

RE: COVID 19 and Retail Food Services

From: Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca>
To: Nabata, Lynn [VIHA] <Lynn.Nabata@viha.ca>, Koenig, Donna [IHA] <Donna.Koenig@interiorhealth.ca>, Wade, June [VIHA] <June.Wade@viha.ca>, Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>, Laframboise, Natalie HLTH:EX (Natalie.Laframboise@gov.bc.ca) <Natalie.Laframboise@gov.bc.ca>, Finch, Stefanie [NHA] <Stefanie.Finch@northernhealth.ca>, Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>, Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca>, Laframboise, Natalie HLTH:EX
Sent: March 13, 2020 10:04:56 AM PDT
Received: March 13, 2020 10:04:59 AM PDT
Hi Lynn

This was a directive that came out and as of March 12th

A directive from FHA EOC;

Effective immediately, all FHA Retail food service outlets 'customer self-serve stations for food items' are to either adapted to 'retail staff serving only' or be shut down.

This includes (but not limited to) soup stations, customers self-serve baked goods, etc.

There is no closure of this service at this time. this would take effect if there was no staff to run the service at this point.

Thanks Linda

From: Nabata, Lynn <Lynn.Nabata@viha.ca>
Sent: Friday, March 13, 2020 10:02 AM
To: Koenig, Donna [IHA] <Donna.Koenig@interiorhealth.ca>; Wade, June [VIHA] <June.Wade@viha.ca>; Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca>; Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>; Laframboise, Natalie HLTH:EX (Natalie.Laframboise@gov.bc.ca) <Natalie.Laframboise@gov.bc.ca>; Finch, Stefanie [NHA] <Stefanie.Finch@northernhealth.ca>; Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>; Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca>
Subject: COVID 19 and Retail Food Services
Importance: High

Hi all,

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Have you made any changes in Retail yet? Specifically,

1. Have you stopped self service (i.e. people dispensing their own coffee, people ladling soup, etc)?
2. Are you considering closing retail to limit interaction of staff?

Also, as FS Provincial Tech Team, I am suggesting that we keep these lines of communication open. We can keep each other updated and use this group as a resource, as things unfold and we need to take action(s) within our respective HA's.

Natalie, I wasn't sure if I should include you as these will be largely operational issues. Please advise if you want to be removed.

Thanks
Lynn

RE: COVID 19 and Nourishment centres/fridges on units

From: Koenig, Donna <Donna.Koenig@interiorhealth.ca>
To: Nabata, Lynn <Lynn.Nabata@viha.ca>, Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca>, Wade, June <June.Wade@viha.ca>, Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>, Laframboise, Natalie HLTH:EX (Natalie.Laframboise@gov.bc.ca) <Natalie.Laframboise@gov.bc.ca>, Finch, Stefanie [NHA] <Stefanie.Finch@northernhealth.ca>, Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>, Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca>, Laframboise, Natalie HLTH:EX
Sent: March 13, 2020 10:57:38 AM PDT
Received: March 13, 2020 10:57:42 AM PDT
No closure from this area. But definitely something to review.

From: Nabata, Lynn [mailto:Lynn.Nabata@viha.ca]
Sent: Friday, March 13, 2020 10:51 AM
To: 'Forbes, Linda [FH]'; Koenig, Donna; Wade, June; Mak, Sunny [VCH]; Laframboise, Natalie HLTH:EX (Natalie.Laframboise@gov.bc.ca); Finch, Stefanie [NHA]; Hartnell, Tina [FH]; Hagel, Margaret [FH]
Subject: RE: COVID 19 and Nourishment centres/fridges on units

Thanks, Linda. This is great info.

Another question, but now with nourishment centres/patient ward kitchenettes, are any HA's making changes to these areas? Patient/visitors can self-serve some items.

Thanks
Lynn

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Sent: Friday, March 13, 2020 10:05 AM
To: Nabata, Lynn <Lynn.Nabata@viha.ca>; Koenig, Donna [IHA] <Donna.Koenig@interiorhealth.ca>; Wade, June <June.Wade@viha.ca>; Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>; Laframboise, Natalie HLTH:EX (Natalie.Laframboise@gov.bc.ca) <Natalie.Laframboise@gov.bc.ca>; Finch, Stefanie [NHA] <Stefanie.Finch@northernhealth.ca>; Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>; Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca>
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(Natalie.Laframboise@gov.bc.ca) <Natalie.Laframboise@gov.bc.ca>; Finch, Stefanie [NHA] <Stefanie.Finch@northernhealth.ca>; Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>; Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca>

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Sent: March 13, 2020 11:08:44 AM PDT
Received: March 13, 2020 11:08:49 AM PDT

They may close down these areas to prevent any access as we do when there is outbreaks

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Sent: Friday, March 13, 2020 10:51 AM
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From: Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>
To: Nabata, Lynn [VIHA] <Lynn.Nabata@viha.ca>, Koenig, Donna [IHA] <Donna.Koenig@interiorhealth.ca>, Wade, June [VIHA] <June.Wade@viha.ca>, Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca>, Laframboise, Natalie HLTH:EX (Natalie.Laframboise@gov.bc.ca) <Natalie.Laframboise@gov.bc.ca>, Finch, Stefanie [NHA] <Stefanie.Finch@northernhealth.ca>, Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>, Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca>, Laframboise, Natalie HLTH:EX
Sent: March 13, 2020 11:31:48 AM PDT
Received: March 13, 2020 11:31:53 AM PDT
Attachments: Retail Food Service provider email wording for COVID 19 March 11 2020 V2....docx, Retail COVID 19 operational options March 13 2020.docx

Hello,

I've attached two documents that have been forwarded to our service providers regarding our current retail services.

Thanks

Sunny

From: Nabata, Lynn [mailto:Lynn.Nabata@viha.ca]
Sent: Friday, March 13, 2020 10:02 AM
To: Koenig, Donna [IHA] <Donna.Koenig@interiorhealth.ca>; Wade, June [VIHA] <June.Wade@viha.ca>; Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca>; Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>; Laframboise, Natalie HLTH:EX (Natalie.Laframboise@gov.bc.ca) <Natalie.Laframboise@gov.bc.ca>; Finch, Stefanie [NHA] <Stefanie.Finch@northernhealth.ca>; Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>; Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca>
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Thanks
Lynn

Partners,

As COVID-19 continues to evolve, emerging information and best practices are coming forward with recommendations for retail food service operators.

At this time I do not have further direction from Public Health for our healthcare retail food service operations. Emerging information, requests and directives are beginning to come from various emergency operation centres (EOC's).

I strongly encourage you to review your retail food operations on an outlet by outlet basis to ensure practices are aligned to Environmental Health Officer direction and Public Health standards.

Increased vigilance in all areas of safe food handling and food premise cleaning in your outlets is likely already happening. Proper sanitization and food safety techniques like thorough hand-washing and increasing the frequency of surface disinfection are critical to safeguarding public health.

Private sector retail food services (outside of healthcare) are adapting their operations; reflecting some common sense practice changes and customer feedback. Starbucks, Tim Horton's and many other retailers are either permanently or temporarily modifying customer service practices in light of the emerging situation. Some of these changes are now occurring at our hospital branded retail outlets.

Our health authority stakeholders and site leaders may already be providing feedback and direction to modify your service model. I would ask you to work closely with your site BISS Support Service Manager to find solutions to implement site level directives.

In an effort to standardize some of our best practice responses, BISS has adapted a table...originally developed by Leta Hill and the Compass Canada team...to assist you with alternative ways to serve products.

The table indicates your options for serving items in your cafeterias and coffee kiosks. Please adhere to these options, however if your site leadership requires an alternative, please adapt to their direction.

As the situation continues to evolve and new information comes forward, we will update you.

I greatly appreciate your flexibility.

Should you have any questions, please do not hesitate to contact me.

Thank you

Self-Serve - Products/Services	Select a method from these options
Baked goods - Muffins/Cookies/Squares/etc.	Move item to be served by retail staff or Individually plastic wrap in-house or Purchase individually wrapped
Whole fruits (Consumable peel/skin – example: apple)	Move item to be served by retail staff or Individually plastic wrap in-house or Offer alternative fruit cups
Toasting - bread/bagels/etc.	Move item to be toasted and served by retail staff or close station
Desert station	Move item to be served by retail staff or Individually plastic wrap in-house or Purchase individually wrapped
Bulk candy/nuts/snacks/etc.	Move item to be served by retail staff or Individually plastic wrap in-house or Purchase individually wrapped
Ice cream/Yogurt/Fruit bars or machines	Prepackaged frozen desserts/fruit cups or close station
Cutlery/Utensils	Implement individual plastic utensil dispensers or retail staff wraps plastic around sets of utensils or Purchase packaged utensils sets
Ware wash items (eg. plates, cups)	Move item to be served by retail staff or close station
Straws	Purchase individually paper wrapped straws and make available upon request
Customer self-serve beverage stations: cups/lids/stir sticks	Move item to be served by retail staff
Consumers Refillable cups/Personal containers	Discontinue this service option until further notice
Condiments (ketchup/mustard/syrup/etc.)	Provide individual serving portions only (no bulk dispensed condiments).
Coffee Milk/Cream air pots/cartons	Provide individual serving portions only (no bulk dispensed cream/milk).
Catering/Bufkets	No open platters, wrapped sandwiches/desserts or Box lunches or retail staff served catering only
Salad Bars or Hot Buffet	Move item to be served by retail staff or Replace with pre-packaged dishes
Hot breakfast cereals/soups/chili/pizza/etc	Move item to be served by retail staff or Replace with pre-packaged dishes

RE: Covid Questions

From: Wade, June <June.Wade@viha.ca>
To: Koenig, Donna <Donna.Koenig@interiorhealth.ca>, Nabata, Lynn <Lynn.Nabata@viha.ca>, linda.forbes@fraserhealth.ca, Mak, Sunny [VC] <Sunny.Mak3@vch.ca>, Hartnell, Tina (Tina.Hartnell@fraserhealth.ca) <Tina.Hartnell@fraserhealth.ca>, Barney, Lois [NHA] <Lois.Barney@northernhealth.ca>, Hagel, Margaret (Margaret.Hagel@fraserhealth.ca) <Margaret.Hagel@fraserhealth.ca>, Cooke, Cheryl <Cheryl.Cooke@interiorhealth.ca>, Laframboise, Natalie HLTH:EX (Natalie.Laframboise@gov.bc.ca) <Natalie.Laframboise@gov.bc.ca>, Miller, Loral R. <Loral.Miller@viha.ca>, Hartnell, Tina (Tina.Hartnell@fraserhealth.ca), Hagel, Margaret (Margaret.Hagel@fraserhealth.ca), Laframboise, Natalie HLTH:EX
Sent: March 17, 2020 11:28:13 AM PDT
Received: March 17, 2020 11:28:19 AM PDT
Attachments: image001.png

Hi all,

Face Shield was not recommended due to scarcity. The wearing of protection of goggles and mask is supposed to be followed daily but is not. The staff are wanting to follow this protocol now and we definitely are supporting them. We are ordering more goggles.

