

**From:** Laframboise, Natalie HLTH:EX  
**To:** Andrew Pattison - Interior Health Authority (Andrew.Pattison@interiorhealth.ca); "murray.hutchison@viha.ca"; [FHA] Bozac, Anna (Anna.Bozac@fraserhealth.ca); Barney, Lois [NHA]; "Nabata, Lynn; Sunny Mak (Sunny.Mak3@vch.ca); "Matt.Wilkinson@phsa.ca"  
**Cc:** Day, Meghan HLTH:EX (Meghan.Day@gov.bc.ca)  
**Subject:** Feed BC Policy Communique Update  
**Date:** March 22, 2019 10:38:00 AM  
**Attachments:** image002.jpg

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Dear health authority colleagues,

Further to the policy communique issued January 7, 2019 regarding the tracking of BC foods, attached is an updated Appendix B. A few glitches in the previous version were brought to my attention that have now been fixed. I have also received several questions:

**Q. Are contracted food service companies optional in the reporting?**

A. No, contracted food services are to be included. The word "optional" in the previous version was to indicate that contracted food services could be reported separately from non-contracted food services. Further discussions with health authority staff revealed that reporting separately is desirable.

**Q. Why are dollar values to be reported in addition to percentages?**

A. Having the dollar values allows weighted averages to be calculated for health authorities that have both contracted and non-contracted sites and for a weighted provincial average to be calculated. This additional information will provide a more accurate picture of our BC food spends.

**Q. Who will see the information provided?**

A. As per the communique, the reports will come directly to the Ministry of Health (to our Provincial Dietitian) and will be seen by Ministry staff only. Financial data will not be shared.

**Q. Will the data become public?**

s.13

Please feel free to forward this email to staff involved in Feed BC and/or BC food tracking.

As always, if you have further questions, please do not hesitate to contact me directly.

Warm Regards,  
Natalie

Natalie Laframboise, MScFN, RD  
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Ministry of Health

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Innovation\_Finalist



**From:** PPH ADMO HLTH:EX  
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**Subject:** Ministry of Health Policy Communique - Feed BC  
**Date:** January 9, 2019 4:37:04 PM

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1125063

Health Authority Chief Executive Officers

Dear Colleagues:

Please find attached a Ministry of Health Policy Communique regarding Feed BC.

Sincerely,

Matt Herman  
Executive Lead  
Population and Public Health Division

Attachments

pc: Honourable Lana Popham, Minister of Agriculture  
Mr. Andrew Pattison, Corporate Director, Support Services, IHA  
Mr. Murray Hutchinson, Corporate Director, General Support Services, VIHA  
Ms. Lois Barney, Director Support Services, NHA  
Ms. Lynn Nabata, Director Food Services, VIHA  
Mr. Sunny Mak, Regional Director, Vancouver Coastal Health  
Ms. Anna Bozac, Senior Director, Support Services – Food Operations,  
Lower Mainland Business Initiatives and Support Services  
Ms. Meghan Day, Provincial Dietitian/Director Nutrition and Physical Activity,  
Healthy Living and Health Promotion Branch

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# Feed BC: Increasing BC Food Procurement in Health Care Facilities

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This paper has been developed by the Ministry of Health to inform stakeholders on the Minister of Agriculture's Feed BC mandate to increase the use of BC food in health care facilities and to encourage discussion of strategies to support implementation.

## Background

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The 2017/18 mandate letter for the Minister of Agriculture includes the commitment to initiate Feed BC to increase the use of BC-grown and processed foods. The Minister of Agriculture has identified an aspirational goal of purchasing 30 percent BC-grown and processed foods (BC food) in schools, hospitals and other government facilities. The Ministries of Health and Agriculture will continue to work in partnership to support Feed BC in health care. The Ministry of Health is responsible for working with the health sector to support the "demand side," which is the procurement of BC food, while the Ministry of Agriculture is responsible for working with the agricultural sector to support the "supply side," which is the production, processing and marketing of BC food.

## Foundational Work by Food Services Technical Team

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- Reporting to the Food Services Technical Team, representatives from six health authorities formed the Provincial Local Food Working Group (Working Group) to support BC food in their health care facilities by voicing their preference for "BC food" from their suppliers.
- In December 2016, the Working Group confirmed the definition of BC food as "a final product produced and/or processed within the borders of BC."
- The Working Group has been gathering baseline information and identifying constraints and opportunities related to local food procurement. For 2015/16, the total average spend on BC food for all health authorities was 25.8 percent; for 2016/17, it was 23 percent.



## Definitions

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The Ministry of Agriculture defines a BC food as<sup>1</sup>:

**BC Grown:** Food, fish, beverages or agricultural products that were 100% grown, caught, or raised in BC.

**BC Product:** Processed food, fish, beverages or agricultural products which were made with a majority of raw materials (by composition); which were grown, caught or raised in BC; and were processed and packaged in the province with 51% or more of the direct cost of producing the product in its final form (direct labour, raw materials, processing and packaging) originating in BC.

**BC Made:** Processed food, fish, beverages or agricultural products that are made with a majority of raw materials (by composition) which were not grown, caught or raised in BC; and were processed and packaged in the province with 51% or more of the direct cost of producing the product in its final form (direct labour, raw materials, processing and packaging) originating in BC.

For the purposes of Feed BC in health care, the Ministries of Health and Agriculture have agreed to adopt the Provincial Local Food Working Groups **definition of BC food as “a final product produced and/or processed within the borders of British Columbia.”**

## Trade Agreement Considerations

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Trade agreements aim to reduce barriers to trade to increase competitiveness, economic growth and stability among their signatories. Procurement practices must be open, transparent, accountable and non-discriminatory. BC is subject to the provisions of several trade agreements (as signatory or due to Canada being a signatory) including the New West Partnership Trade Agreement (among the four western provinces), the World Trade Organization Government Procurement Agreement, the Canada Free Trade Agreement, and the Canadian-European Union Comprehensive Economic Trade Agreement.

Under each of these trade agreements, there are different thresholds for different sectors – Ministries, Crown Corporations, and MASH (Municipalities, Academics, Social Services and Health). The lowest threshold for goods for the MASH sector is \$75,000 under the New West Partnership Trade Agreement. Therefore, for contracts over \$75,000, all qualified suppliers must be treated equally and no preference given to local suppliers. <sup>s.13</sup>

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<sup>1</sup> Provincial ownership of the food business is not a factor in the definition of a BC Food.

## Issues Related to Local Food Procurement

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The Ministries of Health and Agriculture have identified several issues related to increasing the demand for and supply of BC food. The Food Services Technical Team has also provided insights into the challenges of increasing local food purchasing by their health authorities.

On the “Demand Side”, these include:

- Need for clarity across food supply chain of the definition of BC food
- Ability of Group Purchasing Organizations to source BC food within national agreements
- Recognition that traceability and nutrition information and reporting (sodium and trans fat content directives) take priority over local sourcing
- Need for procurement tools from health authorities that consider BC sourcing
- Need for benchmarks to be set by health authorities for BC food spends
- Need for improved tracking and reporting of BC food spends by suppliers/distributors
- Recognition that BC food can cost more in some cases

On the “Supply Side”, these include:

- Guaranteed supply and volume requirements unattainable by smaller- and medium-sized enterprises
- Specialized food standards and specification requirements for health care food service
- Specialized packaging requirements for health care food service

## Goals

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**Goal 1:** Each health authority will annually track their BC food expenditures and report to the Ministry of Health.

**Goal 2:** Each health authority will work towards meeting the aspirational 30 per cent goal for BC food purchasing.

## Measures

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See Appendix B: Methodology for Determining BC Food Spends.

## Timelines

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The first annual BC food report per health authority will cover the 2018/19 fiscal year (April 1, 2018 to March 31, 2019). The first report is due September 30, 2019, and annually on this date thereafter.



**General Parameters:**

- Facilities to include: Health authority owned and/or operated facilities<sup>1</sup>.
- Total and BC Food spends will be calculated for the fiscal year.
- Annual reporting is due to the Ministry of Health six months after the fiscal year end (i.e., September 30).
- Food spends will be stated as the dollar value of food purchased.
- **Definition of BC food:** a **final** product produced and/or processed within the borders of BC.
- Food categories will be as follows:
  - Baked Goods (e.g., bread, muffins, baked goods).
  - Beverages (e.g., juice, pop, coffee, tea, thickened fluids, water).
  - Dairy (e.g., fluid and cultured, yogurt, ice cream).
  - Produce (e.g., fruit and vegetables (fresh and frozen)).
  - Grocery (e.g., canned, puddings, Jell-O, jams, sauces, condiments, soup, dry goods, misc. items).
  - Protein (e.g., meat, chicken, fish, seafood, eggs, cheese, textures, entrees).

**Determining the total food spend:**

- Each health authority will work with its Group Purchasing Organization (GPO), suppliers, distributors, and finance department to collect the information required to report on BC Food procurement.
- Each health authority will work with its GPO, suppliers, distributors, and contracted food service providers to determine procedures for obtaining an accurate statement of food spends by category and by total food spends.
- Cafeterias managed by the health authority are included in the total food spend when it is not possible to separate food purchases for cafeterias from food purchases for patient services.
- Cafeterias operated by contracted food service operators, such as Sodexo or Compass, and contracted independent/brand name food retailers are not included in the total food spend because they manage their own food purchasing.
- The total food spend will be based on the value of all food items purchased in the fiscal year, excluding:
  - chemicals
  - pharmaceuticals (enteral feedings/ baby formulas /tube feeds)
  - paper, plastic, packaging, food containers, small ware

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<sup>1</sup> Health authorities will provide a list of included facilities in their annual report.

**Determining the total BC food spend:**

- Each health authority will determine its own procedures for obtaining an accurate statement of BC food spends (definition of BC food is noted above).
- Each health authority will make its best efforts to identify the BC food products procured for its facilities by working with its suppliers to identify local sourcing of products. Examples include:
  - Using velocity reports from suppliers and distributors, determine what food items are considered BC food under the definition,
  - BC grown or processed food may be flagged in the ordering system.

**Calculating and reporting BC and total food spends:**

- For each category noted above, each health authority will calculate both the percentage of BC food spends for that category, and the percentage of BC food to the total food spend.
- A percentage of all BC food spends to all food spends will also be calculated.
- Percentages will be calculated to two decimal points.
- Contracted food service(s)<sup>2</sup> may be reported separately from in-house operations.

*Calculations:*

- 1)  $\text{Category BC Food Spends} \div \text{Category Total Food Spends} \times 100 = \% \text{ BC Food of Category.}$
- 2)  $\text{Category BC Food Spends} \div \text{Total Food Spends} \times 100 = \% \text{ BC Food Category of Total Spend.}$
- 3)  $\text{Total BC Food Spends} \div \text{Total Food Spends} \times 100 = \% \text{ BC of Total Spend.}$

*Categories:*

Category	Examples
Bread	bread, muffins, baked goods
Beverages	juice, pop, coffee, tea, thickened fluids, water
Dairy Fluids	fluid and cultured, yogurt, ice cream
Produce	fruit and vegetables (fresh and frozen))
Grocery	canned, puddings, Jell-O, jams, sauces, condiments, soup, dry goods, misc. items
Protein	meat, chicken, fish, seafood, eggs, cheese, textures, entrees

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<sup>2</sup> There may be more than one contracted foodservice operating in a health authority.



**Health Authority:**

**Fiscal Year:**

**Number of Sites:**

Please attach a list of sites to this report

**Section 1: BC and Total Food Spends**

A. Total Food Spend (dollar value):

B. Total BC Food Spend (dollar value):

C. % BC Food Spend ( $B \div C \times 100$ ):

**Sub Category Breakdowns**

Category	% BC of Category	% BC of Total Spend
Bread		
Beverages		
Dairy Fluids		
Produce		
Grocery		
Protein		

Does section 1 represent all sites? ....

If you answered no, please fill in section 2.

**Section 2: Contracted Food Services (Optional)**

Use this section if you wish to report contracted food services separately.

