ontario. Primary agricultural ingredients will meet the individual Ontario foods definition. For example, in “Ontario Beef and Vegetable Soup,” the primary ingredients (in this case beef and vegetables) would need to meet the individual Ontario food definitions.

Local food promotion

Ontario’s *Bill 36, Local Food Act* (2013) seeks “1. To foster successful and resilient local food economies and systems throughout Ontario; 2. To increase awareness of local food in Ontario, including the diversity of local food; 3. To encourage the development of new markets for local food.”

The long-running consumer promotion program *Foodland Ontario* “was established in 1977, and since then, has partnered with producers to champion, promote and support the consumption of fresh Ontario produce and processed agricultural foods” (OMAFRA, n.d.).

Institutional local food procurement

The Greenbelt Fund, a non-profit supported by the Government of Ontario and other funders, operates the *Broader Public Sector Grant Stream*. Its goals are: “To increase the amount of Ontario food products purchased by Ontario’s broader public sector, specifically municipal, college, university, school board and hospital food services. To enhance the capacity of the agri-food sector (farms, processors, distributors, and others) to access the broader public sector foodservice industry to highlight the availability and increase the purchases of local products” (Greenbelt Fund, n.d.).

Ontario recently announced the local food public sector organization goal under the *Bill 36, Local Food Act* (2013) to be “removing red tape barriers and opening the door for local

food in the broader public sector” (OMAFRA, 2019). Activities include promoting best practices and reporting progress in its annual *Local Food Report*.

Procurement

Values-based procurement

Ontario’s *Broader Public Sector Procurement Directive* (Ontario Management Board of Cabinet, 2011) sets out requirements to ensure that designated Broader Public Sector organizations (including hospitals) acquire publicly funded goods and services through a process that is open, fair and transparent. The Directive is based on five key principles that allow organizations to achieve value for money, while following a procurement process that is fair and transparent to all stakeholders. These principles are accountability, transparency, value for money, quality service delivery and process standardization.

Ontario’s *Social Enterprise Strategy 2016-2021* included objectives to expand market opportunities for social enterprises through public sector procurement.

A report from the Healthcare Sector Supply Chain Strategy Expert Panel (2017), *Advancing Healthcare in Ontario: Optimizing the Healthcare Supply Chain - A New Model*, was submitted to the Government of Ontario and “[c]all[s] for a new business approach, a new philosophy and new competencies. In other jurisdictions, purchasing for outcomes, life-cycle or patient experience have been seen to generate significant results” (p.6) in facilitating values-based procurement.

A report by the Council of Academic Hospitals of Ontario (2018), *The Art of the Possible: A Quick Reference Guide to Ontario Broader Public Sector Procurement Myths*, was developed to help address barriers to innovation adoption in procurement across Ontario’s health care system in order to improve patient care.

Health care food purchasing

A large number of hospitals, health systems and shared service organizations from Ontario

are members of HealthPRO (HealthPRO, n.d.). Other facilities purchase through food service management GPOs and/or contracts with distributors.

Regional: MEALSource (n.d.) is a regional group purchasing organization with St. Joseph’s Health System Group, with membership of 30+ health care foodservice locations throughout Ontario in acute care, complex continuing care, long-term care, mental health/addictions as well as retail outlets.

Prince Edward Island

Provincial health care management structure:

Health PEI is a Crown Corporation, established in 2010, that is responsible for the operation and delivery of all publicly funded health services. Health PEI is run by a CEO and governed by a board of directors that is accountable to the Minister of Health and Wellness. It offers a full continuum of acute care and community-based health services, including public health programs, long-term care facilities, home care services, primary care networks, health centres, and mental health and addiction services. PEI has removed regionalization from its health governance structure.

Food and nutrition strategies

Prince Edward Island identifies healthy eating as key pillar in its *Wellness Strategy* identifying “opportunities to impact healthy food and overall healthy living choices in many different settings and across the lifespan – from breastfeeding friendly environments, early learning centers, schools, post-secondary education settings, workplaces, recreation facilities, hospitals, and long-term care facilities” (PEI Department of Health and Wellness, 2014, p.10).

The *Wellness Grants Program* provides funding to support initiatives and projects guided by principles and strategies of health promotion in priority areas of the *PEI Wellness Strategy*, including healthy eating (PEI Health and Wellness, 2018).