June

June Wade, RD

Regional Manager, Food Services, North Island
Cell/Text: 250-203-0414
Fax: 250-331-8506

june.wade@viha.ca

Protein helps to replenish neurotransmitters in the brain. Neurotransmitters help to motivate and focus your mind!



From: Koenig, Donna <Donna.Koenig@interiorhealth.ca>
Sent: Tuesday, March 17, 2020 11:25 AM
To: Wade, June <June.Wade@viha.ca>; Nabata, Lynn <Lynn.Nabata@viha.ca>; linda.forbes@fraserhealth.ca; Mak, Sunny [VC] <Sunny.Mak3@vch.ca>; Hartnell, Tina (Tina.Hartnell@fraserhealth.ca) <Tina.Hartnell@fraserhealth.ca>; Barney, Lois [NHA] <Lois.Barney@northernhealth.ca>; Hagel, Margaret (Margaret.Hagel@fraserhealth.ca) <Margaret.Hagel@fraserhealth.ca>; Cooke, Cheryl <Cheryl.Cooke@interiorhealth.ca>; Laframboise, Natalie HLTH:EX (Natalie.Laframboise@gov.bc.ca) <Natalie.Laframboise@gov.bc.ca>
Subject: RE: Covid Questions

Hi June;

In food services we use Final Step 512

We were just informed to use Oxivir for cafeteria cleaning. We used before the Final Step J-512 , the kitchen chemical in these areas.

	Quaternary ammonium	512 SANITIZER	DIVERSEY, INC.	Coronavirus	10 minutes	DILUTABLE
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The list provided is great. Interesting is that each HA seems to use different products, even when from same supplier.

Dishroom: larger dish rooms use a face shield as they presoak a lot in large bins, smaller facilities don't wear anything.

Wearing goggles/ face shield. Was this recommended due to in house outbreaks or for a guideline for COVID precautions ?

From: Wade, June [<mailto:June.Wade@viha.ca>]

Sent: Tuesday, March 17, 2020 11:00 AM

To: Koenig, Donna; Nabata, Lynn; linda.forbes@fraserhealth.ca; Mak, Sunny [VC]; Hartnell, Tina (Tina.Hartnell@fraserhealth.ca); Barney, Lois [NHA]; Hagel, Margaret (Margaret.Hagel@fraserhealth.ca); Cooke, Cheryl; Laframboise, Natalie HLTH:EX (Natalie.Laframboise@gov.bc.ca)

Subject: Covid Questions

Hello everyone,

I have a few questions as to what you are currently doing with respect to Covid:

1. Have you changed your cleaning practices in the kitchen?
 - We are using Diversey D10 to clean all areas of the kitchen but making sure that staff do not rub it off as our EHO said it must sit for 10 minutes. See below:
 - [EPA-approved agents for emerging viral pathogens](#) (link) – According to US EPA most Quat disinfectants 200-400ppm need wet contact time of ~10minutes for effective disinfection when Covid-19 is the target.
 - Housekeeping is using Oxivir.
 - Food Services is using Oxivir for cell phones, computers, and POS systems.
2. What PPE are you using in dishrooms?
 - Due to the risk of splash from trays on the dirty end of the dishroom some staff wear face shields.....now they are all wanting to wear face shields.
 - It is a Workplace Health and Safety guideline to cover the eye, mouth and nose. I had a meeting with our IPC people and they have told us that reusable goggles with paper face masks is adequate.
3. As of now we have not closed our patient nourishment centres. We have patient nourishment fridges in the med rooms that keep our patient snacks and are controlled by nursing.

4. We have moved all food and beverages behind the café counter other than the grab and go items.
We have also moved tables to be far apart.

Looking forward to hearing from you all.

Thanks,

June

June Wade, RD

Regional Manager, Food Services, North Island
Cell/Text: 250-203-0414
Fax: 250-331-8506

june.wade@viha.ca

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Sysco needs - HA facility unloading

From: Bouris, Kristina AGRI:EX <Kristina.Bouris@gov.bc.ca>, Bouris, Kristina AFF:EX <Kristina.Bouris@gov.bc.ca>
To: Anslow, Martha AGRI:EX <Martha.Anslow@gov.bc.ca>, Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>, Anslow, Martha AFF:EX
Sent: March 26, 2020 1:02:21 PM PDT
Received: March 26, 2020 1:02:22 PM PDT

Hi,

Ryan Thiessen (Sysco Kelowna Health Account Manager) just called asking for help in elevating an emerging issue to higher levels of government. To reduce exposure, Sysco, like GFS, has shifted to a "tailgate" delivery protocol, where the trucks back up, unload and then phone the customer to come get the boxes from the loading bay. HA/kitchen staff are now having to move the boxes inside. Sysco is concerned that this is creating a strain on health facilities, especially at small facilities, where they don't have big people to haul boxes, and that staff are being diverted from their important work.

They wanted to alert government to this issue, and wondered if there could be some emergency support considered for HAs to be able to pay for temporary receivers, or other intervention right now?

Martha/ Natalie – can we elevate this?

Ryan Thiessen | Account Executive, Healthcare and Senior Living British Columbia Region
p. (250) 766-6027 c. (250) 869-9785 Thiessen.ryan@kelowna.sysco.ca

Kristina

FW: new delivery protocol

From: Bouris, Kristina AGRI:EX <Kristina.Bouris@gov.bc.ca>, Bouris, Kristina AFF:EX <Kristina.Bouris@gov.bc.ca>
To: Anslow, Martha AGRI:EX <Martha.Anslow@gov.bc.ca>, Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>, Anslow, Martha AFF:EX
Sent: March 26, 2020 1:10:27 PM PDT
Received: March 26, 2020 1:10:29 PM PDT
Attachments: Tailgate Delivery Document 7.0.pdf, image001.png

Here are details of the new tailgate protocol in case you need more info.

From: Thiessen, Ryan 162 <Thiessen.Ryan@kelowna.sysco.ca>
Sent: March 26, 2020 1:04 PM
To: Bouris, Kristina AGRI:EX <Kristina.Bouris@gov.bc.ca>
Subject: new delivery protocol

Hi Kristina,

Thanks for taking my call earlier.
Attached is our new "Tailgate" delivery protocol

Sorry for the short message, jumping to another call.
Let me know if you have any other questions.

Ryan Thiessen | Account Executive, Healthcare and Senior Living
British Columbia Region
9385 Jim Bailey Rd, Winfield Industrial Park, Kelowna, BC V4V 1S4, Canada
p. (250) 766-6027 c. (250) 869-9785

Thiessen.ryan@kelowna.sysco.ca



@SyscoKelowna on [Facebook](#) | [Instagram](#)

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TAILGATE DELIVERY DOCUMENT

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Re: Sysco/GFS Tailgate Delivery

From: Koenig, Donna <Donna.Koenig@interiorhealth.ca>
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Sent: March 26, 2020 4:18:22 PM PDT
Received: March 26, 2020 4:18:26 PM PDT

My concern is current practice food goes directly into coolers / freezers by delivery personnel. Depending on the kitchen employees to load from docks and move into appropriate temp controlled places timely is not going to happen .
Kitchen teams are stretched already but changes in dining room services for the social distancing .
We are all short of employees everywhere .
If we cannot make it work I know for my sites I may have to ask for a worker for each sure twice a week .
Just to do the deliveries .
I have been told it may also include milk deliveries and bread etc .
I don't think everyone understands food cannot stop preparing . Serving and clean up for next service to fit in loading from dock these supplies .
Larger facilities may not feel this due to they may have daily orders so receivers on staff.
Thanks for listening . Not usually a negative person but find this delivery process not in the best interest of food safety .
Thanks as always for your support
D

Sent from my iPhone

On Mar 26, 2020, at 4:06 PM, "Laframboise, Natalie HLTH:EX" <Natalie.Laframboise@gov.bc.ca> wrote:

Thanks Donna,

I don't know at this point (these decisions would be made much higher than me) but rather I'm trying to gauge if this is a real issue directly with HA's right now since it was Sysco that suggested it might be.

Thanks for confirming.

Hope you are well and safe.

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

From: Koenig, Donna <Donna.Koenig@interiorhealth.ca>
Sent: March 26, 2020 4:04 PM
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Subject: Re: Sysco/GFS Tailgate Delivery

Hi Natalie

Yes this is an issue for smaller sites that do not have receivers which in IH is majority of sites.

Would there be finding available for this ?

Sent from my iPhone

On Mar 26, 2020, at 3:28 PM, "Laframboise, Natalie HLTH:EX" <Natalie.Laframboise@gov.bc.ca> wrote:

Hi everyone,

Sysco has asked us to elevate an emerging issue you may all be facing. To reduce exposure, Sysco, like GFS, has shifted to a "tailgate" delivery protocol, where the trucks back up, unload and then phone the customer to come get the boxes from the loading bay. HA/kitchen staff are now having to move the boxes inside. Sysco is concerned that this is creating a strain on health facilities, especially at small facilities, where they don't have big people to haul boxes, and that staff are being diverted from their important work. They wanted to alert government to this issue, and wondered if there could be some emergency support considered for HAs to be able to pay for temporary receivers, or other intervention right now.