**Company Name:**

**Number of Sites:**

A. Total Food Spend (dollar value):

B. Total BC Food Spend (dollar value):

C. % BC Food Spend ( $B \div C \times 100$ ):

**Sub Category Breakdowns**

Category	% BC of Category	% BC of Total Spend
Bread		
Beverages		
Dairy Fluids		
Produce		
Grocery		
Protein		

### Section 3: Contracted Food Services (Optional)

Use this section if you have more than one contracted food service company

Company Name:

Number of Sites:

- A. Total Food Spend (dollar value):
- B. Total BC Food Spend (dollar value):
- C. % BC Food Spend ( $B \div C \times 100$ ):

Sub Category Breakdowns

Category	% BC of Category	% BC of Total Spend
Bread		
Beverages		
Dairy Fluids		
Produce		
Grocery		
Protein		

Reports are submitted annually on or before September 30, to Meghan Day, Provincial Dietitian/  
Director Nutrition and Physical Activity, Ministry of Health [Meghan.Day@gov.bc.ca](mailto:Meghan.Day@gov.bc.ca)



**General Parameters:**

- Facilities to include: Health authority owned and/or operated facilities<sup>1</sup>.
- Total and BC food spends will be calculated for the fiscal year.
- Annual reporting is due to the Ministry of Health six months after the fiscal year end (i.e., September 30).
- Food spends will be stated as the dollar value of food purchased.
- **Definition of BC food:** a **final** product produced and/or processed within the borders of BC.
- Food categories will be as follows:
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  - Beverages (e.g., juice, pop, coffee, tea, thickened fluids, water).
  - Dairy (e.g., fluid and cultured, yogurt, ice cream).
  - Produce (e.g., fruit and vegetables (fresh and frozen)).
  - Grocery (e.g., canned, puddings, Jell-O, jams, sauces, condiments, soup, dry goods, misc. items).
  - Protein (e.g., meat, chicken, fish, seafood, eggs, cheese, textures, entrees).

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- Each health authority will work with its GPO, suppliers, distributors, and contracted food service providers to determine procedures for obtaining an accurate statement of food spends by category and by total food spends.
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- The total food spend will be based on the value of all food items purchased in the fiscal year, excluding:
  - chemicals
  - pharmaceuticals (enteral feedings/ baby formulas /tube feeds)
  - paper, plastic, packaging, food containers, small ware

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<sup>1</sup> Health authorities will provide a list of included facilities in their annual report.



**Determining the total BC food spend:**

- Each health authority will determine its own procedures for obtaining an accurate statement of BC food spends (definition of BC food is noted above).
- Each health authority will make its best efforts to identify the BC food products procured for its facilities by working with its suppliers to identify local sourcing of products. Examples include:
  - Using velocity reports from suppliers and distributors, determine what food items are considered BC food under the definition,
  - BC grown or processed food may be flagged in the ordering system.

**Calculating and reporting BC and total food spends:**

- For each category noted above, each health authority will calculate both the percentage of BC food spends for that category, and the percentage of BC food to the total food spend.
- A percentage of all BC food spends to all food spends will also be calculated.
- Percentages will be calculated to two decimal points.
- Contracted food service(s)<sup>2</sup> will be reported separately from in-house operations.
- Health authorities will report to the Ministry of Health using the BC Food Annual Tracking Report Template (attached).

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<sup>2</sup> There may be more than one contracted foodservice operating in a health authority.

**Health Authority:****Fiscal Year:****Number of Sites:**

Please attach a list of sites to this report

**SECTION 1: NON-CONTRACTED FOOD SERVICES**

(if all food services are contracted, skip section 1 and fill in section 2)

- A. Total Non-Contracted Food Services Food Spend (dollar value):
- B. Total Non-Contracted Food Services BC Food Spend (dollar value):
- C. % Non-Contracted Food Services BC Food Spend ( $B \div A \times 100$ ):

**Non-Contracted Food Services Category Breakdowns**

Category	% BC Food of Category	% BC Food of Total Spend
Baked Goods	$BC \text{ Baked Goods} \div \text{All Baked Goods} \times 100$	$BC \text{ Baked Goods} \div BC \text{ Total Food Spend (A above)} \times 100$
Beverages		
Dairy		
Produce		
Grocery		
Protein		

**SECTION 2: CONTRACTED FOOD SERVICES**

Company Name:

Number of Sites:

- D. Total Contracted Food Service Food Spend (dollar value): [Click here to enter text.](#)
- E. Total Contracted Food Service BC Food Spend (dollar value):
- F. % Contracted Food Service BC Food Spend ( $E \div D \times 100$ ): [Click here to enter text.](#)

**Contracted Food Services Category Breakdowns**

Category	% BC Food of Category	% BC Food of Total Spend
Baked Goods	$BC \text{ Baked Goods} \div \text{All Baked Goods} \times 100$	$BC \text{ Baked Goods} \div BC \text{ Total Food Spend (D above)} \times 100$
Beverages		
Dairy		
Produce		
Grocery		
Protein		

\*\*Use the following section if you have more than one contracted food service company.

Company Name:

Number of Sites:

G. Total Contracted Food Service Food Spend (dollar value): Click here to enter text.

H. Total Contracted Food Service BC Food Spend (dollar value): Click here to enter text.

I. % Contracted Food Service BC Food Spend ( $H \div G \times 100$ ): Click here to enter text.

#### Contracted Food Services Category Breakdowns

Category	% BC Food of Category	% BC Food of Total Spend
Baked Goods	$BC \text{ Baked Goods} \div \text{All Baked Goods} \times 100$	$BC \text{ Baked Goods} \div BC \text{ Total Food Spend (G above)} \times 100$
Beverages		
Dairy		
Produce		
Grocery		
Protein		

#### SECTION 3: TOTAL HEALTH AUTHORITY BC FOOD SPENDS

J. Total Health Authority Total Food Spend (A+D+G) dollar value: Click here to enter text.

K. Total Health Authority BC Food Spend (B+E+H) dollar value: Click here to enter text.

L. % Health Authority BC Food Spend ( $K \div J \times 100$ ): Click here to enter text.

Reports are submitted annually on or before September 30, to Meghan Day, Provincial Dietitian/  
Director Nutrition and Physical Activity, Ministry of Health [Meghan.Day@gov.bc.ca](mailto:Meghan.Day@gov.bc.ca)



January 9, 2019

1125063

Health Authority Chief Executive Officers

Dear Colleagues:

The Ministry of Health has been working closely with the Ministry of Agriculture to fulfill the commitment in the Minister of Agriculture's mandate letter to initiate Feed BC and increase the use of BC-grown and processed foods. Feed BC benefits our economy by increasing the supply, demand and distribution of BC foods. The Honourable Lana Popham, Minister of Agriculture has identified an aspirational goal of purchasing 30 per cent BC-grown and processed foods (BC food) in schools, hospitals and other facilities. The Ministry of Health is supporting this mandate by working with health authorities to increase procurement of BC food in all health authority owned and/or operated health care facilities.

Engagement with health authorities in January 2018, mapped out current food procurements systems, the status of BC food procurement, and challenges and opportunities for increasing the amount of BC Food purchased in each health authority. Considering these findings, and in partnership with the Ministry of Agriculture, the Ministry of Health is setting out the following direction for health authorities to initiate the implementation of Feed BC:

1. Annual tracking of the amount spent (as a percentage) on BC food, and subsequent reporting to the Ministry of Health beginning in the 2018/19 fiscal year. See Appendix B, Methodology for Determining BC food Spends, for more information.
2. Without violating applicable trade agreement obligations (see Appendix A), seek opportunities with group purchasing organizations, broadline distributors, and contracted food service companies to procure more BC-grown and processed foods.

A procurement specialist will be provided as a resource to health authorities to review and provide advice on existing food commodity and food service contracts. Wherever possible, contract language will be shifted toward the procurement of more BC food.

To this end, this policy communiqué provides the government's direction to contracted food service companies and in-house food operations within a health authority owned or operated health care facility. The Ministry asks that you please forward this policy communiqué and the attached Appendix A, Discussion Paper, to contracted food service company(s) or distributors that operate in your health authority.

...2

We appreciate your health authority's support to implement this policy initiative. If you have any questions, please do not hesitate to contact Ms. Meghan Day, Provincial Dietitian/Director Nutrition and Physical Activity, Healthy Living and Health Promotion Branch, Population and Public Health Division, by phone at 778-698-9941, or by email at [Meghan.Day@gov.bc.ca](mailto:Meghan.Day@gov.bc.ca).

Yours sincerely,



Matt Herman  
Executive Lead

Enclosures

pc: Honourable Lana Popham, Minister of Agriculture  
Mr. Andrew Pattison, Corporate Director, Support Services, IHA  
Mr. Murray Hutchinson, Corporate Director, General Support Services, VIHA  
Ms. Anna Bozac, Senior Director, Support Services – Food Operations,  
Lower Mainland Business Initiatives and Support Services  
Ms. Lois Barney, Director Support Services, NHA  
Ms. Lynn Nabata, Director Food Services, VIHA  
Mr. Sunny Mak, Regional Director, Vancouver Coastal Health  
Ms. Meghan Day, Provincial Dietitian/Director Nutrition and Physical Activity,  
Healthy Living and Health Promotion Branch

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## NEWS RELEASE

For Immediate Release  
2019AGRI0024-000345  
March 8, 2019

Ministry of Agriculture

### **Feed BC brings more B.C. food to Interior Health**

PENTICTON – A new initiative by the Ministry of Agriculture ensures more of the food served to patients at Interior Health facilities is from British Columbia.

Feed BC is increasing the institutional procurement of food grown, harvested or processed by B.C. farmers, fishers and processors.

"Feed BC is a game changer. It's about working collaboratively to encourage, inspire and support a shift to more B.C. foods in health-care and other government facilities. It's food as medicine," said Lana Popham, Minister of Agriculture. "Buying local not only supports the agriculture sector in B.C. and B.C. residents, it contributes to our provincial food security, helping build a more resilient and sustainable food supply."

Popham was joined by representatives of Interior Health, Sysco Canada-Kelowna and local farmers for a tour of the Penticton Regional Hospital's regional production kitchen, where they announced the new initiative that will increase the use of B.C. food in Interior Health facilities.

"Healthy, great-tasting meals can help people during recovery," said Adrian Dix, Minister of Health. "Fortunately, we don't have to look far in B.C. for delicious and nutritious food. Increasing access to B.C.-grown and produced foods in health-care facilities not only improves the freshness and quality of the meals served, it better supports the patients' experience, outcomes and the livelihood of B.C.'s farmers and producers."

Oliver-based S&G Farms and Golden Valley Eggs, from Abbotsford, are two B.C. suppliers currently working with food distributor Sysco to provide Interior Health with more B.C. products to be prepared and served in all 55 Interior Health health-care facilities. Interior Health is also working closely with its partners to ensure food is of good quality and locally sourced whenever possible and follows strict food safety measures.

Penticton Regional Hospital and Vernon Jubilee Hospital serve as regional production kitchens making meals and food items served in all Interior Health facilities, as well as preparing meals for patients, families and individuals in need in the community.

The B.C. government is supporting Feed BC in the Interior by providing over \$350,000 in funding over the next year to help implement Feed BC in Interior Health facilities. The funding will include a project facilitator, patient information, procurement specialist services and a food-processing specialist who will support B.C. processors in meeting the product needs of health-care facilities.

The Feed BC initiative with Interior Health will act as a guide for the development of B.C. food procurement strategies that could be easily implemented in other provincial health authorities,

as well as other public institutions, such as universities and colleges.

Feed BC is a key priority for the Ministry of Agriculture and supports the Province's commitment to increase the use of B.C.-grown and B.C.-processed foods in hospitals, schools and other government facilities. The Ministry of Health and the regional health authorities are supporting Feed BC by annually tracking B.C. food spends and exploring new opportunities to increase the use of B.C. foods in all health-care facilities.

#### **Quotes:**

##### **Doug Cochrane, board chair, Interior Health —**

"Interior Health is proud to launch Feed BC at our facilities. Having locally sourced food for our patients further connects Interior Health to the communities that we serve."

##### **Peter Simonsen, local farmer and vice-president, BC Fruit Growers' Association —**

"Feed BC is creating more opportunities and opening doors for British Columbians in the farming sector. We work hard to grow quality and delicious products that we are proud of and want to share with the rest of the province."

##### **Donna Koenig, manager of support services, Osoyoos and Oliver Interior Health —**

"A healthy, well-balanced diet is important in maintaining good health, preventing disease and supporting and promoting recovery after illness. Interior Health and our partners — including the Ministry of Health, farmers, food processors and distributors — are therefore committed to sourcing out local foods within our province that meet quality, nutrition and safety standards."

##### **Kevin Boon, general manager, BC Cattlemen's Association —**

"High-quality, great tasting, nutritious food is an important part of everyone's health and healing. One of the ways of knowing you can trust that supply is by sourcing locally raised B.C. products. The B.C. cattle industry is working hard to establish a federally inspected packing plant to be able to increase the availability of B.C. beef to all British Columbians. It is especially important that our health-care facilities are at the front of the line to get it. This initiative is great for both the patient and the rancher."

#### **Quick Facts:**

- Interior Health prepares over five million meals a year for patients, families and individuals in need in the community.
- For many years, Interior Health has chosen, when possible, to buy food that is produced or processed in B.C., like milk, bread, and seasonal fruit and vegetables.
- As part of the Feed BC initiative, Interior Health has already made the switch to B.C. shelled eggs and B.C. ground beef as part of its institutional buying plan.
- B.C. has 80 hospitals and 122 residential care homes, 25 public post-secondary institutions and over 1,500 public schools.
- Agriculture, seafood and food processing together form a \$14-billion industry in B.C.
- There are 17,500 farms in B.C. that produce over 200 agricultural products and over 1,800 food and beverage manufacturing operations.