Food in health care settings

Hospital food service standards

Hospital Management Regulations (PEI Reg. EC49/11, 2016) do not reference food or nutrition.

Regional: The use of new hospital food trays are anticipated to help combat patient malnutrition at the Queen Elizabeth Hospital in Charlottetown (Williams, 2018).

Long-term care food service standards

Community Care Facilities and Nursing Homes Act Regulations (PEI Reg. EC 391/84) include section 25. Dietary requirements for operators who must ensure that meals:

- (d) are nutritious and of adequate caloric value, as recommended by *Canada’s Food Guide*, to meet the requirements of each resident depending on his age, sex, level of activity or other particular factors
- (e) are provided, as much as is practicable, in a manner which recognizes each resident’s personal food preferences, religious or cultural customs
- (f) fulfil the requirements of any therapeutic diet ordered for a resident by his physician.

Healthy food environments

The scan did not identify policies.

Patient food experience

Patient satisfaction surveys are mentioned as a tool used in Health PEI’s *2016-17 Annual Report* (2017) but no details provided in Appendix A Strategic Performance Indicators (p. 33).

Indigenous country/traditional food

The scan did not identify policies.

Local food

Local food definition

The scan did not identify policies.

Local food promotion

Canada's Food Island (n.d.) "is the overall brand which acts as an identifying system for people to easily recognize PEI local food products." It is the umbrella brand connected to the Agri-Food Growth Program with the PEI Department of Agriculture and Fisheries (n.d.).

Institutional local food procurement

Community Food Security and Agricultural Awareness Program (PEI Department of Agriculture and Fisheries, 2018) is "designed to support the expansion of local markets while simultaneously supporting goals related to community food security" (p.1) with eligible activities that are inclusive of school settings; however, health care facilities are not identified.

Procurement

Values-based procurement

The scan did not identify policies.

Health care food purchasing

The scan did not identify policies.

Quebec

Provincial health care management structure:

The Québec health and social services system is based on two levels of management and an integrated model of health and social services. Quebec's *Bill 10, Act to modify the organization and governance of the health and social services network*, in particular by abolishing the regional agencies (2015), consolidated health and social services facilities across the province into the Centre intégré de santé et service sociaux (CISSS or CIUSSS) in 33 regions. See diagram of the structure of health and social services system (MSSS, n.d.).

Food and nutrition strategies

The Rapport du Vérificateur général du Québec (2015) *Promotion d'une saine alimentation comme mesure de prévention en santé* is a report providing an overview and analysis of government efforts to the promote healthy food as a preventative health measure and makes a number of recommendations for action. (Available only in French).

Put forth by the Ministère de la Santé et des Services sociaux (MSSS), *Politique gouvernementale de prévention en santé 2015 - 2025 - Un projet d'envergure pour améliorer la santé et la qualité de vie de la population* (2016) is a Quebec government policy for prevention in health care settings that identifies measures to reach the objectives of improving access to healthy food by:

- 3.1 promoting physical and economic access to healthy food, particularly in underprivileged or remote communities (p.46)
- 3.2 Improving the nutritional quality of food in Quebec (p.48). (Available only in French)

The *MSSS Plan d'action interministériel 2017-2021 de la Politique gouvernementale de prévention en santé* (2018) is a government

action plan to address the objectives mentioned above. It mentions the following:

- MSSS is responsible for financially supporting new projects proposed by local communities to improve physical and economic access to healthy food (e.g. community gardens, urban agriculture, mobile markets, particularly in underprivileged or remote communities (p.29).
- There are also a number of strategies led by MSSS and MAPAQ to encourage actors in the bio-food industry to produce, offer and promote nutritional foods, and to promote best practices in the field (p. 30). (Available only in French).

The Institut national de santé publique du Québec report, *The Diet of Québec First Nations and Inuit Peoples* (2015) provides an overview of how "[t]he diet of Québec's First Nations and Inuit has changed significantly in a few decades. It passed from a diet based on local natural resources to a mixed diet or one relying exclusively on commercial food" (p.1) and emphasizes:

The urgency of supporting First Nations and Inuit in their efforts to reclaim a varied and healthy diet and all of the associated benefits for their overall health and quality of life. Successful courses of action cannot be identified without their participation and leadership.