I can elevate this issue to our Health Emergency Coordination Centre but wanted to first get a sense from you folks if this is something you are experiencing or anticipate will become an issue.

I realize you folks are so busy right now but if you are able to send me a quick response, that would be greatly appreciated.

Thanks
Natalie

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

<Tailgate Delivery Document 7.0.pdf>

Hospital Foodservices & Food Deliveries

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
To: HECC Operations HLTH:EX
Cc: Day, Meghan HLTH:EX, Robinson, Jonathan M HLTH:EX
Sent: March 26, 2020 5:32:40 PM PDT
Received: March 26, 2020 5:32:00 PM PDT
Attachments: Tailgate Delivery Document 7.0.pdf

Hello,

I've been made aware that our two broadline distributors (Sysco and GFS) have changed their policies for delivering food into our hospitals and health care facilities. Attached is Sysco's notice for reference.

To reduce exposure, they are using a "tailgate" delivery protocol, where the trucks back up, unload and then phone the customer to come get the boxes from the loading bay. Health authority foodservice staff will have to move the boxes inside themselves. This poses major operational and food safety challenges for our health care facilities especially smaller sites that may not have able bodies to do this work. Further, as one of my HA colleagues confirmed:

Depending on the kitchen employees to load from docks and move into appropriate temp controlled places timely is not going to happen. Kitchen teams are stretched already due to changes in dining room services for the social distancing. We are all short of employees everywhere. I don't think everyone understands we cannot stop preparing food.

My understanding of the immediate need right now is staff to help with these additional pressures.

Thank you
Natalie

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian
Ministry of Health
Work Phone: 778-698-5634 | Cell Phone: 250-589-2903
Email: natalie.laframboise@gov.bc.ca
Fax: 250-952-1570
Mailing Address: 1515 Blanshard St, 4-2 | PO Box 9646 Stn Prov Govn't | Victoria BC | V8W 9P1

RE: Sysco/GFS Tailgate Delivery

From: Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>, Wade, June [VIHA] <June.Wade@viha.ca>, Koenig, Donna [IHA] <Donna.Koenig@interiorhealth.ca>, Nabata, Lynn [VIHA] <Lynn.Nabata@viha.ca>, Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca>, Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>, Barney, Lois [NHA] <Lois.Barney@northernhealth.ca>, Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca>, Cooke, Cheryl [IHA] <Cheryl.Cooke@interiorhealth.ca>, Miller, Laural R. [VIHA] <Laural.Miller@viha.ca>
Cc: Karmali, Noordin [FH] <Noordin.Karmali@fraserhealth.ca>
Sent: March 26, 2020 6:55:55 PM PDT
Received: March 26, 2020 6:56:10 PM PDT
Hi,

I have escalated the issue to our FH EOC and working with PHSA logistics for options. Noordin and I have been gathering data on the impact on our sites to send to PHSA leads.

We have two suppliers no longer delivering to our departments – GFS and Island Farms – Agripur.

This is an added strain to food services, increased risk of food safety, increased risk of staff injury as they are not trained to operate power jacks (and may not have access to one) to move large pallets to the department area.

Not all sites are impacted the same as it depends on the location of the receiving dock in the facility – most of our FH sites are impacted.

Recruitment is pressured to hire staff for many areas right now and some of which are already running short staff. Setting up an alternate receiving process is to move deliveries from the loading dock is an urgent issue for sites right now.

Tina

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Sent: Thursday, March 26, 2020 3:28 PM
To: Wade, June [VIHA] <June.Wade@viha.ca>; Koenig, Donna [IHA] <Donna.Koenig@interiorhealth.ca>; Nabata, Lynn [VIHA] <Lynn.Nabata@viha.ca>; Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca>; Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>; Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>; Barney, Lois [NHA] <Lois.Barney@northernhealth.ca>; Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca>; Cooke, Cheryl [IHA] <Cheryl.Cooke@interiorhealth.ca>; Miller, Laural R. [VIHA] <Laural.Miller@viha.ca>
Subject: Sysco/GFS Tailgate Delivery
Importance: High

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Natalie

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

RE: Tailgate Delivery concerns

From: Thiessen, Ryan 162 <Thiessen.Ryan@kelowna.sysco.ca>
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Cc: Bouris, Kristina AGRI:EX <Kristina.Bouris@gov.bc.ca>, Cornish, Lauren <Cornish.Lauren@kelowna.sysco.ca>, Wiebe, Noelle T 162 <Wiebe.Noelle@kelowna.sysco.ca>, Bowles, Cameron B 162 <Bowles.Cameron@kelowna.sysco.ca>, Bouris, Kristina AFF:EX
Sent: March 27, 2020 11:22:33 AM PDT
Received: March 27, 2020 11:22:42 AM PDT
Attachments: image001.png

Hi Natalie,

Thanks for taking this concern to the next level.

Lets hope there's some relief for the hard working food service folks at all health care sites across the province.

Stay safe, have a nice weekend.

Ryan Thiessen | Account Executive, Healthcare and Senior Living
British Columbia Region
9385 Jim Bailey Rd, Winfield Industrial Park, Kelowna, BC V4V 1S4, Canada
p. (250) 766-6027 c. (250) 869-9785

Thiessen.ryan@kelowna.sysco.ca



@SyscoKelowna on [Facebook](#) | [Instagram](#)

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From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Sent: Friday, March 27, 2020 11:07 AM
To: Thiessen, Ryan 162 <Thiessen.Ryan@kelowna.sysco.ca>
Cc: Bouris, Kristina AGRI:EX <Kristina.Bouris@gov.bc.ca>
Subject: Tailgate Delivery concerns

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe

Hi Ryan,

Wanted to give you an update that Kristina has brought forward your concerns re: tailgate delivery to me yesterday. I have reached out to all the health authorities who have confirmed they are very concerned about the impact this will have to foodservices.

I have raised this with our Health Emergency Coordination Centre, they have responded that they have received my note but so far that's all I know.

s.22

feel free to connect with me directly on this issue.

Thanks
Natalie

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian
Ministry of Health
Work Phone: 778-698-5634 | Cell Phone: 250-589-2903
Email: natalie.laframboise@gov.bc.ca
Fax: 250-952-1570
Mailing Address: 1515 Blanshard St, 4-2 | PO Box 9646 Stn Prov Govn't | Victoria BC | V8W 9P1

RE: Hospital Foodservices & Food Deliveries

From: HECC Operations HLTH:EX <Hecc.Operations@gov.bc.ca>
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Cc: Day, Meghan HLTH:EX <Meghan.Day@gov.bc.ca>, Robinson, Jonathan M HLTH:EX <Jonathan.Robinson@gov.bc.ca>
Sent: March 30, 2020 1:46:27 PM PDT
Received: March 30, 2020 1:46:28 PM PDT
Hi, Natalie

I've asked the folks handing this for an update and will let you know.

Keren

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Sent: March 30, 2020 1:35 PM
To: HECC Operations HLTH:EX <Hecc.Operations@gov.bc.ca>
Cc: Day, Meghan HLTH:EX <Meghan.Day@gov.bc.ca>; Robinson, Jonathan M HLTH:EX <Jonathan.Robinson@gov.bc.ca>
Subject: RE: Hospital Foodservices & Food Deliveries

Thanks Keren,

Will we be updated on the status of this? I'm in direct contact with each health authority foodservice department and invariably they will be looking to me for an update.

Thanks
Natalie

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

From: HECC Operations HLTH:EX <Hecc.Operations@gov.bc.ca>
Sent: March 27, 2020 10:05 AM
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Cc: Day, Meghan HLTH:EX <Meghan.Day@gov.bc.ca>; Robinson, Jonathan M HLTH:EX <Jonathan.Robinson@gov.bc.ca>
Subject: RE: Hospital Foodservices & Food Deliveries

Thanks, Natalie

Well received and I will pass this information forward.

Keren Massey

Operations | Health Emergency Coordination Centre

Emergency Management Unit – Ministry of Health

For after hours or non-activation related incidents please contact the Provincial Health Duty Officer Ph: 250-686-6061

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Sent: March 26, 2020 5:33 PM

To: HECC Operations HLTH:EX <Hecc.Operations@gov.bc.ca>

Cc: Day, Meghan HLTH:EX <Meghan.Day@gov.bc.ca>; Robinson, Jonathan M HLTH:EX <Jonathan.Robinson@gov.bc.ca>

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Natalie

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RE: Hospital Foodservices & Food Deliveries

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
To: Will, Meghan HLTH:EX
Cc: Therrien, Darlene HLTH:EX, HECC Operations HLTH:EX, Dauncey-Elwood, Alexandra HLTH:EX, Day, Meghan HLTH:EX
Sent: April 2, 2020 10:06:00 AM PDT
Received: April 2, 2020 10:05:00 AM PDT
Attachments: Re: Sysco/GFS Tailgate Delivery

Hi Meghan,

Thanks for circling back to me on this issue. The folks that I consulted with are responsible for foodservices across health authorities both in acute and residential care settings. These folks are members of the provincial foodservices technical team (managers and directors) that I regularly connect with on all of our files related to food in health care. Attached is the email train from them indicating their concern (and I have summarized below). I'm happy to connect you directly to any of these people if that would be helpful to provide you with a fulsome understanding of the issues being brought forward.

Thanks Natalie.

Northern Health

In our small facilities with only one or two staff on duty, stopping meal service to put groceries away will be one of our challenges. Several of our loading docks are a distance from our kitchens - we have been experiencing some staffing shortages already with more to come for sure. Agree - food safety issue, pilferage prior to us getting to the delivery, additional workload on FS Dept with no bodies to do this work.

Island Health

We were informed on Monday by GFS that they were making his change immediately. I appealed to them to give us more notice by to no avail. I echo all of Tina's concerns below. Like FHA, some sites are impacted more than others. If I had time, I would be asking Legal to look into this. Is there any way that the Ministry can say this is essential?