**Learn More:**

More on Feed BC: <https://www2.gov.bc.ca/gov/content/industry/agriculture-seafood/growbc-feedbc-buybc/feed-bc>

Information on Interior Health: <https://www.interiorhealth.ca/Pages/default.aspx>

HealthLink BC: [www.healthlinkbc.ca/healthy-eating](http://www.healthlinkbc.ca/healthy-eating)

**Contact:**

Jill Milne  
Government Communications and Public  
Engagement  
Ministry of Agriculture  
778 676-4460

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Connect with the Province of B.C. at: [news.gov.bc.ca/connect](http://news.gov.bc.ca/connect)



## **Draft Q & As – Feed BC**

### **1. What is B.C. food?**

B.C. food is food that is produced and/or processed in B.C. The food processing industry plays an important role in supplying government facilities where large volumes of high-quality foods are required.

### **2. Why is increasing B.C. food in government facilities important?**

Increasing B.C. food in government facilities will help build our provincial food supply, support farmers and food processors in local communities, bring high quality food to BC residents being served by government facilities, and bring prosperity to local communities across the province.

### **3. How can B.C. food producers and processors get involved in Feed BC?**

- Food is generally supplied to government facilities through food distributors. Different types of government facilities may have different needs and requirements. BC food producers and processors interested in supplying into government facilities should contact the food distributor for that facility about potential opportunities. This information should be available from the facilities themselves.
- Food distributors can help food producers and processors to understand and respond to the unique food needs of government facilities, such as institutions like hospitals where there are large volume requirements and special product specifications related to food safety, portion sizing and packaging. In many cases, foods must comply with the highest standards for nutrition, allergens and traceability in case of a food recall.
- The B.C. Ministry of Agriculture is working with other government agencies and partners along the food supply chain to identify opportunities to support more B.C. food producers and processors to meet the product needs (such as volume, food safety, consistency) of government facilities and increase the supply and use of B.C. foods.

### **4. How is Feed BC being implemented in Interior Health Authority?**

- Interior Health Authority serves over 5 million patient meals annually in its 55 hospitals and long-term care facilities. To provide patients with a variety of food year-round, Interior Health Authority relies on both local and imported food.
- For many years, Interior Health Authority has chosen, whenever possible, to purchase food that is produced and/or processed in BC, like milk, bread, and seasonal fruit and vegetables.
- Interior Health Authority continues to work closely with their food purchasing company, Aramark, and their food distribution company, Sysco, – both Feed BC partners – to source more BC food for their patient foodservices. Some recent notable changes include switching to BC suppliers of ground beef and eggs for patient foodservices.

## **5. How is the Ministry of Agriculture currently supporting food producers and processors?**

Through the Ministry of Agriculture, information, tools and services are available to support B.C. food producers and processors with growing and managing their farm businesses, products and processes. Services are available to prepare farmers, fishers and food processors to take advantage of existing and emerging market opportunities in B.C. and beyond.

## **6. What are the benefits of Feed BC for B.C. farmers?**

Many B.C. food producers and processors have a strong interest in supplying government facilities, such as hospitals.

The food processing industry plays an important role in supplying healthcare facilities with products like frozen fruit and vegetables; frozen fish and meats; bread, and dairy products.

The Ministry of Agriculture is working with other government agencies and partners along the food supply chain to identify opportunities to support more B.C. food producers and processors to meet the product needs (such as volume, food safety, consistency) of government facilities and increase the supply and use of B.C. foods.

Feed BC supports the development of new market opportunities for B.C. producers and processors.

## **7. Do B.C. foods cost more?**

B.C. produced and/or processed foods do not necessarily cost more. BC food be similarly priced to other products, and buying more B.C. food is good for the local and provincial economy. Increased food production and processing in B.C. preserves the value of agricultural land for farming and keeps the B.C. agri-food industry viable. More B.C. business also means more BC jobs, which build and sustain healthy communities.

## **8. Why is Feed BC focused on B.C. food rather than local food?**

In B.C., “local food” can have many definitions and scales, including local, regional, provincial and Pacific Northwest. To meet the needs of B.C. government facilities, Feed BC is drawing on the many diverse farms, fisheries and food processors from across B.C.

Through Feed BC, the B.C. Ministry of Agriculture will be working with partners to strengthen regional food supply chains and bring more B.C. food to B.C. residents.

## **9. How much BC food is currently used in government facilities?**

Ministry of Agriculture is exploring the current use of B.C. food in government facilities. There is variability in the amount of B.C. food being used across different types of government

facilities, and many already use a number of B.C.-produced or processed foods, such as milk, bread, eggs and seasonal produce.

#### **10. What is the goal for the amount of B.C. food in government facilities?**

Feed BC aims to increase the use of BC-grown and/or processed foods in B.C. government-supported facilities. The Ministry of Agriculture is exploring the current use of B.C. food, and the opportunities to increase supply and use.

[The Minister of Agriculture has set 30% as an aspirational target].

#### **11. How is Feed BC being implemented in health care facilities?**

- The Ministry of Agriculture is working closely with the Ministry of Health on the implementation of Feed BC in B.C.'s health care facilities.
- Hospitals and long-term care facilities purchase large amounts of food for their patient foodservices. The Ministry of Health has asked all health authorities to track and report the amount they spend on BC food beginning 2019.
- The Ministry of Health is working with health authorities to increase the procurement of BC food in all health-authority owned and/or operated health care facilities.
- B.C. food procurement is important to achieving the health, economic and sustainability objectives of the health authorities, and the goals of Feed BC.

#### **12. How is "B.C. food" defined for Feed BC's health authorities initiative**

For the purposes of tracking and reporting on Feed BC progress, the Ministry of Health and the Ministry of Agriculture are adopting a definition of B.C. food as *"a final product produced and/or processed within the borders of BC"*.

#### **13. Is Feed BC going to improve the quality of the food provided in hospitals?**

Feed BC is working to increase the use of BC grown and/or processed foods in hospitals. B.C. foods are among the best in the world in terms of freshness, quality and safety. Our hope is that by increasing the use of more BC food through Feed BC, we will increase the connection between patients and B.C. producers and processors, and also improve the overall patient food experience.

#### **14. How will Canada's new food guide affect Feed BC in health care facilities?**

- Menus for hospitals and long-term care facilities will continue to follow the latest dietary guidance.
- Health Canada will release the healthy eating patterns later in 2019 and registered dietitians will assess facility menus based on that important information.
- Menus in health care facilities will continue to provide healthy foods. These include vegetables, fruit, and whole grains, and protein foods such low fat milk, fortified soy beverages, yogurt, fish, and lean meats, including poultry, and eggs. They will also emphasize B.C. foods when and where available.

**SPEAKING NOTES FOR**  
**THE HONOURABLE LANA POPHAM**  
*Minister of Agriculture*

**FEED BC ANNOUNCEMENT**  
*Penticton General Hospital*  
*Cafeteria/Kitchen lower level of hospital*  
*550 Carmi Ave, Penticton*

**Friday, March 8, 2019**  
*Speaking Notes*  
*TIME 11 AM for approx 5-7 minutes*

**Background:**

The B.C. government is partnering with Interior Health to launch Feed BC, one of the Ministry of Agriculture's mandate commitments, with support from the Ministry of Health, in health care facilities with Interior Health.

The Penticton General Hospital is one of the regional production kitchens where meals and individually packaged "Dinners at Home" meals are made for patients, as well as sent out to other Interior Health facilities to feed the patients at the hospital.

**Audience:**

There will be Interior Health employees, Sysco and Aramark representatives, government representatives, Ministry of Agriculture staff, Ministry of Health staff, hospital staff and locals attending the event. Media from the area will also be invited to attend.

**Onsite Contact:**

Jenn Goodwin, 250-718-5191

**Speakers:**

- Minister of Agriculture Lana Popham
- Andrew Pattison, Director of Support Services, Interior Health – Emcee/IH rep
- Spring Hawes, Interior Health Board member
- Pete Simonsen, local farmer/Vice-President, BC Fruit Growers Assoc.
- First Nations Elder

## Feed BC Launch

**Penticton Regional Hospital  
550 Carmi Ave, Penticton, BC**

**Date: March 8th, 2019**

**Time: 11AM**

<b>Time</b>	<b>Itinerary</b>
8:30 am	Onsite Event Coordinator Jenn Goodwin and AV team arrive onsite
10:45 am	Speakers arrive for Event Briefing. Led by Jenn Goodwin: <ul style="list-style-type: none"> <li>• Hon. Lana Popham, Minister of Agriculture</li> <li>• MC, Andrew Pattison, Director of Support Services</li> <li>• Donna Koenig IH Manager of Support Services for Osoyoos and Oliver</li> <li>• Pete Simonsen, local farmer/Vice-President, BC Fruit Growers Assoc.</li> <li>• Elder, name to come</li> </ul>
11:00 am	Participants let to Podium
11:00 am	<b>MC makes opening remarks and introduces elder (TBC) to give greetings and thanks</b>
11:03 am	<b>Elder to provide greetings (name to come)</b>
11:05 am	<b>MC thanks elder and introduces Minister Popham</b>
11:06 am	<b>Minister Popham makes remarks</b>
11:11 am	<b>MC thanks Minister Popham and introduces Donna Koenig</b>
11:12 am	<b>Donna Koenig makes remarks</b>
11:15 am	<b>MC thanks Donna Koenig and introduces Pete Simonsen</b>
11:16 am	<b>Pete Simonsen makes remarks</b>
11:18 am	<b>MC thanks Pete Simonsen and makes closing remarks</b>
11:21 am	<b>Group Picture</b>
11:26 am	<b>Tour of facility</b>
11:40 am	<b>Interview time</b>
12:00 pm	<b>Event ends</b>

## **Introduction**

- Thank you for that introduction, Andrew.
- Hello! I'm Lana Popham, Minister of Agriculture for British Columbia.
- I'd like to recognize the territory of the Syilx [See-ilks] people of the Okanagan Nation, including the Penticton Indian Band.
- And thank you, name, for the greeting.
- I would like to pass along greetings from Premier John Horgan.
- Thank you all for being here.



- It's so wonderful having so many people representing different areas of the agricultural industry and health industry all in one room, who all have a passion for B.C. food.
- And it's all possible because of the cooperation and collaboration between Interior Health and the ministries of agriculture and health.

## **Feed BC Announcement**

- British Columbians have a passion for foods that are grown, raised, harvested and processed here in B.C.

- And today I'm very excited to be announcing a Feed BC initiative between the Province and Interior Health.
- Through Feed BC, Interior Health has been actively working with their distributor Sysco Canada - Kelowna to increase the amount of B.C. foods it procures from farmers, fishers and processors in B.C.
- This is a game-changer.
- Consider that Interior Health serves more than 5 million meals to British Columbians in the southern interior each year.

- It means working collaboratively to encourage, inspire and support a shift to more B.C. foods in hospitals, schools and other government facilities.
- And launching it here is just the beginning.
- Over the next year, we are providing over \$350,000 in funding to support the implementation of this first Feed BC initiative in IH facilities.
- A few weeks ago, our government announced Budget 2019,
- which saw a continuation of the historic lift to the province's Agriculture budget in 2018/19.

- The ministry's budget for 2019-2020 is over \$98 million.
- And that includes an additional \$1Million for future Feed BC initiatives.
- And thanks to the initial launch of this program last month, we are starting to see Feed BC being woven into the procurement system and supply chain.
- We are helping to build partnerships between the facilities, distributors and farmers and processors through our project facilitator and a food processing specialist.

- And we're educating patients and their families about the work being done on the back end to ensure they have access to B.C. foods.
- When I was appointed Minister of Agriculture, I made a commitment to help create more opportunities for the agricultural industry.
- Grow BC, Feed BC and Buy BC are doing just that.
- Feed BC is bringing more opportunities for B.C. farmers, fishers and processors to partner with food distributors to get their food on to the plates of more people in B.C.

- Last month, I had the honor of attending the official opening of B.C.'s first Regional Food Hub.
- At the Commissary Connect facility on Laurel Street in Vancouver, everything that an entrepreneur needs to turn agricultural products into B.C. processed food and beverages is available to use in the shared-use kitchen.
- This facility is the pilot and demonstration site for the Food Hub Network and our partnership with Commissary Connect is the first step in helping people in B.C.'s food and beverage processing and agriculture sectors increase the amount of food

and drinks being processed right here in B.C.

- It is common sense – we have an incredible agricultural industry producing amazing products.
- And we have government facilities throughout the province that need to source safe, reliable, high-quality foods for the British Columbians that they serve.
- By having large purchasers like Interior Health procuring B.C. foods from farmers, fishers and processors throughout the province,
- We have the added benefit of growing farms here in B.C. and

strengthening our province's resilient and sustainable food security.