Improving First Nations and Inuit diets can only happen if support is provided for activities promoting the advantages of foods from the land as well as initiatives that facilitate access to these foods. Continued efforts to this end must also bolster access to a variety of health, quality and affordable food in every community. Numerous Inuit and First Nations families and communities still face poverty and its damaging effects.

Improving the diets of their members will be a losing battle until concrete action is taken to end these inequalities (p.5).

Food in health care settings

Hospital food service standards

The *Act Respecting Health Services and Social Services* (CQLR c S-4.2) is implemented via thirty-six regulations which do not appear to reference food or nutrition in hospitals specifically.

Long-term care food service standards

The *Act Respecting Health Services and Social Services* (CQLR c S-4.2) is implemented via 36 regulations including the *Regulation respecting the certification of private seniors' residence* (CQLR c S-4.2, r 0.01), which states the following:

The operator of a private seniors' residence who provides meal services for the residents must offer varied menus that conform to *Canada's Food Guide*, published by Health Canada, and are adapted to the specific nutritional needs of elderly persons.

The operator must update and post visibly a list of menus in a place accessible to the residents for consultation by residents and close relatives. However, the operator may modify the menu of a posted meal provided that the residents are so informed the day before the day the meal is to be served.

The operator must keep a record of the meals served for verification purposes.

The document *Un milieu de vie de qualité pour les personnes hébergées en CHSLD - Orientations ministérielles* (MSSS, 2003) outlines approaches to ensure quality of life in residential and long-term care and broadly refers to food as a fundamental need. The document *Un milieu de vie de qualité pour les personnes hébergées en CHSLD - Visites d'appréciation de la qualité des services* (MSSS, 2004), relays observations made during visits to residential and long-term care facilities and explores in more detail some of the challenges and opportunities relating to the improvement of food services in such facilities (p.32).

The Québec Ombudsman (Le Protecteur du Citoyen, 2014) submitted a brief to Quebec’s health and social services commission, the Commission de la Santé et Services Sociaux, called *The living conditions of adults accommodated in long-term and residential care centres — initiative mandate*. They called for tighter quality control, stating that:

[A]ssistance in activities of daily living is the greatest source of dissatisfaction for residents accommodated in CHSLDs. The Québec Ombudsman’s investigations reveal that the patient attendants’ daily work plan leaves little leeway to respect the conditions of a quality living environment, regardless of whether this involves communication with the residence, assistance with meals, or hygiene care. To support the implementation of a living environment adapted to the residents’ special needs, it is not possible to skimp on a better organization of work (Le Protecteur du Citoyen, 2014, p. 19).

MSSS (2017) led an initiative to harmonize menus in long-term care facilities with its goal of full adoption by March 31, 2018, which appears to have been delayed (Lachance, 2018).

Policies across continuum of care

Lignes directrices pour les services alimentaires (MSSS, 2017) outlines 28 recommendations for improving food services in the health and social services network including: management, procurement, recipes and menus, food production and distribution, costs, sustainable development and health standards.

Healthy food environments

MSSS (2009) developed a framework, *Miser sur une saine alimentation : une question de qualité*, to assist health and social services institutions in implementing facility policies that ensure high-quality food environments for all clients, including users, staff and visitors. This framework outlined a suite of policy options that facilities could adopt, such as offering foods with high nutritional value, integrating the principles of sustainable development into all food service activities, promoting the availability and economic

accessibility of a variety of foods with high nutritional value, ensuring the development of staff skills and ensuring the overall quality of food and beverages offered.

MSSS conducted a survey on policy uptake by facilities, *Miser sur une saine alimentation: une question de qualité. Bilan de la mise en oeuvre des politiques alimentaires dans les établissements du réseau de la santé et des services sociaux* (2015), which was completed by 57% of facilities, of which 65% had moderate or strong policies. Orientations 1 and 3 were most implemented (MSSS, 2015, p.11, Figure 8).

Patient food experience

A report by the Institut de la statistique du Québec (2018) titled *Measuring patient experience through surveys: from concepts to best practices* observes that “[i]n Quebec, most local, regional and provincial patient experience surveys are conducted using customized tools that respond to a need for specific information, meaning that results cannot be compared over time or between different care providers” (p.9) and is not specific about tools used to measure the patient food experience.