Fraser Health/PHSA

I have escalated the issue to our FH EOC and working with PHSA logistics for options. Noordin and I have been gathering data on the impact on our sites to send to PHSA leads. We have two suppliers no longer delivering to our departments – GFS and Island Farms – Agropur. This is an added strain to food services, increased risk of food safety, increased risk of staff injury as they are not trained to operate power jacks (and may not have access to one) to move large pallets to the department area. Not all sites are impacted the same as it depends on the location of the receiving dock in the facility – most of our FH sites are impacted. Recruitment is pressured to hire staff for many areas right now and some of which are already running short staff. Setting up an alternate receiving process is to move deliveries from the loading dock is an urgent issue for sites right now.

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Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

From: Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>
Sent: April 1, 2020 1:35 PM
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Cc: Therrien, Darlene HLTH:EX <Darlene.Therrien@gov.bc.ca>; HECC Operations HLTH:EX

<Hecc.Operations@gov.bc.ca>; Dauncey-Elwood, Alexandra HLTH:EX <Alexandra.Dauncey-Elwood@gov.bc.ca>
Subject: FW: Hospital Foodservices & Food Deliveries

Hi Natalie,

I wanted to confirm for you that I raised this with our HA Home and Community Care leads today and there were no issues raised on the ground as a result of this change by Sysco and GFS. I can confirm that Darlene has done the same on the acute care side, also with no issues to report.

We will consider this issue closed from our perspective.

Thanks,

Meghan

From: HECC Operations HLTH:EX <Hecc.Operations@gov.bc.ca>

Sent: March 30, 2020 1:46 PM

To: Therrien, Darlene HLTH:EX <Darlene.Therrien@gov.bc.ca>; Dauncey-Elwood, Alexandra HLTH:EX <Alexandra.Dauncey-Elwood@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>

Subject: RE: Hospital Foodservices & Food Deliveries

Hi, just wanted to follow up on this as Natalie has asked for any update.

Thanks,

Keren

From: Therrien, Darlene HLTH:EX <Darlene.Therrien@gov.bc.ca>

Sent: March 27, 2020 2:42 PM

To: Dauncey-Elwood, Alexandra HLTH:EX <Alexandra.Dauncey-Elwood@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; HECC Operations HLTH:EX <Hecc.Operations@gov.bc.ca>

Subject: RE: Hospital Foodservices & Food Deliveries

Thanks

Meghan

We should talk as I think that there needs to be one solution for facilities. We can tag team this one...

Darlene

From: Dauncey-Elwood, Alexandra HLTH:EX

Sent: March 27, 2020 2:25 PM

To: Will, Meghan HLTH:EX; HECC Operations HLTH:EX; Therrien, Darlene HLTH:EX

Subject: RE: Hospital Foodservices & Food Deliveries

Hi Darlene,

See Meghan's note – this is ncov-412

Tailgate Delivery - Drivers not moving boxes inside

To reduce exposure, they are using a "tailgate" delivery protocol, where the trucks back up, then phone the customer to come get the boxes from the loading bay. Health authority food will have to move the boxes inside themselves. This poses major operational and food safety for our health care facilities especially smaller sites that may not have able bodies to do this

From: Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>
Sent: March 27, 2020 2:20 PM
To: HECC Operations HLTH:EX <Hecc.Operations@gov.bc.ca>
Cc: Dauncey-Elwood, Alexandra HLTH:EX <Alexandra.Dauncey-Elwood@gov.bc.ca>
Subject: RE: Hospital Foodservices & Food Deliveries

Thanks Alex, I will action it related to seniors LTC/AL etc. but you should also forward it as a joint action item under Darlene as well given their policy is for acute care also.

M

From: HECC Operations HLTH:EX <Hecc.Operations@gov.bc.ca>
Sent: March 27, 2020 10:06 AM
To: Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>
Cc: Dauncey-Elwood, Alexandra HLTH:EX <Alexandra.Dauncey-Elwood@gov.bc.ca>
Subject: FW: Hospital Foodservices & Food Deliveries

Meghan, I see that you were cc'd in on the email below.

Does this mean that you will be taking this issue forward for action or should Alex direct it to someone else?

Alex, please add to the tracker and assign as per Meghan's guidance.

Thanks,
Keren

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Sent: March 26, 2020 5:33 PM
To: HECC Operations HLTH:EX <Hecc.Operations@gov.bc.ca>
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Thank you
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Re: Hospital Foodservices & Food Deliveries

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To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Cc: Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, HECC Operations HLTH:EX <Hecc.Operations@gov.bc.ca>, Dauncey-Elwood, Alexandra HLTH:EX <Alexandra.Dauncey-Elwood@gov.bc.ca>, Day, Meghan HLTH:EX <Meghan.Day@gov.bc.ca>, Rains, Derek HLTH:EX <Derek.Rains@gov.bc.ca>
Sent: April 3, 2020 10:55:25 AM PDT
Received: April 3, 2020 10:55:26 AM PDT

Thanks for the update Natalie.

Copying in Derek as he is covering for me as back-up in the HECC next week.

Take Care,
Darlene
Cell 250-217-2818

On Apr 3, 2020, at 10:43 AM, Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca> wrote:

Hi Darlene,

I've done some further investigating with HA's and PHSA logistics. I can confirm for now that HA's have reassigned or repurposed staff to assist for the time being. However, I've asked them to keep me apprised if this short-term solution becomes unmanageable.

s.13

Thanks
Natalie

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

From: Therrien, Darlene HLTH:EX <Darlene.Therrien@gov.bc.ca>
Sent: April 2, 2020 10:32 AM
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>
Cc: HECC Operations HLTH:EX <Hecc.Operations@gov.bc.ca>; Dauncey-Elwood, Alexandra HLTH:EX <Alexandra.Dauncey-Elwood@gov.bc.ca>; Day, Meghan HLTH:EX <Meghan.Day@gov.bc.ca>
Subject: RE: Hospital Foodservices & Food Deliveries

Thanks Natalie for providing more detail on this.

I notice that FHA EOC was raising with PHSA logistics. Would you please reach out to your contact at FHA to see if there is something happening through that front.
We are here to help but do not want to set something in motion if it is already being dealt with by PHSA Logistics.

Looking forward to you update.
Thanks

*Take Care,
Darlene*

From: Laframboise, Natalie HLTH:EX
Sent: April 2, 2020 10:06 AM
To: Will, Meghan HLTH:EX
Cc: Therrien, Darlene HLTH:EX; HECC Operations HLTH:EX; Dauncey-Elwood, Alexandra HLTH:EX; Day, Meghan HLTH:EX
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Tailgate Delivery - Drivers
not moving boxes inside

To reduce exposure, they are using a "tailgate" delivery protocol, where the trucks back up, then phone the customer to come get the boxes from the loading bay. Health authorities will have to move the boxes inside themselves. This poses major operational and food safety challenges for our health care facilities especially smaller sites that may not have able bodies to do this work.

From: Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>
Sent: March 27, 2020 2:20 PM
To: HECC Operations HLTH:EX <Hecc.Operations@gov.bc.ca>
Cc: Dauncey-Elwood, Alexandra HLTH:EX <Alexandra.Dauncey-Elwood@gov.bc.ca>
Subject: RE: Hospital Foodservices & Food Deliveries

Thanks Alex, I will action it related to seniors LTC/AL etc. but you should also forward it as a joint action item under Darlene as well given their policy is for acute care also.

M

From: HECC Operations HLTH:EX <Hecc.Operations@gov.bc.ca>
Sent: March 27, 2020 10:06 AM
To: Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>
Cc: Dauncey-Elwood, Alexandra HLTH:EX <Alexandra.Dauncey-Elwood@gov.bc.ca>
Subject: FW: Hospital Foodservices & Food Deliveries

Meghan, I see that you were cc'd in on the email below.

Does this mean that you will be taking this issue forward for action or should Alex direct it to someone else?

Alex, please add to the tracker and assign as per Meghan's guidance.

Thanks,
Keren

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Sent: March 26, 2020 5:33 PM
To: HECC Operations HLTH:EX <Hecc.Operations@gov.bc.ca>
Cc: Day, Meghan HLTH:EX <Meghan.Day@gov.bc.ca>; Robinson, Jonathan M HLTH:EX <Jonathan.Robinson@gov.bc.ca>
Subject: Hospital Foodservices & Food Deliveries

Hello,

I've been made aware that our two broadline distributors (Sysco and GFS) have changed their policies for delivering food into our hospitals and health care facilities. Attached is Sysco's notice for reference.

To reduce exposure, they are using a "tailgate" delivery protocol, where the trucks back up, unload and then phone the customer to come get the boxes from the loading bay. Health authority foodservice staff will have to move the boxes inside themselves. This poses major operational and food safety challenges for our health care facilities especially smaller sites that may not have able bodies to do this work. Further, as one of my HA colleagues confirmed:

Depending on the kitchen employees to load from docks and move into appropriate temp controlled places timely is not going to happen. Kitchen teams are stretched already due to changes in dining room services for the social distancing. We are all short of employees everywhere. I don't think everyone understands we cannot stop preparing food.

My understanding of the immediate need right now is staff to help with these additional pressures.

Thank you

Natalie

Natalie Laframboise, MScFN, RD

Manager, Office of the Provincial Dietitian

Ministry of Health

Work Phone: 778-698-5634 | Cell Phone: 250-589-2903

Email: natalie.laframboise@gov.bc.ca

Fax: 250-952-1570

Mailing Address: 1515 Blanshard St, 4-2 | PO Box 9646 Stn Prov Govn't | Victoria BC | V8W 9P1

Re: Sysco/GFS Tailgate Delivery

From: Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Sent: April 3, 2020 11:10:21 AM PDT
Received: April 3, 2020 11:10:41 AM PDT

thanks Natalie.

Supply chain is definitely becoming an issue!

We are experiencing shorts in product orders and will need to make substitutions as our distributor is not able to secure products.