## **B.C. food in Interior Health**

- I'm sure most British Columbians know of someone or have experienced a visit to the hospital themselves.
- And, as someone who has experience having a loved-one in a long-term care facility, I know how important it is to have food that is easily recognizable from B.C. in meals.



- Many people will know that B.C. food is not only good for the economy in British Columbia but that plenty of the foods we grow are also good for our health.
- At home, we have more choice about the food we eat.
- For example, we might choose to eat a B.C. apple a day to support our health...
- ...but when you're in the hospital and you're sick, or if you or your loved one is in a long-term care facility, you don't have as much choice and what you need is the best food as medicine that's available to you.

- We know this is achievable because there's already been work done to bring B.C. foods into Interior Health health-care facilities.
- This past summer, I visited Inderjit Sandhu, of S&G Farms in Oliver.
- He is one B.C. farmer who's produce is being used by Interior Health.
- The family-owned and run farm is very responsive to the needs of Interior Health.
- And is on track to have a record year next year after recently expanding their infrastructure to extend the growing season.

- For farmers, supplying a large-scale operation like Interior Health means steady demand for their product, which is key to growing their business,
- Bringing more jobs to the community and enhancing the regional and provincial economy,
- while contributing to our provincial food security, helping build a more resilient and sustainable food supply for British Columbians, as well as people living in other parts of the world.

## **Conclusion**

- The health-care industry is seeing some exciting changes because we believe in what B.C. has to offer and we stand behind our products.
- Interior Health, in partnership with the Ministry of Health, will use this initial launch to advise us on what actions and resources are needed to increase B.C.'s public food procurement throughout the province.
- I want to acknowledge the work of my colleague, Minister Dix.
- He has been very supportive of the Feed BC initiative,

- and has recently instructed his Ministry and all the regional health authorities to track annual spending on B.C. foods and explore new opportunities to increase the use of B.C. foods in all health-care facilities.
- This will provide us with a great baseline from which we can expand the Feed BC program across the other health authorities!
- Our government is working to deliver better, faster, fair access to health care for everyone,
- And ensuring British Columbians are treated with respect and receive quality care.

- Feed BC is one way we're helping provide that quality care.
- The future for Feed BC in health-care and government facilities is bright.
- Together we can make the Feed BC initiative the norm throughout the province.
- Thank you!

# ***Local Food Procurement in Interior Health:***

Feed BC Phase 2– Healthcare Interim Report

**Prepared By:**

*Michele McBride, Consultant, M. McBride & Associates Management Consulting Inc.*

*Lisa Forster-Coull, Dietitian Consultant*

*March 29, 2019*

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## ***Local Food Procurement in Interior Health:***

### **Feed BC Phase 2 – Healthcare Interim Report**

#### **Executive Summary**

The BC Ministry of Health and Ministry of Agriculture are working together to advance Feed BC, a strategic initiative to increase the use of BC grown and processed foods in hospitals, schools, and other government facilities.

Phase 1 of the local foods project (January to March 2018) focused on gaining an understanding of the food procurement system in healthcare facilities in BC. The ministries undertook a project to identify and understand:

- the food procurement system in each of the health authorities;
- practices that health authorities currently use to optimize and report on local food procurement;
- the current state of local food procurement including estimates of spends for various types of food products and potential cost implications of changing to local food vendors; and
- facilitators and barriers to increasing local food procurement.

Phase 2 of the project (September 2018 to December 2019), as it relates to healthcare<sup>1</sup>, includes the implementation of the strategies identified in Phase 1 in a single health authority, and preparatory work in the remaining health authorities to position those health authorities for full participation in the objectives of Feed BC by the end of 2020 (Phase 3).

This interim report summarizes the actions taken during the first part of Phase 2 (November 2018 to March 2019) and provides an assessment of the key issues, facilitators and barriers faced by Interior Health in meeting the aspirational goal of 30% BC food procurement in the current fiscal year. The work undertaken to date with Interior Health will inform the recommendations for action with other health authorities, to assist them in increasing BC food procurement in their regions. A full report will be made in March 2020.

#### **Key recommendations:**

s.13

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<sup>1</sup> Feed BC Phase 2 also includes exploratory projects for the postsecondary institution sector.



## ***Local Food Procurement in Interior Health:***

### **Feed BC Phase 2 – Healthcare Interim Report**

#### **1.0 Interior Health Implementation Project**

The BC Ministry of Agriculture and Ministry of Health are working together to advance Feed BC, a strategic initiative of government to increase the use of BC-grown and processed foods (BC food) in hospitals, schools, and other government facilities.

Phase 1 of the local foods project (January to March 2018) focused on gaining an understanding of the food procurement system in healthcare facilities in BC. The ministries undertook a project to identify and understand:

- the food procurement system in each of the health authorities;
- practices that health authorities currently use to optimize and report on local food procurement;
- the current state of local food procurement including estimates of spends for various types of food products and potential cost implications of changing to local food vendors; and
- facilitators and barriers to increasing local food procurement.

Phase 2 of the project (September 2018 to December 2019), as it relates to healthcare<sup>2</sup>, includes the implementation of the strategies identified in Phase 1 in a single health authority, and preparatory work in the remaining health authorities to position those health authorities for full participation in the objectives of Feed BC by the end of 2020 (Phase 3).

The purpose in implementing in one health authority early in Phase 2 was to test the actions and resources required to increase supply, demand and distribution of local food to BC healthcare facilities. Interior Health was identified as the health authority best positioned to be an early implementor, given the work of Donna Koenig in this area for Interior Health, the province and as a cohort of Nourish.<sup>3</sup>

At the end of Phase 1, there were several food products identified for further investigation by Interior Health, specifically individually wrapped muffins, frozen vegetables, sugar, yogurt, and proteins such as beef, poultry and fish fillets. Other strategies identified at the time included the review of HealthPro contracts expiring and transferring to Aramark for potential shifts in suppliers; a more in-depth review by Aramark and Sysco of velocity reports to identify potential products that might be sourced locally; and a more thorough review of velocity reports to identify products that were already sourced locally but were not captured as local in the current reporting system. Some of these suggestions were acted upon to a degree but the lack of dedicated resources limited the ability to fully explore these ideas.

There has been some progress towards the Feed BC goals in healthcare since this project was launched last year. Health authorities are more conscious of the local purchasing patterns by foodservices, both for in-house use and by foodservice management companies under contract to health authorities. There have also been improvements to the provincial reporting on local food by the Food Service Technical

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<sup>2</sup> Feed BC Phase 2 also includes exploratory projects for the postsecondary institution sector.

<sup>3</sup> Donna Koenig is Manager of Support Services for Interior Health, British Columbia for the areas of Oliver and Osoyoos and Regional Safe Food Handling Auditor for Interior Health. Donna is also chair of the FSTT and LFWG, and actively involved in the Nourish project. <https://www.nourishhealthcare.ca/cohort/>

Team (FSTT). Interior Health specifically has made efforts to source more BC food, particularly for fresh produce.

In November 2018, McBride & Associates was engaged by the Ministry of Agriculture to provide support on a range of activities related to the implementation of Feed BC in healthcare with a focus on Interior Health. This included:

- working with Interior Health and Aramark to look for immediate and future contracts that could be switched to a local supplier;
- working with Interior Health food suppliers to identify commodities not under contract that could be sourced locally;
- supporting Interior Health to find efficiencies with tracking their BC food spends;
- investigating potential commodities that may already be sourced locally but not captured in the local food spend;
- supporting Interior Health to operationalize Feed BC promotion activities;
- supporting the ministry with the Feed BC ministerial announcement;
- taking actions to support the above activities including establishing an Interior Health local food working group and coordinating and facilitating meetings;
- acting as a liaison between Ministry of Agriculture contractor tasked with developing a market strategy for healthcare; and
- providing ongoing support to the project through preparation of written materials or presentations, issue summaries, advice and project documentation.

This interim report summarizes the actions taken during this phase of the project (November 2018 to March 2019) and provides an assessment of the key issues, facilitators and barriers faced by Interior Health in meeting the aspirational goal of 30% BC food procurement in the current fiscal year. The work undertaken to date with Interior Health will inform the recommendations for action with other health authorities, to assist them in increasing BC food procurement in their regions.

## 2.0 Major Tasks Accomplished

Interior Health prepares nearly five million meals a year for patients, families and individuals in need in the community. To provide their patients with a variety of quality food year-round, they rely on both BC and imported food. For many years, Interior Health has chosen (when possible) to buy food that is produced or processed in BC, like milk, bread, and seasonal fruit and vegetables. Interior Health continues to work closely with suppliers to source more BC food for patient foodservices.

Between November 2018 and March 2019, the consultants worked closely with staff from Interior Health to generate interest in Feed BC for the healthcare sector and to drive change. The following summarizes the key tasks undertaken in this period.

*Interior Health prepares nearly five million meals a year for patients, families and individuals in need in the community.*

## 2.1 Convened and Facilitated Interior Health Working Group

A working group of foodservices managers and supervisors from across the region was convened to support the implementation of Feed BC within Interior Health. The working group met by conference call six times between November 27, 2018 and February 14, 2019 with staff from the Ministry of Health and Ministry of Agriculture to provide advice on advancing Feed BC. The consultants facilitated the calls and drafted meeting notes.

The Working Group was a valuable resource for the ministries. Members' expertise informed the plans for the Feed BC tray cards and posters and for the Feed BC Ministerial Announcement. Additionally, the Working Group provided champions for Feed BC across Interior Health.

The consultants relied on the input from the Working Group in the development of the Feed BC internal Interior Health communication materials, which included an Information Sheet for Interior Health Staff and a PowerPoint presentation for Interior Health Foodservice Staff (see [Section 2.2](#) for more details).

The Working Group proved to be a good forum for foodservice leaders to exchange ideas and raise issues related to increasing BC food procurement. The Terms of Reference ([Appendix A](#)) will be reviewed in April 2019 and a determination will be made at that time about its purpose, membership and processes.

## 2.2 Supported Feed BC in Interior Health

Feed BC in Interior Health was supported by the consultants' work on several activities, including:

- Supporting a ministerial announcement on the launch of Feed BC in Interior Health
- Facilitating a tray card and poster promotion in seven hospitals
- Developing various Interior Health internal communications
- Preparing an in-service presentation to Interior Health foodservice staff

The consultants drafted a communications plan with tactics to inform Interior Health staff and patients, food industry partners and the community. Communications staff in Interior Health and at the Ministry of Agriculture led the work on the ministerial announcement and the public communication pieces.

### Ministerial Announcement:

The Ministerial Announcement was an important opportunity to showcase Interior Health as an early adopter of Feed BC and to highlight the contributions of their partners – purchasers, distributors and suppliers. The announcement at Penticton Regional Hospital was originally planned for February 4, 2019 but was rescheduled to March 8, 2019 due to a major road closure.

### Interior Health Working Group Members

- Donna Koenig, *Manager Support Services, South Okanagan*
- Tara Harvey, *Manager Food Services, Kamloops*
- Misty Flemming, *Manager Support Services, Shuswap, Revelstoke and East Cariboo*
- Amanda Smith, *Regional Manager, North Okanagan / Shuswap, and Food Production*
- Jackie Jennings-Bates, *Food Services Supervisor, Kaslo (Kootenay Boundary)*
- Heather Johnson, *Food Services Supervisor, FW Green Home in Cranbrook*

In preparation for the Ministerial Announcement, the consultants drafted content specific to Feed BC in Interior Health for the Ministry of Agriculture website and for the Qs&As for the Minister of Agriculture.



The consultants prepared a list of BC food suppliers to Interior Health ([Appendix B](#)). The consultants also provided support to the event plans including recommendations for guests and speakers. This was all done in close consultation with staff from Interior Health and Sysco.

The event received good coverage by local media, including Global News and Castanet, and was featured on the Interior Health *Facebook* page.<sup>4</sup> The Minister of Agriculture is very enthusiastic about Feed BC describing it as “a game changer ... to encourage, inspire and support a shift to more BC food in healthcare and other government

facilities.”

### Tray Card and Poster Promotion:

The Ministry of Agriculture and Ministry of Health created a tray card and a poster (see [Appendix C](#)) to promote Interior Health’s commitment to Feed BC. From February to April 2019, hospital patients in Kamloops, Kelowna, Penticton, Vernon, Oliver, Salmon Arm and Williams Lake received information about Feed BC on tray cards delivered along with their meals. Posters highlighting Feed BC were also displayed in the seven participating hospitals.



The consultants facilitated the implementation of this promotion by recommending changes to the messaging, following consultation with the Interior Health Working Group and Interior Health dietitians, and by coordinating the orders for the tray cards and posters. The consultants also designed and executed a brief evaluation of the effectiveness of the promotion ([Appendix C](#)), consisting of:

- weekly tracking by hospital foodservice managers of the use of tray cards and posters and the response from patients, visitors and staff;
- telephone interviews with hospital foodservice managers on whether the promotion was manageable and whether the tray cards and posters were useful communications tools.