Indigenous country/traditional food

“Currently, the CBHSSJB [Cree Board of Health and Social Services of James Bay] is serving traditional food (TF) at the Chisasibi Hospital to the chronic care patients, the MSDCs clients in Chisasibi and Mistissini and the service points of the Youth Healing Services Department (YHS), such as the Group Homes and Reception Center” (Cree Board of Health and Social Services of James Bay, 2016). This work began back over a decade ago (The Nation Archives, 2004).

The *Annual Report 2015 - 2016 Cree Board of Health and Social Services of James Bay* (CBHSSJB, 2016) describes how “[t]he Meechum project promotes safe and healthy foods. Traditional foods are an integral part of Cree health and well-being, and MAPAQ agreements to serve wild meat continue to be part of our foodservice framework” (p.86). The CBHSSJB offers a *Training Program on Food Handling Best Practices for Cree Traditional and Store-bought foods* (2016).

Local food

Local food definition

Aliments du Québec are defined as “any product entirely made from ingredients sourced in Québec or composed of a minimum of 85% of main ingredients from Québec. All the processing and packaging activities must be done in Québec.” The designation *Aliments préparés au Québec* applies to “any product processed and packaged entirely in Québec. Thus, when the main ingredients are available in Québec in sufficient quantities, they must be used” (*Aliments du Québec*, n.d.).

Local food promotion

Aliments du Québec (n.d.) and *Aliments préparés au Québec* brands were founded in 1996 to promote the agri-food industry and over 22,000 products across Quebec.

Aliments du Québec au menu (n.d.) is a recognition program for both restaurants and institutions that promote Quebec products on their menus.

The *Politique bioalimentaire 2018-2025* (MAPAQ, 2018), Quebec’s policy on “bio-food— which encompasses all activities associated with food production, from fisheries and aquaculture to processing and distribution of foods and beverages—includes amongst its objectives to increase homegrown food sales by \$10 billion by 2025.

Institutional local food procurement

Quebec has a diversified policy portfolio. The *Stratégie de positionnement des aliments du Québec sur le marché institutionnel* (SPAQMI) (MAPAQ, 2013) is a strategy encouraging institutional local food procurement. The *Guide d’accès au marché institutionnel* (MAPAQ, 2014) is a guide for producers to better understand the institutional food market and opportunities. The implementation of SPAQMI is supported by funding for institutional food projects including research into institutional food purchasing in different regions of Quebec, for example, the research report on the Montreal region *Diagnostic du marché institutionnel, Région de Montréal* (CIBIM, 2015). The *Aliments du Québec au Menu* (n.d.)

is a point-of-sale marketing initiative that identifies meals made with local ingredients that are served in schools, hospitals, long-term care facilities and other institutions. In addition, the recent *Politique bioalimentaire 2018-2025* (MAPAQ, 2018), Quebec’s policy on “bio-food” seeks to increase the procurement of healthy, local and sustainable food by public institutions.

Procurement

Values-based procurement

Quebec’s *Social Economy Act* (2013) recognizes and promotes the social economy as a lever for development, which can be broadly understood as:

“social economy” means all the economic activities with a social purpose carried out by enterprises whose activities consist, in particular, in the sale or exchange of goods or services” (Chantier de l’économie sociale).

The *Act Respecting Contracting By Public Bodies* (CQLR c C-65.1) promotes “the use of effective and efficient contracting procedures, including careful, thorough evaluation of procurement requirements that reflects the Government’s sustainable development and environmental policies.”

The *Plan d’action de développement durable 2015-2020 du MAPAQ* (MAPAQ, 2018) is a sustainable action plan that, in Action 6, sets out the aim to encourage public institutions to practise responsible procurement in food purchasing, with one indicator being to conduct a pilot project and produce a food purchasing guide for buyers in public institutions (p.13).

Health care food purchasing

Quebec has public sector “groupes d’approvisionnement” (group purchasing organizations) for health care facilities across the whole province: Sigma Santé (representing health care facilities in Montreal and Laval), Groupe d’approvisionnement en commun de l’Est du Québec (GACEQ), and the Groupe d’approvisionnement en commun de l’Ouest du

Québec (GACOuest) (“Conférence provinciale”, n.d.). Details on these organizations can be found at <http://www.cpacsante.qc.ca/>.