Tina

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>

Sent: Friday, April 3, 2020 10:34 AM

To: Brewer, Paul [PHSA]; Hartnell, Tina [FH]

Subject: RE: Sysco/GFS Tailgate Delivery

Hi Paul,

Further to our chat, I will let HECC know that for now this is being managed by each HA but will also relay the suggestion re: s.13

s.13

Appreciate the connect

Natalie

Natalie Laframboise, MScFN, RD

Manager, Office of the Provincial Dietitian

From: Brewer, Paul [PHSA] <Paul.Brewer@hssbc.ca>

Sent: April 3, 2020 9:39 AM

To: Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>; Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>

Subject: RE: Sysco/GFS Tailgate Delivery

Hi Natalie and Tina,

s.13

Feel free to call me if you would like to discuss further..

Regards

Paul

Paul Brewer

Provincial Director, Customer Relations & Promotions- Supply Chain
Provincial Health Services Authority

Office: 1795 Willingdon Avenue, Burnaby, BC V5C 6E3

Phone: 604-297-9148 | Mobile: 604-614-3983 | paul.brewer@phsa.ca | www.phsa.ca

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From: Hartnell, Tina [FH]
Sent: Thursday, April 02, 2020 2:53 PM
To: McKinnon, Kevin [PHSA]
Cc: Laframboise, Natalie HLTH:EX
Subject: Fw: Sysco/GFS Tailgate Delivery

Hi Kevin,

Natalie from the Ministry of Health was inquiring if you will working with PHSA logistics still regarding our delivery issues. Within FH we have FMO assisting so we are managing!

Tina

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Sent: Thursday, April 2, 2020 11:01 AM
To: Hartnell, Tina [FH]; Barney, Lois [NHA]; Nabata, Lynn [VIHA]
Cc: Wade, June [VIHA]; Koenig, Donna [IHA]; Forbes, Linda [FH]; Mak, Sunny [VCH]; Hagel, Margaret [FH]; Cooke, Cheryl [IHA]; Miller, Laural R. [VIHA]; Karmali, Noordin [FH]
Subject: RE: Sysco/GFS Tailgate Delivery

Thanks Tina,

I believe what HECC is trying to ascertain is where the need is right now so that they do not double up on any efforts. Based on your email it sounds like FH has been able to find a solution but that you can ask PHSA logistics if they are supporting any of the other health authorities? If I have this correct, yes, please do so and cc me, really appreciate it.

Based on how PHSA logistics respond, what I anticipate I will need to know **from everyone else** is who still needs support and what that support looks like. Then I can feed this up to HECC.

Thanks
Natalie

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

From: Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>
Sent: April 2, 2020 10:52 AM
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>; Barney, Lois [NHA] <Lois.Barney@northernhealth.ca>; Nabata, Lynn [VIHA] <Lynn.Nabata@viha.ca>
Cc: Wade, June [VIHA] <June.Wade@viha.ca>; Koenig, Donna [IHA] <Donna.Koenig@interiorhealth.ca>; Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca>; Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>; Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca>; Cooke, Cheryl [IHA] <Cheryl.Cooke@interiorhealth.ca>; Miller, Laural R. [VIHA] <Laural.Miller@viha.ca>; Karmali, Noordin [FH] <Noordin.Karmali@fraserhealth.ca>
Subject: RE: Sysco/GFS Tailgate Delivery

Morning Natalie

Yes the issue was raised at FH EOC and my daily call with our VP, Brenda Liggett. Kevin McKinnon, (PHSA logistics) has been involved in raising the issue at PHSA.

For FH we have an interim solution with internal resources assisting (Facilities Management) at sites that were impacted so I am not sure if PHSA Logistics is addressing the issue any further. Did you want to reach out Kevin or I can and cc you?

Tina

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Sent: Thursday, April 02, 2020 10:44 AM
To: Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>; Barney, Lois [NHA] <Lois.Barney@northernhealth.ca>; Nabata, Lynn [VIHA] <Lynn.Nabata@viha.ca>
Cc: Wade, June [VIHA] <June.Wade@viha.ca>; Koenig, Donna [IHA] <Donna.Koenig@interiorhealth.ca>; Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca>; Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>; Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca>; Cooke, Cheryl [IHA] <Cheryl.Cooke@interiorhealth.ca>; Miller, Laural R. [VIHA] <Laural.Miller@viha.ca>; Karmali, Noordin [FH] <Noordin.Karmali@fraserhealth.ca>
Subject: RE: Sysco/GFS Tailgate Delivery

Hi Tina,

My contact at HECC asked the following question:

Thanks Natalie for providing more detail on this. I notice that FHA EOC was raising with PHSA logistics. Would you please reach out to your contact at FHA to see if there is something happening through that front. We are here to help but do not want to set something in motion if it is already being dealt with by PHSA Logistics.

Can you provide an update and also let me know how this would apply (or not) to the other health authorities?

Thanks
Natalie

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

From: Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>
Sent: March 27, 2020 10:08 AM
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>; Barney, Lois [NHA] <Lois.Barney@northernhealth.ca>; Nabata, Lynn [VIHA] <Lynn.Nabata@viha.ca>
Cc: Wade, June [VIHA] <June.Wade@viha.ca>; Koenig, Donna [IHA] <Donna.Koenig@interiorhealth.ca>; Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca>; Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>; Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca>; Cooke, Cheryl [IHA] <Cheryl.Cooke@interiorhealth.ca>; Miller, Laural R. [VIHA] <Laural.Miller@viha.ca>; Karmali, Noordin [FH] <Noordin.Karmali@fraserhealth.ca>
Subject: Re: Sysco/GFS Tailgate Delivery

Thank you Natalie.

I have been engaging Kevin McKinnon, Provincial Director, Customer Relations & Promotions Supply Chain (PHSA)

Tina

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Sent: Friday, March 27, 2020 8:54 AM
To: Barney, Lois [NHA]; Nabata, Lynn [VIHA]; Hartnell, Tina [FH]
Cc: Wade, June [VIHA]; Koenig, Donna [IHA]; Forbes, Linda [FH]; Mak, Sunny [VCH]; Hagel, Margaret [FH]; Cooke, Cheryl [IHA]; Miller, Laural R. [VIHA]; Karmali, Noordin [FH]
Subject: RE: Sysco/GFS Tailgate Delivery

Good morning everyone,

Thanks for all your responses. I have elevated this issue with our Health Emergency Coordinator Centre signaling it's a critical issue. I haven't received a response yet but when I do, I will let you know.

Be well and thanks for all that you do!

Natalie

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

From: Barney, Lois <Lois.Barney@northernhealth.ca>

Sent: March 27, 2020 5:15 AM

To: Nabata, Lynn <Lynn.Nabata@viha.ca>; Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>

Cc: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>; Wade, June <June.Wade@viha.ca>; Koenig, Donna <Donna.Koenig@interiorhealth.ca>; Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca>; Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>; Hagel, Margaret <Margaret.Hagel@fraserhealth.ca>; Cooke, Cheryl <Cheryl.Cooke@interiorhealth.ca>; Miller, Loral R. <Loral.Miller@viha.ca>; Karmali, Noordin [FH] <Noordin.Karmali@fraserhealth.ca>

Subject: Re: Sysco/GFS Tailgate Delivery

Hello All

Sysco notifies us earlier this week. In our small facilities with only one or two staff on duty, stopping meal service to put groceries away will be one of our challenges.

Several of our loading docks are a distance from our kitchens - we have been experiencing some staffing shortages already with more to come for sure.

Agree - food safety issue, pilferage prior to us getting to the delivery, additional workload on FS Dept with no bodies to do this work. Where other depts are able to lend a hand, we have been great full.

I have not escalated this to our EOC.

Thanks Lois

Sent from Workspace ONE Boxer

On March 26, 2020 at 8:17:05 PM PDT, Nabata, Lynn <Lynn.Nabata@viha.ca> wrote:

Hi all

We were informed on Monday by GFS that they were making his change immediately. I appealed to them to give us more notice by to no avail. I echo all of Tina's concerns below. Like FHA, some sites are impacted more than others.

If I had time, I would be asking Legal to look into this.

So, We are working to have FMO move our supplies. Was on a call this PM about it.

FMO are not doing "regular" work right now so we are trying to find a way to work together.

Is there any way that the Ministry can say this is essential?

I will likely have more details tomorrow.

Lynn

Sent from my iPhone

On Mar 26, 2020, at 6:55 PM, Hartnell, Tina [FH]
<Tina.Hartnell@fraserhealth.ca<<mailto:Tina.Hartnell@fraserhealth.ca>>> wrote:

Hi,

I have escalated the issue to our FH EOC and working with PHSA logistics for options. Noordin and I have been gathering data on the impact on our sites to send to PHSA leads.

We have two suppliers no longer delivering to our departments – GFS and Island Farms – Agripur.

This is an added strain to food services, increased risk of food safety, increased risk of staff injury as they are not trained to operate power jacks (and may not have access to one) to move large pallets to the department area.

Not all sites are impacted the same as it depends on the location of the receiving dock in the facility – most of our FH sites are impacted.

Recruitment is pressured to hire staff for many areas right now and some of which are already running short staff. Setting up an alternate receiving process is to move deliveries from the loading dock is an urgent issue for sites right now.