<sup>4</sup> See the following links: [https://news.gov.bc.ca/releases/2019AGRI0024-000345?fbclid=IwAR2hVqyMSK58MuIP2vS6bVDIwhhaOmSFLSpB88\\_alxsM8RkY0IkUIZrb2ac](https://news.gov.bc.ca/releases/2019AGRI0024-000345?fbclid=IwAR2hVqyMSK58MuIP2vS6bVDIwhhaOmSFLSpB88_alxsM8RkY0IkUIZrb2ac); and <https://globalnews.ca/news/5036274/interior-health-locally-grown-food/>

Over 50,000 tray card and almost 100 posters were used for the Feed BC promotion in the seven hospitals in Interior Health. The communication materials were well received by the foodservices staff. The promotion was easy to implement; the addition of tray cards did not unduly disrupt the foodservice; and there were few comments on paper waste because staff were supportive of the initiative. The foodservice managers indicated the promotion was more effective at raising staff awareness than at raising patient awareness of Feed BC. All were willing to participate in such a promotion again in the future.

#### **Interior Health internal communications:**

Interior Health is proud to collaborate with the provincial government on Feed BC and wished to share their recent successes in procuring more BC food for their facilities. The consultants developed a key Interior Health internal communications tool related to Feed BC in Interior Health – a staff information sheet (two pages in Q&A format) ([Appendix D](#)). The information sheet was distributed to foodservice staff and management teams throughout the health authority. The content of the information sheet required many revisions to ensure it met the approval of both ministries, in addition to Interior Health. However, this effort resulted in a communication tool that was well received by Interior Health staff and is viewed as the ultimate source for messaging about Feed BC in Interior Health.

Interior Health Communications released an article on the Feed BC event on their *Facebook* page on March 8, 2019 and in their weekly on-line staff newsletter, *In the Loop*, on March 13, 2019. They also plan to produce an article for their Fall 2019 issue of the *@ Interior Health* magazine for staff and physicians in Interior Health.

#### **Interior Health staff in-service:**

There are over 800 foodservice staff in the 55 facilities in Interior Health. The consultants developed a 15-slide PowerPoint presentation – *Feed BC – Increasing BC Food in Interior Health*. The approach and content for this staff in-service on Feed BC in Interior Health had been tested successfully with a group of Interior Health dietitian leaders on January 21, 2019. The slide presentation will be delivered at a webinar led by Amanda Smith, Regional Manager Support Services, in early April 2019. The plan is for foodservice managers to deliver the slide presentation to foodservice staff in their facilities who are not able to participate in the webinar.

*There are over 800 foodservice staff in the 55 facilities in Interior Health.*

### **3.0 Assessment of Project Implementation**

#### **3.1 Improved Internal Procurement and Reporting Processes**

Over the past few years, Interior Health and their distributor Sysco have made a concerted effort to capture the BC food buys made by Interior Health in a given year. This information is used to complete their portion of the BC Food Services Local Food Expenditures Report. It is also used to identify where gains have been made in purchasing BC foods and where other opportunities might exist for increasing the size of the BC food buy.

Interior Health reviews the velocity reports at year-end on a line by line basis and identifies BC buys. Sysco then reviews this information and confirms the accuracy of the reports. This process relies on the

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#### **Local Food Procurement in BC Healthcare:**

*Feed BC Phase 2 - Healthcare Interim Report March 29, 2019*

knowledge of the personnel involved, as an item may not be readily identifiable as a BC food. This is a time-consuming exercise but leads to a more accurate picture of BC food buys. In addition to reviewing velocity reports, Interior Health also runs separate reports for independent contracts such as milk and breads. Interior Health also undertakes a separate review of small off contract buys to identify BC food purchases.

In reviewing procurement processes with Working Group members and with Sysco, there were a few procedural items that were raised and flagged for follow-up action:

- Sysco and Interior Health have been making greater use of Sysco's Lock/Link feature in the ordering system over the past few months. This feature allows Sysco to direct the buyer to a specific source for an item. If that source is unavailable, the Lock/Link feature redirects the buyer to an alternative source for the item. This should lead to improved compliance with GPO requirements and BC food preference. While this feature has been available in the past, it was not used to its full potential because of the lack of clarity around the approvals necessary to invoke the Lock/Link. The approval process has been clarified by Interior Health and Sysco but needs to be documented and communicated to staff.
- Sysco has indicated that it will assist foodservice staff through greater use of a special symbol next to a BC food item in the ordering system.
- For short periods of time during the year, Sysco will have certain products available, especially seasonal fresh produce. The availability of these products is advertised through a local sheet, distributed to foodservice staff via an email notification. Over the years, Sysco's email distribution system became outdated as staff and positions changed in Interior Health. Sysco now has access to the distribution list maintained by Interior Health, thereby eliminating the need for Sysco to maintain their own distribution list and ensuring that the local sheet always reaches its destination.

### 3.2 Outcomes – Projected % BC Spend

The Ministry of Agriculture has identified an aspirational goal of purchasing 30% BC food for government-supported facilities, including health authorities. Phase 2 provided an opportunity to work with Interior Health, Sysco and Aramark to identify what will be required to increase BC food buys, particularly for Interior Health as it tried to reach the aspirational 30% goal in their current fiscal year (2018/19).

In the BC Food Services Local Food Expenditures Report for 2017/18, Interior Health reported the following BC food expenditures (%):

Category	Percentage local of category	Percentage local of total spend
Baked Goods	61.7%	0.49%
Beverages	67.7%	0.52%
Dairy	79.2%	10.91%
Produce	31.8%	1.39%
Grocery	49.9%	1.18%
Protein	58.7%	12.40%
Total		26.89%



By reviewing the velocity reports generated by Sysco for the period April 1/2018 to November 15/2018, the consultants were able to identify the BC buys occurring in that period. Assuming that food purchasing patterns remain the same through to March 2019, Interior Health will reach the 30% goal in the current fiscal year (2018/19). Note that this projection is based on the current methodology that Interior Health uses for determining their total food spends and BC food spends (see [Section 3.3](#) for further discussion). A breakdown by category was not done for this period as these percentages will change before the end of the year due to seasonal variations in purchasing. The improvement over the previous year is attributed largely due to Sysco's expanded use of their produce hubs, and ongoing efforts generally by key personnel to identify and use BC foods. The actual 2018/19 results will be included in the final report on this project in March 2020.

*The projected BC food spend for Interior Health is projected to be over 30% for 2018/19.*

#### **2018/19 Shell Eggs, Ground Beef, Frozen Vegetables:**

In order to shift some of the purchasing patterns to BC suppliers and reach the 30% goal for the current fiscal year, Interior Health, Sysco, and Aramark identified three products as possible "quick wins":

- **Shell eggs** – shell eggs were being purchased through Sysco from a Sysco brand called Wholesome Farms. Eggs were not necessarily BC eggs, as they are sourced from a number of farms across Canada. Sysco and Interior Health have now shifted purchase of most fresh shell eggs to Golden Valley Eggs, located in Abbotsford, effective February 1, 2019<sup>5</sup>. Golden Valley is the largest grading station and wholesaler of shell and processed eggs in the BC market. The price point was slightly higher than the Sysco brand, but within acceptable parameters for the health authority. The cost implications of shifting to a BC supplier will be tracked and reported in the final report for this project.
- **Ground Beef** – ground beef (4x10 lb. packages) used by the Vernon production facilities was being sourced from an Alberta processing facility. Procurement of this product is now through Sysco Vancouver Fine Meats Ltd. where the beef is ground and packaged in the size needed by the Vernon facilities. There was no price impact by switching to the Vancouver-based facility. The switchover occurred January 15, 2019.
- **Frozen vegetables** – frozen vegetables are currently purchased through a HealthPro contract, and are mostly sourced from Bonduelle Canada, a subsidiary of Bonduelle International, with operations in Quebec and Ontario. This contract will expire in 2020. Under the terms of the agreement with HealthPro, Interior Health can outsource up to 20% of the total purchases of a product under contract. Interior Health and Sysco have identified BC Frozen Foods as their vendor of choice for frozen vegetables. BC Frozen Foods processes fruit and vegetables mostly grown within 30 miles of their operation in Mission BC. Interior Health will begin purchasing up to 20% of their frozen vegetable requirements from BC Frozen Foods early in the 2019/20 fiscal year. The financial impact of the switchover will not be clear until Aramark and Sysco finalize the details.

The impact of the switch over to BC shell eggs and beef in the current (2018/19) fiscal year is projected to be approximately 1% (potentially increasing the 2018/19 % BC buy to 31%), and for 2019/20 in the range of 2-3%.

<sup>5</sup> Note that hardboiled and liquid eggs are currently sourced from BC suppliers.

#### **Local Food Procurement in BC Healthcare:**

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### 3.3 Outcomes – Opportunities for Further Increases in % BC Spend

Efforts to identify potential BC food suppliers and products that could be sourced by Interior Health focused on reviewing the velocity reports produced by Sysco for the two GPOs currently serving Interior Health, and on reviewing the expiration of HealthPro contracts as they transition over to Aramark over the next three years.

#### Results of review of velocity reports – Aramark and HealthPro:

Velocity reports were provided by Sysco for both HealthPro and Aramark, for the period April 1, 2018 to November 15, 2018. Food purchased under contract to HealthPro for that period was approximately \$3.5M; and for Aramark \$4.8M. This does not represent the total food purchases for that period, as Interior Health has direct contracts for some commodities such as bread and milk. There are also purchases made off contract that would not be captured by the Sysco reports. Together, these additional buys are about \$900K for the same period.

Entrees and boxed meals are prepared in the Vernon and Penticton production kitchens and distributed to hospital sites throughout the region by Sysco. Site orders for these items are coded to HealthPro and are counted as food purchases, even though the food purchased to prepare the entrees is already accounted for in the velocity reports. The total food purchases are therefore overstated by either the food purchases by the production kitchens or by the value of the Vernon and Penticton production kitchen purchases (\$627K) (see [Section 3.4](#) for further discussion).

Eggs and ground beef are now being sourced from BC processors, and frozen vegetables will be sourced from BC processors as permitted by the terms of the HealthPro contract (up to 20%) and then fully once the HealthPro contract expires in 2020 (see [Section 3.1](#) for details). There are other large spends that require further investigation by Sysco and Aramark in consultation with Interior Health.

Item	Major source(s) * = BC supplier ** = some products sourced from BC	Approximate value Apr 1 to Nov 15/2018
<b>Turkey/Chicken (fresh, processed)</b>	Hallmark Poultry*, Maple Leaf, Reuven**, Sofina Foods**, Sunrise Poultry**, Flamingo, Butterball, JD Sweid**, JM Schneider	\$650K
<b>Juice</b>	SunRype*, Fairlee, Lyons Magnus, Nestle	\$560K
<b>Cheese</b>	Kraft Heinz, Saputo Dairy*, Parmalat Canada, Paradise Island*	\$350K
<b>Seafood</b>	High Liner Foods, Toppits Food, Trident Seafoods	\$200K
<b>Beef - Outside Round; Beef Diced</b>	Cargill, Premier Meat Packers	\$180K
<b>Egg products (all except shell eggs)</b>	Burnbrae Farms**, Wholesome Farms (Sysco)**, Egg Solutions**	\$170K
<b>Coffee Ground</b>	Goodhost, Anthos, Club	\$150K
<b>Yogurt</b>	Danone	\$130K
<b>Muffins</b>	Tasty Selections, Pepsico, English Bay Batter*	\$100K
<b>Ice Cream</b>	Chapman's, Central Smith Creamery, Nestle, DBA Artisto Gelato*	\$90K
<b>Sugar</b>	Redpath Sugar, Lantic Sugar**	\$50K

#### Local Food Procurement in BC Healthcare:

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The market development strategy being prepared by Ference & Co. will be very useful in identifying potential sources of BC products (see [Section 3.5](#)). Finding a BC source requires dedicated resources with special knowledge of the BC food processing sector. The product must meet the specifications of Interior Health and be price competitive. Sourcing individually wrapped muffins from BC is an excellent example. For several years, Sysco has tried to find an alternative to sourcing these muffins from Tasty Selections in Ontario. Between the Aramark and HealthPro contracts, Interior Health will spend about \$100K on individually wrapped muffins in 2018/19. English Bay Bakery of Vancouver, which supplies muffin batter to Interior Health, to date has not been interested in supplying the product to meet Interior Health specifications – notably the smaller size and associated lower sugar content. Recently, Interior Health became aware, through discussions with Fraser Health, of a 2 oz. muffin from Monte Cristo Bakery of Surrey. They have the capability of freezing muffins and possibly wrapping individually as well. At the time of this report, Interior Health is reviewing the nutritional and pricing and will request product samples.

In the rest of Phase 2, the consultants will facilitate more sharing of BC suppliers among health authorities through the work of the Local Food Working Group. There is interest in a face-to-face meeting of the working group to network and address common issues together.