These three groupes d’approvisionnement (GPOs) in Quebec, in collaboration with the Ministère de la Santé et des Services sociaux (MSSS) and the Ministère de l’Agriculture, Pêcheries et Alimentation (MAPAQ), are undertaking a project to support sustainable food procurement by health and social services organizations, the *Projet d’approvisionnement alimentaire responsable du réseau de la santé et des services sociaux* (RSSS) du Québec. Efforts to date include a portrait and diagnostic of sustainable food procurement in the network of health and social services (RSSS), identifying sustainable development issues for four food categories (fresh fruits and vegetables; meats, poultry and fish; dairy products; bakery products) and leading pilot projects.

Saskatchewan

Provincial health care management structure:

In 2017, *Bill 53, Provincial Health Authority Act* (c P-30.3) integrated the 12 regional health authorities into the Saskatchewan Health Authority (SHA) to offer better coordination of health services in the province.

Food and nutrition strategies

Patient Centred, Team Designed, Community Delivered: A framework for achieving a high performing primary health care system in Saskatchewan (Saskatchewan Ministry of Health, 2012) leads with the importance of good nutrition in preventing and managing chronic disease.

Food in health care settings

Hospital food service standards

Bill 53, Provincial Health Authority Act, (SS 2017, c P-30.3), the *Health Facilities Licensing Act* (SS 1996, c H-0.02) and the *Health Facilities Licensing Regulations* (RRS c H-0.02 Reg 1) do not reference food or nutrition.

Long-term care food service standards

Saskatchewan Ministry of Health *Program Guidelines for Special Care Homes* (2016) offers nine sets of guidelines, some of which have legislative authority through *Food Safety Regulations* or the *Public Health Act*, and some of which intersect with other guidelines, for example, *Eating Well with Canada’s Food Guide and Public Eating Establishment Regulations*.

Healthy food environments

The scan did not identify policies however a healthy food environments policy for SHA facilities is being developed by Nutrition and Food Services.

Patient food experience

The Saskatchewan Health Quality Council’s (SHQC) research into what influences patients’ ratings of hospital care (2012) found that patients were “four times more likely to rate their hospital as ‘10 out of 10 - best hospital possible’ when they rate the quality of the food (how it tasted, serving temperature, variety) as excellent” (p.2).

The SHQC (n.d.) offers standardized tools to measure the patient experience: the acute care survey tool includes one food-related question, and the long-term care resident experience survey includes four food-related questions.

“Since spring 2013, Saskatchewan Health Authority (SHA) (previously Regional Health Authorities) leadership have been conducting annual tours of long-term care facilities across the province. The goal of these annual tours is to find out what’s working well and what can be improved” (SHA, 2018, p. 1) and the report of 2018 SHA CEO Long-Term Care Facility Visits references food many times.

The SHA has identified patient food experience as a key performance indicator for the department of Nutrition and Food Services (NFS). The NFS team is leading the national *Good Food Project: Measuring the patient experience with hospital food* (n.d.) to test a standardized patient food experience in Saskatchewan and other provinces towards the use of the survey tool across Canada. Implementation in all SHA acute care facilities is planned for fall 2019.

Indigenous country/traditional food

The Métis Nation-Saskatchewan and SHA signed a *Memorandum of Understanding* (2018) to work together to achieve better health outcomes for Métis people by “setting a path for meaningful discussions on health-related issues, including traditional medicine and spiritual healing practices for Métis and all Saskatchewan people.”

Local food

Local food definition

The scan did not identify policies.

Local food promotion

The Government of Saskatchewan’s *Buy Local Proclamation* (2015) establishes the first Saturday of every month as Buy Local Day, but is not specific only to food.

Institutional local food procurement

The scan did not identify policies.

Procurement

Values-based procurement

The *Best Value in Procurement Act* (SS 2015, c 29) is focused on construction of public improvements.