Tina

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca<<mailto:Natalie.Laframboise@gov.bc.ca>>>
Sent: Thursday, March 26, 2020 3:28 PM
To: Wade, June [VIHA] <June.Wade@viha.ca<<mailto:June.Wade@viha.ca>>>; Koenig, Donna [IHA] <Donna.Koenig@interiorhealth.ca<<mailto:Donna.Koenig@interiorhealth.ca>>>; Nabata, Lynn [VIHA] <Lynn.Nabata@viha.ca<<mailto:Lynn.Nabata@viha.ca>>>; Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca<<mailto:Linda.Forbes@fraserhealth.ca>>>; Mak, Sunny [VCH] <Sunny.Mak3@vch.ca<<mailto:Sunny.Mak3@vch.ca>>>; Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca<<mailto:Tina.Hartnell@fraserhealth.ca>>>; Barney, Lois [NHA] <Lois.Barney@northernhealth.ca<<mailto:Lois.Barney@northernhealth.ca>>>; Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca<<mailto:Margaret.Hagel@fraserhealth.ca>>>; Cooke, Cheryl [IHA] <Cheryl.Cooke@interiorhealth.ca<<mailto:Cheryl.Cooke@interiorhealth.ca>>>; Miller, Loral R. [VIHA] <Loral.Miller@viha.ca<<mailto:Loral.Miller@viha.ca>>>
Subject: Sysco/GFS Tailgate Delivery
Importance: High

Hi everyone,

Sysco has asked us to elevate an emerging issue you may all be facing. To reduce exposure, Sysco, like GFS, has shifted to a “tailgate” delivery protocol, where the trucks back up, unload and then phone the customer to come get the boxes from the loading bay. HA/kitchen staff are now having to move the boxes inside. Sysco is concerned that this is creating a strain on health facilities, especially at small facilities, where they don’t have big people to haul boxes, and that staff are being diverted from their important work. They wanted to alert government to this issue, and wondered if there could be some emergency support considered for HAs to be able to pay for temporary receivers, or other intervention right now.

I can elevate this issue to our Health Emergency Coordination Centre but wanted to first get a sense from you folks if this is something you are experiencing or anticipate will become an issue.

I realize you folks are so busy right now but if you are able to send me a quick response, that would be greatly appreciated.

Thanks
Natalie

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

FW: Covid mitigation resources

From: Karmali, Noordin [FH] <Noordin.Karmali@fraserhealth.ca>
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Cc: Gagnon, Ted [PHSA] <Ted.Gagnon@hssbc.ca>
Sent: April 3, 2020 12:07:19 PM PDT
Received: April 3, 2020 12:07:25 PM PDT
Attachments: Cough guard.jpeg

FYI

Noordin Karmali

Support Services Manager, Housekeeping, Waste Management, Food & Nutrition Services.
Lower Mainland Business Initiatives and Support Services
Fraser Health/Providence/Provincial Health Services/Vancouver Coastal Health.
Tel: 604 517 8647 /Cell: 604 313 8906 / Fax: 604 517 8651
noordin.karmali@fraserhealth.ca

From: David Clark <david@bceventmanagement.com>
Sent: Friday, April 03, 2020 12:00 PM
To: Karmali, Noordin [FH] <Noordin.Karmali@fraserhealth.ca>
Subject: Covid mitigation resources

Hi Noordin,

I want to help and I have many partner resources that I haven't been able find takers for.

(a) I have a workshop able to turn out acrylic cough guards like facsimile below.

(b) I have a huge fabric production facility willing to make "surgical" style masks (Not N95 of course; and plastic draping for separations for makeshift cubicles.

If you have any ideas for demand please let me know.

-david

Page 039 of 225

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RE: VCH & Tailgate Policy

From: Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Sent: April 6, 2020 4:08:08 PM PDT
Received: April 6, 2020 4:08:13 PM PDT

In the end, we need our VCH/PHC (Sodexo) and PHSA (Compass) patients/residents to be fed, so at that point it would best to see if we could provide collaborative solution with our HA resources.

Stay safe.

s

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Sent: Monday, April 6, 2020 3:55 PM
To: Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>
Subject: RE: VCH & Tailgate Policy

Thanks for the summary Sunny. It sounds like contractually, if there are any obligations it would be within the distributor contracts versus anything in the contracts with HA's and contracted foodservice companies. So in the case of VCH, this would be Sodexo's contract with GFS. If you do learn anything, and are able to share, this would be most helpful. I have an email into PHSA supply chain (Paul Brewer) on the distributor contracts and whether we can offer any support in reviewing them.

In terms of additional HA support (similar to FH and VIHA), if things do become unmanageable for Sodexo, will that be an option?

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

From: Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>
Sent: April 6, 2020 2:37 PM
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Subject: RE: VCH & Tailgate Policy

Hi Natalie,

Yes, Sodexo is experience the same issues with the new tailgate policy with their broadline distributors.

As the procurement for their supplies are not through HA supply chain, I have suggested they first look at their supply chain contract to resolve.

To date they have not been able to resolve; however, in VCH/PHC we are fortunate with many adjacencies between the loading bay and the kitchen area.

There have been only a few sites which are more problematic, but have been manageable to date.

There has not been an offer to provide Sodexo with HA resources to take on the receiving activities (ie using facilities staff similar to Island health and FHA).

Thanks

s

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>

Sent: Monday, April 6, 2020 2:10 PM

To: Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>

Subject: VCH & Tailgate Policy

Hi Sunny,

Do you happen to know if Sodexo is also experiencing issues with the new tailgate policies by the broadline distributors? Or have they been able to sort it out?

Thanks Sunny

Natalie

Natalie Laframboise, MScFN, RD

Manager, Office of the Provincial Dietitian

Ministry of Health

Work Phone: 778-698-5634 | Cell Phone: 250-589-2903

Email: natalie.laframboise@gov.bc.ca

Fax: 250-952-1570

Mailing Address: 1515 Blanshard St, 4-2 | PO Box 9646 Stn Prov Govn't | Victoria BC | V8W 9P1

RE: Sysco/GFS Tailgate Delivery

From: Brewer, Paul [PHSA] <Paul.Brewer@hssbc.ca>
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Sent: April 7, 2020 7:50:10 AM PDT
Received: April 7, 2020 7:50:17 AM PDT

Thanks for the update Natalie. One of our Sourcing Managers contacted the vendor and they are monitoring the IHA situation.

We've received no complaints from HA directly.

Regards

Paul

Paul Brewer

Provincial Director, Customer Relations & Promotions- Supply Chain
Provincial Health Services Authority

Office: 1795 Willingdon Avenue, Burnaby, BC V5C 6E3

Phone: 604-297-9148 | Mobile: 604-614-3983 | paul.brewer@phsa.ca | www.phsa.ca

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From: Laframboise, Natalie HLTH:EX [mailto:Natalie.Laframboise@gov.bc.ca]

Sent: Monday, April 06, 2020 2:29 PM

To: Brewer, Paul [PHSA] <Paul.Brewer@hssbc.ca>

Subject: RE: Sysco/GFS Tailgate Delivery

Hi Paul,

Further to our chat last week I just got off a call with Ministry of Agriculture. We've been working with them for over two years on the Feed BC initiative (to increase the use of BC food in health care facilities). As such, we've engaged with them to put our heads together on how we might be able to support health authorities with the tailgate issue.

After we spoke, I did hear again from Interior that orders are being dropped off out in the open exposing food to the elements and pests for hours before anyone can get to them. Suppliers are also refusing to put product on a health authority supplied dolly so staff are having to lift heavy boxes putting them at risk of injury.

s.13

Thanks Paul.

Natalie

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

From: Brewer, Paul [PHSA] <Paul.Brewer@hssbc.ca>
Sent: April 3, 2020 9:39 AM
To: Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>; Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Subject: RE: Sysco/GFS Tailgate Delivery

Hi Natalie and Tina,

s.13

Feel free to call me if you would like to discuss further..

Regards

Paul

Paul Brewer

Provincial Director, Customer Relations & Promotions- Supply Chain
Provincial Health Services Authority

Office: 1795 Willingdon Avenue, Burnaby, BC V5C 6E3
Phone: 604-297-9148 | Mobile: 604-614-3983 | paul.brewer@phsa.ca | www.phsa.ca

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From: Hartnell, Tina [FH]
Sent: Thursday, April 02, 2020 2:53 PM
To: McKinnon, Kevin [PHSA]
Cc: Laframboise, Natalie HLTH:EX
Subject: Fw: Sysco/GFS Tailgate Delivery

Hi Kevin,

Natalie from the Ministry of Health was inquiring if you will working with PHSA logistics still regarding our delivery issues. Within FH we have FMO assisting so we are managing!

Tina

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Sent: Thursday, April 2, 2020 11:01 AM
To: Hartnell, Tina [FH]; Barney, Lois [NHA]; Nabata, Lynn [VIHA]
Cc: Wade, June [VIHA]; Koenig, Donna [IHA]; Forbes, Linda [FH]; Mak, Sunny [VCH]; Hagel, Margaret [FH]; Cooke, Cheryl [IHA]; Miller, Loral R. [VIHA]; Karmali, Noordin [FH]
Subject: RE: Sysco/GFS Tailgate Delivery

Thanks Tina,

I believe what HECC is trying to ascertain is where the need is right now so that they do not double up on any efforts. Based on your email it sounds like FH has been able to find a solution but that you can ask PHSA logistics if they are supporting any of the other health authorities? If I have this correct, yes, please do so and cc me, really appreciate it.

Based on how PHSA logistics respond, what I anticipate I will need to know **from everyone else** is who still needs support and what that support looks like. Then I can feed this up to HECC.

Thanks
Natalie

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

From: Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>
Sent: April 2, 2020 10:52 AM
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>; Barney, Lois [NHA] <Lois.Barney@northernhealth.ca>; Nabata, Lynn [VIHA] <Lynn.Nabata@viha.ca>
Cc: Wade, June [VIHA] <June.Wade@viha.ca>; Koenig, Donna [IHA] <Donna.Koenig@interiorhealth.ca>; Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca>; Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>; Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca>; Cooke, Cheryl [IHA] <Cheryl.Cooke@interiorhealth.ca>; Miller, Laural R. [VIHA] <Laural.Miller@viha.ca>; Karmali, Noordin [FH] <Noordin.Karmali@fraserhealth.ca>
Subject: RE: Sysco/GFS Tailgate Delivery

Morning Natalie

Yes the issue was raised at FH EOC and my daily call with our VP, Brenda Liggett. Kevin Mckinnon, (PHSA logistics) has been involved in raising the issue at PHSA.

For FH we have an interim solution with internal resources assisting (Facilities Management) at sites that were impacted so I am not sure if PHSA Logistics is addressing the issue any further. Did you want to reach out Kevin or I can and cc you?