#### **Review of HealthPro contracts expiring:**

PHSA's Manager – Allied Health Sourcing, IMIT, Facilities, Support Services, Food and Housekeeping (previously BCCSS) provided a list of food and housekeeping contracts in effect with HealthPro. The list includes contracts that apply to multiple health authorities, including Interior Health. From this list, the HealthPro contracts that affect Interior Health and expiring over the next three years were identified. The agreement between Interior Health and Aramark requires that as HealthPro contracts with Interior Health expire, Aramark will become the GPO for these commodities. <sup>s.17</sup>

s.17

Aramark's expectation is

that all of the commodity will be purchased through the Aramark contracts, although they have expressed their commitment to working with Interior Health in identifying local suppliers.

Several of the HealthPro contracts contain option years, and if the contract is with multiple health authorities, the need to exercise the option requires consideration. Interior Health and other health authorities are currently reviewing the contracts expiring March 2019 and decisions are expected shortly.

From the information provided by PHSA, there are 16 contracts with HealthPro expiring the end of March 2019; nine expiring March 2020; three expiring March 2021; and one expiring May 2021. The following is a list of some of the larger contracts expiring this month. As noted, these contracts (and contracts expiring in other years) will be reviewed by Interior Health and other health authorities (if applicable) with support from PHSA and may offer opportunities for sourcing from BC suppliers (current BC suppliers are noted below with an \*).

Product	HealthPro Vendor(s) * = BC source ** = some products sourced from BC
Eggs, Liquid and Frozen	National Egg Solution**
Deli Meat	Maple Leaf Consumer Foods
Seafood, Canned	Shafer-Haggart
Potato Products Frozen/ Fries	Marsan/ Lamb Weston
Ice Cream/Ice Cream Novelty	Chapman's Ice Cream

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Sheet Cake/ Dessert Bars	Gourmet Baker*/Gizella*/Original Cakerie*/Sara Lee
Pasta Products Pasta Sauce RTU	Primo Foods, Catelli
Dressing, Salad	Kraft Canada Inc/Unilever
Pudding, Mousse & Gelatin, RTU	Kraft Foods, Land 'O Lakes, Dr. Oetker
Tea	Unilever Food Solution
Muffin Batter Frozen	Pepsico (Quaker)

Contracts expiring in March 2020 include the following:

Product	HealthPro Vendor(s) * = BC source
Fruit, Frozen	Snowcrest*
Muffins, IW	Tasty Selections
Soup Bases	Aliments Ed Foods Inc, Shalit Foods Inc
Cereals Cold	General Mills Canada
Crackers	Dare Foods Limited, Mondelez Canada Inc.
Vegetables Frozen	Bonduelle Canada Inc
Sugar	Redpath Sugar
Cheese	Kraft Heinz Canada, Parmalat Canada Inc
Cookies	Mondelez Canada Inc.

Of the four remaining contracts expiring in 2021, two are already sourced in BC (thaw and serve cookies from English Bay, and bread and rolls from Weston). The non-BC sourced contracts are for soup (dry and canned from Unilever and Campbell).

### 3.4 Key Issues for Interior Health

#### **Need for clarity on calculating contribution of production kitchens to BC spend:**

As noted in Sections 3.1 and 3.2, food ingredients purchased for the production kitchen and site “purchases” of the food items made from the production kitchens are both captured in the velocity reports, which form the basis for the calculation of total food spends and BC food spends.<sup>6</sup> Therefore, the total food purchases are overstated and should be adjusted. Interior Health is aware of this issue and is currently reviewing their approach.

Interior Health could include the cost of the food that goes into the products, or it could eliminate those costs from the velocity reports and use the costed product price. Currently, the cost attributed to the items purchased from the production kitchens includes the cost of food, a labour component and the cost of distribution of the product, but does not include overhead costs, therefore the item is not fully costed. Interior Health has recently completed a review of production kitchen costs and will consider what costs to include in the pricing of the production kitchen items. The fully costed item would more accurately reflect the cost of the item being produced by Interior Health and the value of the item if it was purchased from a commercial supplier. This becomes increasingly relevant, given Interior Health and Northern Health are in discussions on having Interior Health production sites provide Northern Health sites with entrees.

<sup>6</sup> Vernon entrees produced in the Vernon production site and used in the Vernon Jubilee Hospital are not counted as purchases in the velocity reports because they are produced in the same facility.

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Production kitchen items (entrees, purees, terrines and boxed meals) used by facilities throughout Interior Health are considered a BC food because the final product is produced in BC (thereby meeting the healthcare definition of a BC food). Under the current approach, ingredients that go into the production kitchen items are captured as BC in the velocity reports (estimated at about 20% of the total production kitchen food buys. If Interior Health eliminates the production kitchen food buys from the total food and BC food calculation, the impact on the BC percentage will not be significant unless the percentage of BC buys for the production kitchen items is vastly out of line with the average BC buy percentages.

This issue is also relevant to other health authorities, where sites produce items and distribute them to other sites within their health authority. While these other health authorities do not do this on the scale that Interior Health does, it nonetheless raises the question as to whether these health authorities should also consider fully costing the production of these items and recognize these products as BC foods. This issue will be discussed more fully with the Food Service Technical Team over the coming months.

#### **Transition from HealthPro to Aramark agreement:**

The review of the HealthPro contracts expiring revealed few new large buy opportunities to increase the percentage BC spend. This is due partly to the nature of group purchasing organizations, which are designed to search out a product that meets the needs of all their clients on a national scale. <sup>s.17</sup>

This also raises the question as to whether Interior Health (and other health authorities) should be instructing Sysco and Aramark to actively search out BC suppliers for specific products within a large category i.e. accept that there will be multiple suppliers for a commodity. For example, the KPU report on Okanagan Bioregion Institutional Procurement Study<sup>8</sup> identified Little Creek Dressing, based in Kelowna, as a potential BC supplier. If this supplier was able to meet the nutritional requirements of Interior Health, it may be able to replace a portion of the total Kraft or Unilever contract for salad dressings.

#### **Focus on produced and processed BC food vs interest in locally grown food:**

The definition of BC food is “a final product produced and/or processed within the borders of British Columbia”. That definition represents the provincial perspective and goals of Feed BC which aim to support both primary production and processing. This definition is sometimes challenged by healthcare workers in two ways:

- Working group members identified local as an issue in their communities. Some people see local as meaning local to their own community, not the province.
- Some people challenge the definition on the basis that products not produced in BC are not local. For example, romaine lettuce that is grown in California but washed, chopped and bagged in BC would not be considered by them to be a local product.

There is a growing interest in environmental sustainability and food security by many people and acceptance of the broader definition will continue to be a challenge.

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<sup>7</sup> Source: Personal communication during meeting with Aramark (Deb Jackson) January 11, 2019.

<sup>8</sup> Grube-Cavers, A.; Tatebe, K.; Polasub, W.; Augsutinowicz, G.; Mullinix, K.; *Okanagan Bioregion Institutional Procurement Study, Final Report*, Richmond BC Institute for Sustainable Food Systems, Kwantlen Polytechnic University, 2018.

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### 3.5 Facilitators

Several initiatives led by either the Ministry of Health, Ministry of Agriculture or Interior Health have facilitated the implementation of Feed BC in Interior Health during Phase 2 of the project to date, including:

- Ministry of Health policy communique
- Food Services Technical Team – Local Food Working Group
- Production kitchen in Interior Health
- New culinary support manager at Interior Health
- New local food procurement specialist at Sysco
- Market development strategy for healthcare

The initiatives are examples of the health sector working on the demand for BC food; the agricultural sector working on the supply of BC food.

#### **Ministry of Health policy communique:**

The Ministry of Health has been working closely with the Ministry of Agriculture to initiate Feed BC in healthcare facilities. On January 9, 2019, Ministry of Health released a policy communique ([Appendix E](#)) requiring all health authorities to seek opportunities to procure more BC food; and annually track and report the amount spent on BC food.

Health authorities now have clear direction that all foodservice operations (both in-house and contracted) should be prioritizing and optimizing BC food procurement (without violating trade agreement obligations). Furthermore, the policy communique gives health authorities the leverage to obtain the required information from their distributors and contractors, including information on total food spends that has been challenging to obtain from contracted foodservices companies in the past.

While Interior Health has an excellent relationship with their distributor, Sysco, and they have made great progress in increasing the amount of BC food that they procure, the policy communique gives added impetus to their work. It comes at an opportune time when Interior Health has realized most of the “quick wins” and must now redouble their efforts to continue to increase the proportion of BC food purchased.

#### **Collaboration across health authorities:**

The provincial Local Food Working Group of the Food Services Technical Team, a community of practice comprised of foodservice directors in health authorities led by Donna Koenig of Interior Health, has been a key facilitator of the progress to date in increasing BC food procurement in healthcare. To date they have focussed on ensuring consistency in the tracking and reporting of BC food spends across all health authorities and on understanding the barriers and facilitators related to procuring BC food.

With the introduction of the Ministry of Health policy communique, there is an opportunity for them to be more deliberate in sharing resources (procurement processes and tools, vendor contacts) and investigating prospects of entering into supply agreements that meet the combined needs of several health authorities with common purchasers and/or distributors. For example, Interior Health is currently considering a line of individually-wrapped muffins available from a lower mainland bakery upon the recommendation of Fraser Health (see [Section 3.3](#) for details). While there is general backing from health authorities for this initiative, several of them have stated clearly that their ability to support this work is very limited, as this is not a priority of their health authority.

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#### **Local Food Procurement in BC Healthcare:**

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### **Production kitchens in Interior Health:**

In 2017/18 over 1.2 million entrée portions were made in the production kitchen at Vernon Jubilee Hospital and approximately 350,000 puree and terrine portions were made in the production kitchen in Penticton Regional Hospital. This food is used to complement other food made on-site at Interior Health's healthcare facilities.

Production kitchens on this scale are unique to Interior Health among the province's health authorities. The food prepared in the two production kitchens makes a significant contribution to Interior Health's BC food spend, although work still need to be done by the consultants working with Interior Health to clarify its components and quantify its value (see [Section 3.4](#) for details).

There are discussions underway between Interior Health and Northern Health (both have Aramark as their GPO and Sysco as their distributor) for the production kitchens in Interior Health to provide entrees as well as purees and terrines to Northern Health. This could begin in 2019 and would have a positive impact on the BC food spend by Northern Health, which is the health authority with the lowest BC food spend. The consultants will be working more closely with Northern Health in the remainder of 2019 to help them identify other opportunities for increasing the increasing BC food procurement.

### **New culinary manager at Interior Health:**

Interior Health Authority has recently created and recruited into a new position of Culinary Support Manager to oversee and manage Interior Health's regional production centres in Vernon and Penticton. Interior Health envisions that the Culinary Support Manager will work closely with local vendors and with Sysco to trial different BC products to be featured in newly developed standardized recipes and seasonal menus for the whole health authority.

*New culinary manager at Interior Health will be developing seasonal menus that feature more BC food.*

### **New local food procurement specialist at Sysco:**

The Ministry of Agriculture is developing a partnership with Sysco, subject to approval, to engage a new local food procurement specialist for 20 months to December 31, 2020 to support Feed BC implementation. The specialist will develop practices, resources and recommendations for Interior Health specifically, but the work will be valuable to inform the efforts of other health authorities and distributors. The objectives of the initiative are to:

- Build the capacity of BC producers and processors to increase the supply of BC food to Interior Health through broadline food distribution
- Identify opportunities to expand the range of BC food options available to Interior Health through broadline food distribution
- Resolve operational challenges related to broadline food distribution that impede the use of more BC food by Interior Health
- Create awareness of BC food options available to Interior Health through broadline distribution

This initiative will address the lack of understanding of the realities of institutional food procurement by producers and processors. Vendors interested in supplying Interior Health with suitable products (in terms of nutrition, food safety, portion sizing and packaging) for patient foodservices will be supported to meet the required conditions (i.e., guaranteed volume and supply, standards, certifications, insurance) to work with Sysco.

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As Interior Health (and all health authorities) relies on their suppliers and distributors to identify the availability of BC food selections, this initiative will also facilitate the development of innovative tactics to increase their visibility in the Interior Health food ordering system.

#### **Market development for institution-ready products:**

The Ministry of Agriculture contracted with Ference & Co in early 2019 to prepare an institutional market development strategy for healthcare to inform the development of Feed BC strategic initiatives. A key component of the strategy is the identification of 10 to 20 beverages or foods used by health authorities that are currently produced or processed outside BC but have the potential to be sourced within BC. The consultants assisted Ference & Co in this work by surveying the Food Services Technical Team for information about the desired items including the specifications and the estimated volume purchased per year for that item, to the extent that this information is readily available.

The strategy will make recommendations on how the government can work collaboratively with the BC food industry on identified market opportunities and where they can focus new business development resources to encourage BC vendors to meet the needs of healthcare.