Health care food purchasing

“The procurement process for goods and services happens mostly at a provincial level on behalf of the 12 Regional Health Authorities and Saskatchewan Cancer Agency. 3sHealth (Shared Services Saskatchewan), a shared services organization that is part of the provincial health system, leads these procurement efforts” (3sHealth, n.d.). Shared Services Saskatchewan is a member of HealthPRO (HealthPRO, n.d.). The SHA Nutrition and Food Services department will work closely with SHA Supply Chain to determine the most appropriate provincial contract opportunities which may or may not include the 3sHealth and HealthPRO model.

Yukon

Territorial health care management structure: The Yukon Department of Health and Social Services is responsible for the delivery of health services (a devolution from federal government to territorial government completed in 1997). Yukon has three hospitals (as of spring 2013), which are run by a private corporation, the Yukon Hospital Corporation (YHC). There are six continuing care facilities (Yukon Health and Social Services, n.d.) in the Yukon.

Food and nutrition strategies

The *Yukon Nutrition Framework* (Yukon Health and Social Services, 2010) aims to continue to build and expand nutrition services with a focus on healthy eating, food security, chronic health conditions and special populations:

The framework's primary users are expected to include the Yukon Government, First Nations governments and organizations, health professionals, schools and non-governmental agencies. It is intended to help these groups strengthen leadership, coordination, planning and decision-making, as they work to promote healthy eating among all Yukoners (p. 7).

Yukon Health and Social Services, along with local First Nations and First Nations Health Programs, have developed resources on the importance of consuming traditional foods. Such resources include a resource person, poster, and colouring book titled *Our Culture, Our Health* (Yukon Health and Social Services, n.d.).

Food in health care settings

Hospital food service standards

The Hospital Standards (Yukon Hospital Corporation) Regulation (YOIC 1994/227) does not make reference to food or nutrition.

Long-term care food service standards

The scan did not identify policies.

Healthy food environments

The scan did not identify policies.

Patient food experience

The *Yukon Hospital Corporation Year in Review 2016-17* (Yukon Hospitals, 2017) includes numerous references to food as an important part of the healing process.

Indigenous country/traditional food

First Nations Health Cultural Programs (Yukon Hospitals, n.d.) have been established to serve traditional foods to First Nations, Inuit and Métis patients for more than 20 years at Whitehorse General Hospital (WGH). A special menu is offered to First Nations, Inuit and Métis patients during their stay at WGH and Watson Lake Community Hospital. All wild game comes from local hunters, outfitters or conservation officers and the hospital has access to wild game meat pursuant to the *Criteria for Wild Game Meat established by Yukon Environmental Health Services* (2014). The WGH has also developed an organizational policy for serving locally-sourced bone broth (Nourish, 2018).

Local food

Local food definition

The scan did not identify policies.

Local food promotion

The Government of Yukon's (2016) *Local Food Strategy for Yukon: Encouraging the Production and Consumption of Yukon-Grown Food 2016-2021* outlines a number of initiatives that "support local food producers and strengthen the relationship between Yukoners, Yukon farmers and food" (p.5) through strategic "production, processing, distribution, access and availability, consumption, and resource and waste recovery efforts" (p.7).

Institutional local food procurement

The Government of Yukon's (2016) *Local Food Strategy for Yukon* identifies increasing government purchasing and use of local food through two activities: the development of a *Yukon Government Local Food Policy* which will require consideration of purchase of local foods for events, and requiring event organizers to "document the investigation and availability of local foods considered or used for an event" (p. 23); and also establishing a liaison between Yukon producers and government food purchasers.

Procurement

Values-based procurement

The Yukon Government's Business Incentive Program (BIP):

[O]ffered through Economic Development offers competitive pricing opportunities to Yukon businesses supplying goods or services to the government.

There are rebates available under the BIP for the procurement of some food products, however only contracts for goods that go to public tender are eligible to qualify to [sic] BIP. Each department has the discretion to decide whether a contract for goods under \$25,000 goes to public tender (Yukon Energy, Mines and Resources, n.d.).

Health care food purchasing

Whitehorse General Hospital purchases local root vegetables, bones, eggs and Arctic char

from Yukon producers when available/in season. Local producers are acknowledged on patient meal tickets so patients can see the connection to where their food comes from (L. Carson, personal communications, August 15, 2018).

Yukon Hospital Corporation is a member of HealthPRO (HealthPRO, n.d.).

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