Tina

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Sent: Thursday, April 02, 2020 10:44 AM
To: Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>; Barney, Lois [NHA] <Lois.Barney@northernhealth.ca>; Nabata, Lynn [VIHA] <Lynn.Nabata@viha.ca>
Cc: Wade, June [VIHA] <June.Wade@viha.ca>; Koenig, Donna [IHA] <Donna.Koenig@interiorhealth.ca>; Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca>; Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>; Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca>; Cooke, Cheryl [IHA] <Cheryl.Cooke@interiorhealth.ca>; Miller, Laural R. [VIHA] <Laural.Miller@viha.ca>; Karmali, Noordin [FH] <Noordin.Karmali@fraserhealth.ca>
Subject: RE: Sysco/GFS Tailgate Delivery

Hi Tina,

My contact at HECC asked the following question:

Thanks Natalie for providing more detail on this. I notice that FHA EOC was raising with PHSA logistics. Would you please reach out to your contact at FHA to see if there is something happening through that front. We are here to help but do not want to set something in motion if it is already being dealt with by PHSA Logistics.

Can you provide an update and also let me know how this would apply (or not) to the other health authorities?

Thanks
Natalie

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

From: Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>
Sent: March 27, 2020 10:08 AM
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>; Barney, Lois [NHA] <Lois.Barney@northernhealth.ca>; Nabata, Lynn [VIHA] <Lynn.Nabata@viha.ca>
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Subject: Re: Sysco/GFS Tailgate Delivery

Thank you Natalie.

I have been engaging Kevin McKinnon, Provincial Director, Customer Relations & Promotions Supply Chain (PHSA)

Tina

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Sent: Friday, March 27, 2020 8:54 AM
To: Barney, Lois [NHA]; Nabata, Lynn [VIHA]; Hartnell, Tina [FH]
Cc: Wade, June [VIHA]; Koenig, Donna [IHA]; Forbes, Linda [FH]; Mak, Sunny [VCH]; Hagel, Margaret [FH]; Cooke, Cheryl [IHA]; Miller, Laural R. [VIHA]; Karmali, Noordin [FH]
Subject: RE: Sysco/GFS Tailgate Delivery

Good morning everyone,

Thanks for all your responses. I have elevated this issue with our Health Emergency Coordinator Centre signaling it's a critical issue. I haven't received a response yet but when I do, I will let you know.

Be well and thanks for all that you do!

Natalie

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

From: Barney, Lois <Lois.Barney@northernhealth.ca>
Sent: March 27, 2020 5:15 AM
To: Nabata, Lynn <Lynn.Nabata@viha.ca>; Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>
Cc: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>; Wade, June <June.Wade@viha.ca>; Koenig, Donna <Donna.Koenig@interiorhealth.ca>; Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca>; Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>; Hagel, Margaret <Margaret.Hagel@fraserhealth.ca>; Cooke, Cheryl <Cheryl.Cooke@interiorhealth.ca>; Miller, Laural R. <Laural.Miller@viha.ca>; Karmali, Noordin [FH]

<Noordin.Karmali@fraserhealth.ca>

Subject: Re: Sysco/GFS Tailgate Delivery

Hello All

Sysco notifies us earlier this week. In our small facilities with only one or two staff on duty, stopping meal service to put groceries away will be one of our challenges.

Several of our loading docks are a distance from our kitchens - we have been experiencing some staffing shortages already with more to come for sure.

Agree - food safety issue, pilferage prior to us getting to the delivery, additional workload on FS Dept with no bodies to do this work. Where other depts are able to lend a hand, we have been great full.

I have not escalated this to our EOC.

Thanks Lois

Sent from Workspace ONE Boxer

On March 26, 2020 at 8:17:05 PM PDT, Nabata, Lynn <Lynn.Nabata@viha.ca> wrote:

Hi all

We were informed on Monday by GFS that they were making his change immediately. I appealed to them to give us more notice by to no avail. I echo all of Tina's concerns below. Like FHA, some sites are impacted more than others.

If I had time, I would be asking Legal to look into this.

So, We are working to have FMO move our supplies. Was on a call this PM about it.

FMO are not doing "regular" work right now so we are trying to find a way to work together.

Is there any way that the Ministry can say this is essential?

I will likely have more details tomorrow.

Lynn

Sent from my iPhone

On Mar 26, 2020, at 6:55 PM, Hartnell, Tina [FH]

<Tina.Hartnell@fraserhealth.ca<<mailto:Tina.Hartnell@fraserhealth.ca>>> wrote:

Hi,

I have escalated the issue to our FH EOC and working with PHSA logistics for options. Noordin and I have been gathering data on the impact on our sites to send to PHSA leads.

We have two suppliers no longer delivering to our departments – GFS and Island Farms – Agripur.

This is an added strain to food services, increased risk of food safety, increased risk of staff injury as they are not trained to operate power jacks (and may not have access to one) to move large pallets to the department area.

Not all sites are impacted the same as it depends on the location of the receiving dock in the facility – most of our FH sites are impacted.

Recruitment is pressured to hire staff for many areas right now and some of which are already running short staff. Setting up an alternate receiving process is to move deliveries from the loading dock is an urgent issue for sites right now.

Tina

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca<<mailto:Natalie.Laframboise@gov.bc.ca>>>
Sent: Thursday, March 26, 2020 3:28 PM
To: Wade, June [VIHA] <June.Wade@viha.ca<<mailto:June.Wade@viha.ca>>>; Koenig, Donna [IHA] <Donna.Koenig@interiorhealth.ca<<mailto:Donna.Koenig@interiorhealth.ca>>>; Nabata, Lynn [VIHA] <Lynn.Nabata@viha.ca<<mailto:Lynn.Nabata@viha.ca>>>; Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca<<mailto:Linda.Forbes@fraserhealth.ca>>>; Mak, Sunny [VCH] <Sunny.Mak3@vch.ca<<mailto:Sunny.Mak3@vch.ca>>>; Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca<<mailto:Tina.Hartnell@fraserhealth.ca>>>; Barney, Lois [NHA] <Lois.Barney@northernhealth.ca<<mailto:Lois.Barney@northernhealth.ca>>>; Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca<<mailto:Margaret.Hagel@fraserhealth.ca>>>; Cooke, Cheryl [IHA] <Cheryl.Cooke@interiorhealth.ca<<mailto:Cheryl.Cooke@interiorhealth.ca>>>; Miller, Loral R. [VIHA] <Loral.Miller@viha.ca<<mailto:Loral.Miller@viha.ca>>>
Subject: Sysco/GFS Tailgate Delivery
Importance: High

Hi everyone,

Sysco has asked us to elevate an emerging issue you may all be facing. To reduce exposure, Sysco, like GFS, has shifted to a "tailgate" delivery protocol, where the trucks back up, unload and then phone the customer to come get the boxes from the loading bay. HA/kitchen staff are now having to move the boxes inside. Sysco is concerned that this is creating a strain on health facilities, especially at small facilities, where they don't have big people to haul boxes, and that staff are being diverted from their important work. They wanted to alert government to this issue, and wondered if there could be some emergency support considered for HAs to be able to pay for temporary receivers, or other intervention right now.

I can elevate this issue to our Health Emergency Coordination Centre but wanted to first get a sense from you folks if this is something you are experiencing or anticipate will become an issue.

I realize you folks are so busy right now but if you are able to send me a quick response, that would be greatly appreciated.

Thanks
Natalie

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

HA deliveries and food supply status

From: Bouris, Kristina AGRI:EX <Kristina.Bouris@gov.bc.ca>, Bouris, Kristina AFF:EX <Kristina.Bouris@gov.bc.ca>
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Cc: Day, Meghan HLTH:EX <Meghan.Day@gov.bc.ca>, Anslow, Martha AGRI:EX <Martha.Anslow@gov.bc.ca>, Anslow, Martha AFF:EX
Sent: April 7, 2020 10:31:21 AM PDT
Received: April 7, 2020 10:31:22 AM PDT
Attachments: Tailgate Delivery Document 7.0.pdf

Hi,

To follow up from our call yesterday, I had a conversation with Ryan Thiessen, Health and Senior Living Account Manager, Sysco – BC Region (Kelowna). I have a call into GFS but haven't heard back yet, so am sending these notes in the meantime.

Let me know if you have any questions, or want to schedule a follow up call. It sounds like Sysco is leading internal work on this, and would be worth waiting to see how their "No Touch" protocol discussions go.

Tailgate delivery policy update

- Tailgate policy (attached) seems to be working fine at hospitals and larger facilities, where they often have a dedicated receiver and their own dollies
- Smaller sites are still struggling. Typically, kitchen staff are moving the deliveries inside.
- Sysco BC is exploring a "no touch" delivery protocol, where Sysco could still enter the kitchen area but with no physical contact (Would not apply to facilities with confirmed COVID-19 case, but most COVID cases are in larger facilities where there is more capacity for receiving). At least one retirement living company has requested this protocol be instituted for their sites. Discussions are still underway; Sysco expects corporate direction within next few days.
- Under their agreements with Aramark and others, Sysco would typically bring products from the truck into temperature-controlled facilities.
- Tailgate policy was implemented to protect Sysco staff as well as health/senior facility staff

Other issues

- Biggest current challenge for Sysco: truck arrivals at health/senior facilities. Delivery schedule is inconsistent due to loss of restaurant sales, and laid off drivers (e.g. in Kelowna, normally 3 trucks driving delivery routes to service all customers, all day. Now, 1 truck, part of day). Drivers call ahead to announce their arrival, but facility doesn't always answer phone.
- Take out containers have been ordered from suppliers, and deliveries are anticipated this week.
- Delivery of orders is always uncertain, due to many other supply chain challenges between production and delivery.