This work is critical to addressing the lack of food processing capacity in BC that is cited by health authority staff as a key barrier to increasing BC food procurement. For example, staff point to the lack of provincial facilities for canning fruit, processing juice, freezing vegetables and fruit and processing milk products and beef.

### **3.6 Barriers**

These leading barriers to the implementation of Feed BC in Interior Health are related to issues with the supply of BC food and need to be the focus of the Ministry of Agriculture.

#### **Small suppliers have challenges working through healthcare's procurement system:**

The Ministry of Agriculture contracted with Greenchain Consulting in late 2018 to determine how the Ministry could most effectively engage with small and emerging producers and processors in BC to participate in Feed BC on an ongoing basis. Representatives were interviewed on the barriers they faced in supplying to government facilities and what opportunities they thought might exist.<sup>9</sup>

While small suppliers are interested in Feed BC, there are many challenges, particularly in terms of the contractual agreements that the healthcare procurement system is built around (volume commitments, volume bonuses and rebates, and product specifications). Healthcare's structure also makes it very hard for a small-scale food producer to be successful in this market. Small-scale producers are used to working directly with the end-user and do not have the capacity to respond to RFPs and apply for certifications.

#### **GPOs are hesitant to work with BC suppliers:**

Group purchasing organizations are not designed to have local as a key priority. Their fundamental purpose is to allow its members to combine their purchasing power and benefit from volume pricing for goods and services. Volume is dependent on multiple organizations agreeing to purchase from a single supplier, and as noted earlier, their system is built around volume commitments which provide the basis for volume bonuses and rebates.

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<sup>9</sup> Feed BC Small Scale and Emerging Food Producers and Processors Engagement; Greenchain Consulting (Darren Stott and Tim Reeve); February 12 2019



### **The lack of BC suppliers:**

Many of the food items used by Interior Health are not available (individual servings of juices, canned fruits, etc.) from BC producers or processor or are not available in the appropriate size (e.g. 2 oz. muffins) or with the nutritional requirements (e.g. low sodium) required by Interior Health (and other health authorities). It will take time to develop interest and capacity in BC to meet the needs of the healthcare sector. This challenge is not unique to BC. Ontario's Greenbelt Fund, a non-profit organization dedicated to making Ontario's farmers the first choice for Ontario's public sector institutions, has been working with businesses, institutions and NGOs since 2010.<sup>10</sup>

## **4.0 Recommendations**

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<sup>10</sup> Greenbelt Fund's current funding agreement with the Ontario Ministry of Agriculture, Food and Rural Affairs will be completed as of March 2019, and their Local Food Investment Fund grant program, workshops and other supplementary programs ending. However, the Greenbelt Fund is working with leading agricultural and producer groups to seek additional investment in order to continue their work. Press Releases - Greenbelt Fund | March 19, 2019

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## 5.0 Appendices

### Appendix A: Interior Health Working Group Terms of Reference

#### FEED BC - IHA LOCAL FOOD PROCUREMENT WORKING GROUP

##### TERMS OF REFERENCE

#### Preamble

Feed BC was identified as a key priority in the Minister of Agriculture's 2017 mandate letter. Feed BC aims to effect long-term system changes that will increase the use of BC-grown and processed foods in hospitals, schools, and other government facilities.

Phase 1 of the project (January to March 2018) focused on healthcare and gaining an understanding of food procurement systems in healthcare facilities in BC, identifying the challenges and barriers to procuring more BC foods, and identifying some opportunities for moving the initiative forward. Phase 2 of the project is to test and implement the strategies identified in Phase 1 by working with one health authority, with the objective of reaching the goal of 30% of the food spend dedicated to BC food.

Interior Health Authority has been selected as the health authority where these strategies will be adopted and tested. The experience gained through this phase will contribute to the success of the project, when all health authorities take action to increase their BC food procurement.

#### Purpose

The Working Group will support the goals of the Feed BC in healthcare Phase 2 project – test through early implementation in IHA.

#### Statement of Work

The Working Group supports the goals of this project by:

- Providing advice and expertise on the project design and implementation to help achieve the project objectives
- Exchanging ideas, opportunities and concerns related to the initiatives and actions taken during the early implementation phase and in the future
- Participating in activities that support communications to further the goals of the project

#### Membership and Process

<b>Membership:</b>	<p><b>MEMBERS:</b></p> <ul style="list-style-type: none"><li>• Donna Koenig, <i>Manager Support Services, South Okanagan</i></li><li>• Tara Harvey, <i>Manager Food Services, Kamloops</i></li><li>• Misty Flemming, <i>Manager Support Services, Shuswap, Revelstoke and East Cariboo</i></li><li>• Amanda Smith, <i>Regional Manager, North Okanagan / Shuswap, and Food Production</i></li><li>• Jackie Jennings-Bates, <i>Food Services Supervisor, Kaslo (Kootenay Boundary)</i></li><li>• Heather Johnson, <i>Food Services Supervisor, FW Green Home in Cranbrook (East Kootenay)</i></li></ul> <p><b>EX-OFFICIO:</b></p>
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#### **Local Food Procurement in BC Healthcare:**

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	<ul style="list-style-type: none"> <li>• Natalie Laframboise, <i>Ministry of Health</i></li> <li>• Kristina Bouris, <i>Ministry of Agriculture</i></li> <li>• Thom Dennett, <i>Ministry of Agriculture</i></li> </ul>
<b>Meeting Chair:</b>	The Working Group will be chaired by Natalie until March 31, 2019; and after that date, TBD.
<b>Meetings:</b>	The Working Group will meet every month, or more frequently if agreed by Members at the call of the Chair.
<b>Alternates/Guests at Meetings:</b>	Alternates are permitted. Members may invite guests to join the meetings, provided the Chair is informed in advance of the meeting.
<b>Committee Support:</b>	The Working Group will be supported by the consultants on contract to manage this project.
<b>Decisions:</b>	The Working Group is not a decision-making body.
<b>Communications:</b>	The consultants will ensure that Members are kept informed of the project and its activities throughout the early implementation phase.
<b>Accountability and Reporting:</b>	<ul style="list-style-type: none"> <li>• Meeting discussions and recommendations will be summarized by the consultants. The draft summaries will be circulated to Members for comment or correction.</li> <li>• Ex-officio members will report internally as appropriate</li> <li>• Donna will report internally to IHA on the project through their leadership meeting held bi-monthly.</li> </ul>
<b>Related Committees:</b>	<p>The Working Group will liaise as required with the following:</p> <ul style="list-style-type: none"> <li>▪ Provincial Local Food Working Group (Donna)</li> <li>▪ Food Services Technical Team (FSTT) (Donna)</li> </ul>
<b>Term</b>	To end of early implementation phase – March 31, 2019; and after that date, TBD.

## Appendix B: BC Food Suppliers for Interior Health

### BC Food Suppliers for Interior Health (2018-19)

Value of Purchases Codes (April 1 to November 15, 2018)

A = 0 – 3K	B = 3 – 10K	C = 10 – 50K
D = 50 – 100K	E = 100 – 200K	F = 200K plus

Ref #	Name of Vendor	Products sourced	Value	Location	Within IHA
1	Basco Foods Inc.	Soup borscht	B	Port Coquitlam	
2	BC Frozen Foods	Blackberries	A	Mission	
3	British Canadian Importer	Sauce tzatziki	A	Burnaby	
4	Canada Bread West	Breads, buns	B	Esquimalt	
5	Cariboo Water Company	Bottled water	A	Cache Creek	Y
6	Colonial Farms Poultry	Chicken Drumstick Frozen	A	Armstrong	Y
7	DeSimone Farms Ltd.	Fruit	B	Kelowna	Y
8	Egg Solutions	Eggs - hard cooked & peeled; liquid	E	Surrey	
9	English Bay Batter	Cookie dough, muffins & batter	C	Delta	
10	Fresh Box	Sushi	C	Kelowna	Y
11	Fresh Point Fresh Cuts	Vegetables processed	E	Vancouver	
12	Fresh Point Fresh Cuts	Fruit, vegetables repacked	D	Vancouver	
13	Gizella Pastry Ltd.	Cake sheets	C	Vancouver	
14	Gourmet Baker Inc.	Cakes, croissants, strudels	C	Burnaby	
15	Hallmark Poultry	Chicken IQF, turkey	D	Vancouver	
16	Happy Planet	Smoothies	A	Burnaby	
17	Hills Food Ltd.	Buffalo ground	A	Coquitlam	
18	Island City Baking Company	Buns	A	Richmond	
19	Island Farms	Milk	F	Delta	
20	Kootenay Coffee	Coffee	A	Cranbrook	Y
21	Markcrest Foods Ltd.	Tart/pie shells, pie dough	A	Langley	
22	Nana's Kitchen	Samosas	B	Surrey	
23	Nature's Oven	Bread, baked goods	B	Kelowna	Y
24	New Era Nutrition	Energy bars	A	Kelowna	Y
25	Nutrawise Enterprises Ltd.	Fruit spread	B	Vancouver	
26	Olympic Dairy	Yogurt 3.5%	A	Delta	
27	Original Cakerie	Cake sheets, dessert bars	D	Delta	
28	Penticton Regional Hospital	Entrees pureed, dinners at home	E	Penticton	Y
29	PBF Pita Bread Factory	Bread pita pocket	A	Burnaby	
30	Pepsi Bottling Company	Soft drinks, beverages	D	Kelowna	Y
31	Saputo Dairy	Milk, cream, butter, cottage cheese	D	Armstrong	Y
32	Scardillo Cheese	Cheese Monterey jack shredded	A	Burnaby	
33	S&G Farms	Tomatoes, melons	A	Oliver	Y
34	Snow Cap Foods	Variety of foods, baked goods	C	Kelowna	Y
35	Snow Crest Foods Ltd.	Canned/frozen fruit	C	Abbotsford	
36	Sofina Foods	Turkey, turkey sausage, chicken pieces	B	Vancouver	
37	Speciality Bakery	Bread, buns	B	Kelowna	Y
38	Sun Rich Fresh Foods	Fruit salads fresh	C	Kelowna	Y
39	Sun Rype Products Ltd.	Juice	F	Kelowna	Y
40	Sunrise Poultry Processors Ltd.	Chicken fresh	A	Surrey	

41	Sunrise Poultry Processors Ltd.	Chicken pieces frozen	C	Surrey	
42	Sunrise Soya Foods	Tofu	A	Vancouver	
43	Stuyver's Operating Ltd.	Buns	A	Langley	
44	Sysco Fine Meats	Elk, beef, bison, pork	C	Vancouver	
45	Vernon Jubilee Hospital	Entrees	F	Vernon	Y
46	Vernon Sausage Company	Sausage, ham	C	Vernon	Y
47	Wendel's True Foods	Dessert bars, cookies	A	Langley	
48	Water pure and simple	Bottled water	B	Nelson	Y
49	Weston's Bread	Bread	F	Langley	
50	Zorba's Bakery and Foods	Pita breads	A	Burnaby	

## Appendix C: Tray Card and Poster Evaluation

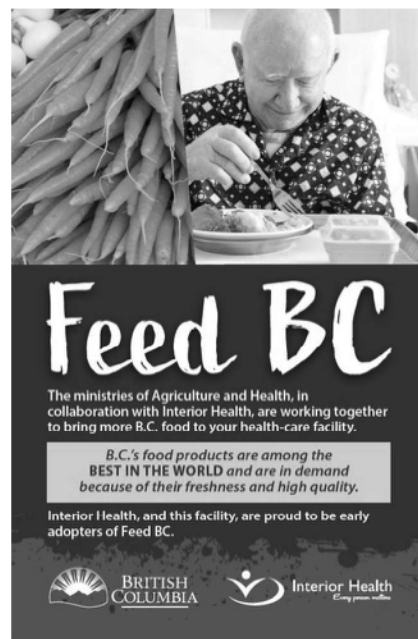
### Feed BC in Interior Health - Evaluation of Tray card and Poster Promotion

#### Background

The Ministry of Agriculture created a tray card and a poster to promote Interior Health's commitment to Feed BC. The messaging in the promotional materials was reviewed by the Interior Health Local Food Working Group and Interior Health dietitians. From February to April 2019, hospitals in Kamloops, Kelowna, Penticton, Vernon, Oliver, Salmon Arm and Williams Lake distributed tray cards with information about Feed BC to patients along with their meals. The seven hospitals also displayed posters to draw attention to Feed BC in Interior Health.

#### Methods

Each hospital foodservices manager determined which days of the week and which meals the tray cards would be used and submitted orders accordingly. The following quantities were delivered to the hospitals:



Hospital	Foodservices Manager	Tray Cards	Posters
Kelowna General, Kelowna	Cheryl Cooke	11,000	16
Royal Inland, Kamloops	Tara Harvey	11,000	12
Vernon Jubilee, Vernon	Jennifer Diemer	11,500	6
Penticton Regional, Penticton	Dina Hampton	10,000	12
Cariboo Memorial, Williams Lake	Agim Hasani	2,600	20
South Okanagan General, Oliver	Donna Koenig	500	12
Shuswap Lake General, Salmon Arm	Misty Flemming	7,500	12
<b>Total</b>		<b>54,100</b>	<b>90</b>

A brief evaluation<sup>12</sup> of the effectiveness of the promotion was undertaken, consisting of:

- weekly tracking by hospital foodservice managers of the use of tray cards and posters and the response from patients, visitors and staff<sup>13</sup>;
- telephone interviews with hospital foodservice managers on whether the promotion was manageable and whether the tray cards and posters were useful communications tools<sup>14</sup>.

Tracking forms were received from three participating hospitals. Completing the tracking forms appeared to be the most challenging part of participating in the promotion. Foodservices staff are required to maintain many records daily (from refrigerator temperature audits to emergency department

<sup>12</sup> Only six of the seven hospitals participated in the evaluation; Kelowna hospital did not start distributing tray cards until the last week of the tracking period

<sup>13</sup> Tracking was for six weeks from February 5 to March 16, 2019

<sup>14</sup> Interviews took place between March 14 and March 19, 2019

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nourishment orders); tracking tray card use and response from the hospital community was found to be cumbersome and time consuming.

Interviews were conducted with foodservices managers in each of the six hospitals participating in the evaluation. The interviews involved ten Likert scale questions using a five-point scale (see table below) and three open questions to understand if they would have done anything differently; if they would recommend the promotion to other hospitals; and if they would do the promotion again.

Interview Questions (1 – Strongly disagree, 5 – Strongly agree) n=6	Range	Average
Foodservice staff were supportive of including the tray card on the tray.	3 - 5	4.2
Inclusion of the tray card on the tray did not disrupt foodservice.	2 - 5	4.0
The tray cards were a good size for placing on the trays.	3 - 5	4.3
The posters were a good size for posting.	3 - 5	4.3
The use of the tray cards and posters is a good approach to raising awareness regardless of the waste it creates.	3 - 5	3.5
The tray cards were an effective communication tool for: patients, staff	2 - 5	3.8
	3 - 5	3.8
The posters were an effective communication tool for: patients, staff	2 - 5	3.3
	3 - 5	4.2
The tray cards and posters contained the right amount and level of information.	3 - 5	4.3
Foodservice staff received enough information on the tray card promotion to answer questions from patients and staff.	3 - 5	4.3
The length of the tray card promotion was manageable.	4 - 5	4.5

## Results

### Use of tray cards and posters

The hospital foodservices managers were given complete flexibility to decide how to use the tray cards and posters. From the tracking information, Salmon Arm chose to distribute the tray cards at breakfast, lunch and dinner one day a week; Vernon at lunch and dinner seven days a week; and Oliver at dinner only each day. From the information provided during the interviews with the foodservice managers, Kamloops distributed the tray cards three times a week for one meal (that varied depending on what was being served); Penticton switched using the tray cards from lunch to breakfast. The tray cards will be distributed until their inventory is exhausted.

The posters were displayed in the prominent locations such as kitchens, lounges, entrances and by elevators, throughout each of the hospitals.

### Manageability of the promotion

The foodservice managers were generally supportive of the promotion, and they reported few problems with distributing the tray cards. Most were of the mind that they were asked to do it and they did it. After working out some minor issues, so not as to disrupt foodservice, it became routine. They thought that the length of the promotion (6 weeks) was quite manageable. All would participate in the promotion again and would recommend it to others.

Unfortunately, the implementation of the Feed BC promotion coincided with the implementation of a health authority-wide patient satisfaction survey. This meant the patients were receiving “lots of paper”

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and care aids were likely focussed on assisting patients with the satisfaction survey and not promoting the Feed BC materials.

#### Appropriateness of the communication tools

The foodservice managers thought that the communication tools were well designed – colourful and attractive. The tray cards were a good size for placing on trays, although two foodservice managers wanted smaller format tray cards. One manager wanted larger format posters for greater impact.

They thought that the tray cards and posters contained about the right amount and level of information (certainly no more information was needed), but perhaps larger fonts would be more appropriate for elderly patients.

Overall, the foodservices managers received very little feedback about the communication tools. Only one tracking form recorded that the tray cards generated any questions/comments from patients and from hospital staff – for both at the level of less than 10 per week.

Paper waste was the biggest concern raised during the planning of the promotion. In three hospitals, the foodservice managers received a few pointed comments about paper waste along the lines of “stop killing trees”.

#### Effectiveness of the communication tools

It was difficult for the foodservice managers to comment on the effectiveness of the communication tools because they received so little feedback from staff, patients, and visitors. The promotion didn’t create as much of “a buzz” as they anticipated. More than one manager commented that they wondered if the elderly patients even looked at the materials. Overall, their assessment was that the tray cards and posters likely worked better for increasing awareness of Feed BC among staff than among patients and visitors.

To prepare staff to answer questions about the promotion, foodservice managers had discussions with their staff and shared the information sheet on Feed BC in Interior Health.

## Summary

Over 50,000 tray cards and almost 100 posters were used for the Feed BC promotion in the seven hospitals in Interior Health. The communication materials were well received by the foodservices staff. The promotion was easy to implement; the addition of tray cards did not overly disrupt the foodservice; and there were only a few concerns raised about paper waste. Somewhat disappointing, there was little feedback from hospital staff, patients or visitors about the promotion. The tray cards and posters were thought to have more potential for raising staff awareness than raising patient awareness of Feed BC. The staff information sheet on Feed BC in Interior Health was viewed as a good adjunct to the communication tools. All the foodservice managers were willing to participate in such a promotion again in the future and would recommend it to others.

## Appendix D: Feed BC Interior Health Staff Information Qs&As

### Information for Interior Health staff on Feed BC (February 2019)

What is Feed BC?

Feed BC is a strategic initiative led by the Ministry of Agriculture, in collaboration with the other government and industry partners, to increase the use of B.C.-produced and B.C.-processed foods in healthcare facilities, post-secondary institutions and other government-supported facilities.

Ministry of Agriculture is working closely with the Ministry of Health on implementing Feed BC in healthcare facilities.

Why is buying more B.C. food important?

Many British Columbians are asking for more B.C. food to be used in publicly funded institutions, such as healthcare facilities, which procure large amount of foods for their patient foodservices.

Buying more B.C. food is good for the economy. Food production and processing in B.C. supports farming, preserves agricultural land and employs more than 60,000 British Columbians, which help build and sustain healthy communities.

Buying more B.C. food supports a more resilient and sustainable food supply with ongoing demand for B.C. food.

B.C. food procurement is important to achieving the health, economic and sustainability objectives of Interior Health.

Does Interior Health use B.C. food now?

Interior Health prepares nearly 5 million meals a year for patients, families and individuals in need in the community. To provide our patients with a variety of quality food year-round, we rely on both local and imported food.

For many years, Interior Health has chosen (when possible) to buy food that is produced or processed in B.C., like milk, bread, and seasonal fruit and vegetables. Interior Health continues to work closely with our suppliers to source more BC food for our patient foodservices.

In 2017/18, over 1.2 million entrée portions were made in the production kitchen in Vernon Jubilee Hospital and approximately 350,000 puree and terrine portions were made in the production kitchen in Penticton Regional Hospital. This food is used to complement other food made on-site at Interior Health's healthcare facilities.

What does Feed BC mean for Interior Health?

Interior Health is committed to increasing the proportion of food that comes from B.C. producers and processors. A working group of foodservices managers and supervisors from across the region has been created to provide advice on advancing Feed BC.

Some recent changes include working with our purchaser, Aramark, to switch to a B.C. ground beef processor, and working with our distributor, Sysco, to switch to a B.C. egg producer. Work is underway to source frozen vegetables from a B.C. producer/processor.

Interior Health will soon have a new culinary support manager working with the Vernon production kitchen to review and develop seasonal menus that feature more B.C. food.

From February to April this year, hospitals in Kelowna, Kamloops, Vernon, Penticton, Oliver, Salmon Arm and Williams Lake will showcase Interior Health's commitment to Feed BC. Patients will get information about Feed BC on tray cards delivered along with their meals. Posters highlighting Feed BC will be displayed in these hospitals as well.

Information about Feed BC will also be available on the Ministry of Agriculture website.

<https://www2.gov.bc.ca/gov/content/industry/agriculture-seafood/growbc-feedbc-buybc/feed-bc>

What are some of the challenges to Interior Health to buying more B.C. food?

For the most part, Interior Health deals with larger suppliers from the region and the lower mainland for our B.C. food purchases. It can be challenging for some smaller producers and processors to meet the guaranteed supply and volume requirements of large healthcare institutions at a competitive price. Product specifications for patient foodservice differ greatly from retail foodservice, notably the portion sizing and packing requirements for tray service. All food must comply with the highest standards for nutrition, allergens and traceability in case of a food recall.

How is Interior Health working with the Ministry of Agriculture?

Interior Health is viewed as a leader in B.C. food procurement and is advising the Ministry of Agriculture and the Ministry of Health on what actions and resources are needed to increase B.C. food procurement in healthcare facilities throughout the province. Some recommendations include assisting local producers to understand and respond to the unique food needs of healthcare institutions, increasing B.C.'s food processing capacity, and supporting B.C. food processors to be able to produce certain products not currently available in B.C.

How can B.C. food producers and processors get involved in Feed BC?

Most B.C. -grown or processed foods are supplied to government facilities through a food distributor. Food producers or processors interested in supplying government facilities should contact the food distribution company for that facility about specific needs and potential opportunities. For Interior Health facilities, they can contact Sysco in Kelowna.

## Appendix E: Ministry of Health Policy Communique

(Note: Communique cover sheet and appendices are not included in this appendix.)



January 9, 2019

1125063

Health Authority Chief Executive Officers

Dear Colleagues:

The Ministry of Health has been working closely with the Ministry of Agriculture to fulfill the commitment in the Minister of Agriculture's mandate letter to initiate Feed BC and increase the use of BC-grown and processed foods. Feed BC benefits our economy by increasing the supply, demand and distribution of BC foods. The Honourable Lana Popham, Minister of Agriculture has identified an aspirational goal of purchasing 30 per cent BC-grown and processed foods (BC food) in schools, hospitals and other facilities. The Ministry of Health is supporting this mandate by working with health authorities to increase procurement of BC food in all health authority owned and/or operated health care facilities.

Engagement with health authorities in January 2018, mapped out current food procurements systems, the status of BC food procurement, and challenges and opportunities for increasing the amount of BC Food purchased in each health authority. Considering these findings, and in partnership with the Ministry of Agriculture, the Ministry of Health is setting out the following direction for health authorities to initiate the implementation of Feed BC:

1. Annual tracking of the amount spent (as a percentage) on BC food, and subsequent reporting to the Ministry of Health beginning in the 2018/19 fiscal year. See Appendix B, Methodology for Determining BC food Spends, for more information.
2. Without violating applicable trade agreement obligations (see Appendix A), seek opportunities with group purchasing organizations, broadline distributors, and contracted food service companies to procure more BC-grown and processed foods.

A procurement specialist will be provided as a resource to health authorities to review and provide advice on existing food commodity and food service contracts. Wherever possible, contract language will be shifted toward the procurement of more BC food.

To this end, this policy communiqué provides the government's direction to contracted food service companies and in-house food operations within a health authority owned or operated health care facility. The Ministry asks that you please forward this policy communiqué and the attached Appendix A, Discussion Paper, to contracted food service company(s) or distributors that operate in your health authority.

...2

Ministry of Health

1515 Blanshard St  
Victoria BC V8W 3C8

Appendices

### Local Food Procurement in BC Healthcare:

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We appreciate your health authority's support to implement this policy initiative. If you have any questions, please do not hesitate to contact Ms. Meghan Day, Provincial Dietitian/Director Nutrition and Physical Activity, Healthy Living and Health Promotion Branch, Population and Public Health Division, by phone at 778-698-9941, or by email at [Meghan.Day@gov.bc.ca](mailto:Meghan.Day@gov.bc.ca).

Yours sincerely,



Matt Herman  
Executive Lead

Enclosures

pc: Honourable Lana Popham, Minister of Agriculture  
Mr. Andrew Pattison, Corporate Director, Support Services, IHA  
Mr. Murray Hutchinson, Corporate Director, General Support Services, VIHA  
Ms. Anna Bozac, Senior Director, Support Services – Food Operations,  
Lower Mainland Business Initiatives and Support Services  
Ms. Lois Barney, Director Support Services, NHA  
Ms. Lynn Nabata, Director Food Services, VIHA  
Mr. Sunny Mak, Regional Director, Vancouver Coastal Health  
Ms. Meghan Day, Provincial Dietitian/Director Nutrition and Physical Activity,  
Healthy Living and Health Promotion Branch