Food supply status

- No anticipated food shortages
- Reports of product substitutions are likely due to one of two reasons:
 - "Vendor shorts" –surge in demand for certain products has led to temporary shortages. Orders are placed 2-3 weeks ahead, so can take time to balance out supply and demand (e.g. bulk cereal temporarily substituted for single serve cereal boxes, as demand for single-serve has surged)
 - Narrowing of product options– because of the drop in restaurant sales, Sysco has been narrowing the breadth of product lines it carries for certain product categories where volumes have decreased significantly (e.g. number of salad mix options reduced). Orders might be substituted within the product category.
- Sysco will keep AGRI informed of any existing or anticipated product shortages

RE: Foodservice Issues

From: Schenkers, Michael EHS:EX <Michael.Schenkers@bcehs.ca>
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Sent: April 7, 2020 2:35:12 PM PDT
Received: April 7, 2020 2:35:13 PM PDT

Hi Natalie,

Yes, please CC me going forward. That would be great.

Thank you,

Michael Schenkers

Manager, Procurement and Contract Management
Provincial Health Services Authority

Office: 2261 Keating Cross Road, Saanichton, BC V8M 2A5

Phone: 778-974-3168 | Mobile: 250-886-4497 | Michael.Schenkers@bcehs.ca | www.phsa.ca *

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From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>

Sent: April 7, 2020 1:47 PM

To: Schenkers, Michael EHS:EX <Michael.Schenkers@bcehs.ca>

Subject: Foodservice Issues

Hi Michael,

Thanks again for reaching out regarding the tailgate policy implications. I wondered if it would be helpful moving forward to cc you on the thread of communication I have on foodservice issues re: Covid with the provincial foodservices technical team? This way you would hear first hand any of the issues that are coming up. I'm also just happy to send them to you as I hear them.

I was also just chatting with Kristina (you will remember her and I visited you) from Agriculture. She will be reaching out regarding food supply issues and how AGRI can support.

Natalie

Natalie Laframboise, MScFN, RD

Manager, Office of the Provincial Dietitian

Ministry of Health

Work Phone: 778-698-5634 | Cell Phone: 250-589-2903

Email: natalie.laframboise@gov.bc.ca

Fax: 250-952-1570

Mailing Address: 1515 Blanshard St, 4-2 | PO Box 9646 Stn Prov Govn't | Victoria BC | V8W 9P1

RE: Sysco/GFS Tailgate Delivery

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
To: Koenig, Donna, Hartnell, Tina [FH], Barney, Lois [NHA], Nabata, Lynn [VIHA], Wade, June [VIHA], Forbes, Linda [FH], Mak, Sunny [VCH], Hagel, Margaret [FH], Cooke, Cheryl, Miller, Laural R. [VIHA], Karmali, Noordin [FH]
Cc: Schenkers, Michael EHS:EX
Sent: April 8, 2020 9:25:48 AM PDT
Received: April 8, 2020 9:25:00 AM PDT

Hello everyone,

I'm looping in Michael Schenkers from PHSA into this email thread. Michael informed me yesterday that he is our point of contact for resolving foodservice issues and has been made well aware of the situation. I suggested, and he agreed, that hearing first-hand some of these examples would be helpful.

Further, we have been working with the Ministry of Agriculture on how they can also support. They have reached out to Gordon Food Services and Sysco and invited them to keep the Ministry informed of any existing or anticipated food supply challenges or other issues.

Natalie.

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

From: Laframboise, Natalie HLTH:EX
Sent: April 3, 2020 4:40 PM
To: 'Koenig, Donna' <Donna.Koenig@interiorhealth.ca>; Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>; Barney, Lois [NHA] <Lois.Barney@northernhealth.ca>; Nabata, Lynn [VIHA] <Lynn.Nabata@viha.ca>
Cc: Wade, June [VIHA] <June.Wade@viha.ca>; Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca>; Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>; Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca>; Cooke, Cheryl <Cheryl.Cooke@interiorhealth.ca>; Miller, Laural R. [VIHA] <Laural.Miller@viha.ca>; Karmali, Noordin [FH] <Noordin.Karmali@fraserhealth.ca>
Subject: RE: Sysco/GFS Tailgate Delivery

Thanks Donna,

Please (everyone) keep sending me examples of how this has impacted your work. I'll do my best to elevate these issues. In addition to HECC, I know many working groups are being struck with lots of cross-ministry collaboration. We are trying to get on those related to food so we can be your voice.

Natalie

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

From: Koenig, Donna <Donna.Koenig@interiorhealth.ca>
Sent: April 3, 2020 11:56 AM
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>; Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>; Barney, Lois [NHA] <Lois.Barney@northernhealth.ca>; Nabata, Lynn [VIHA] <Lynn.Nabata@viha.ca>
Cc: Wade, June [VIHA] <June.Wade@viha.ca>; Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca>; Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>; Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca>; Cooke, Cheryl <Cheryl.Cooke@interiorhealth.ca>; Miller, Laural R. [VIHA] <Laural.Miller@viha.ca>; Karmali, Noordin [FH] <Noordin.Karmali@fraserhealth.ca>
Subject: RE: Sysco/GFS Tailgate Delivery

Hi Natalie;

We require some solution for this. I cannot understand why these drivers cannot wear PPE like the rest of us entering the building.

Yesterday at one of my sites, they dropped off outside on dock sitting (out in open) and no roof in loading dock area

on a plastic sheet, well before anyone in building. (weather for some parts of interior still has snow, rain, other places, seasonal

allergens coming into building, never mind pests etc.)

Today, they arrived another site in my area, where they refused to put product using a dolly or cart we provided. I personally had to lift everything myself, as all the team is on trayline.

We have not available employees are smaller sites, some sites only have one person a day at them.

We do not have employees to be on staff as stand by when deliveries come as there is no set time.

Maintenance teams are already overburdened and not always on site so they cannot assist at least in my area.

I heard at other HAS, they are assisting only until a solution can be found.

Worried our small female employees will hurt themselves because as for me today doing this, lifting all those boxes,

and you have to twice was overwhelming.

As you can tell not a good day today.

Thanks Natalie for your assistance.

From: Laframboise, Natalie HLTH:EX [mailto:Natalie.Laframboise@gov.bc.ca]

Sent: Friday, April 03, 2020 11:14 AM

To: Hartnell, Tina [FH]; Barney, Lois [NHA]; Nabata, Lynn [VIHA]

Cc: Wade, June [VIHA]; Koenig, Donna; Forbes, Linda [FH]; Mak, Sunny [VCH]; Hagel, Margaret [FH]; Cooke, Cheryl; Miller, Loral R. [VIHA]; Karmali, Noordin [FH]

Subject: RE: Sysco/GFS Tailgate Delivery

Hi everyone,

I understand from speaking with PHSA logistics (Paul Brewer) that you have all been able to reassign or repurpose staff to assist for the time being.

I've let HECC know that for now, this is under control but that I would also ask HA's to let me know if this issue becomes unmanageable. All to say, I have a line open with HECC so please don't hesitate to contact me.

s.13

Thanks everyone

Natalie

Natalie Laframboise, MScFN, RD

Manager, Office of the Provincial Dietitian

From: Laframboise, Natalie HLTH:EX

Sent: April 2, 2020 11:01 AM

To: 'Hartnell, Tina [FH]' <Tina.Hartnell@fraserhealth.ca>; Barney, Lois [NHA] <Lois.Barney@northernhealth.ca>; Nabata, Lynn [VIHA] <Lynn.Nabata@viha.ca>

Cc: Wade, June [VIHA] <June.Wade@viha.ca>; Koenig, Donna [IHA] <Donna.Koenig@interiorhealth.ca>; Forbes,

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Subject: RE: Sysco/GFS Tailgate Delivery

Thanks Tina,

I believe what HECC is trying to ascertain is where the need is right now so that they do not double up on any efforts. Based on your email it sounds like FH has been able to find a solution but that you can ask PHSA logistics if they are supporting any of the other health authorities? If I have this correct, yes, please do so and cc me, really appreciate it.

Based on how PHSA logistics respond, what I anticipate I will need to know **from everyone else** is who still needs support and what that support looks like. Then I can feed this up to HECC.

Thanks
Natalie

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

From: Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>

Sent: April 2, 2020 10:52 AM

To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>; Barney, Lois [NHA] <Lois.Barney@northernhealth.ca>; Nabata, Lynn [VIHA] <Lynn.Nabata@viha.ca>

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Subject: RE: Sysco/GFS Tailgate Delivery

Morning Natalie

Yes the issue was raised at FH EOC and my daily call with our VP, Brenda Liggett. Kevin Mckinnon, (PHSA logistics) has been involved in raising the issue at PHSA.

For FH we have an interim solution with internal resources assisting (Facilities Management) at sites that were impacted so I am not sure if PHSA Logistics is addressing the issue any further. Did you want to reach out Kevin or I can and cc you?

Tina

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>

Sent: Thursday, April 02, 2020 10:44 AM

To: Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca>; Barney, Lois [NHA] <Lois.Barney@northernhealth.ca>; Nabata, Lynn [VIHA] <Lynn.Nabata@viha.ca>

Cc: Wade, June [VIHA] <June.Wade@viha.ca>; Koenig, Donna [IHA] <Donna.Koenig@interiorhealth.ca>; Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca>; Mak, Sunny [VCH] <Sunny.Mak3@vch.ca>; Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca>; Cooke, Cheryl [IHA] <Cheryl.Cooke@interiorhealth.ca>; Miller, Laural R. [VIHA] <Laural.Miller@viha.ca>; Karmali, Noordin [FH] <Noordin.Karmali@fraserhealth.ca>

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Can you provide an update and also let me know how this would apply (or not) to the other health authorities?

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Thank you Natalie.

I have been engaging Kevin McKinnon, Provincial Director, Customer Relations & Promotions Supply Chain (PHSA)

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Sent: Friday, March 27, 2020 8:54 AM
To: Barney, Lois [NHA]; Nabata, Lynn [VIHA]; Hartnell, Tina [FH]
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Subject: RE: Sysco/GFS Tailgate Delivery

Good morning everyone,

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Be well and thanks for all that you do!

Natalie

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

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Subject: Re: Sysco/GFS Tailgate Delivery

Hello All

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Several of our loading docks are a distance from our kitchens - we have been experiencing some staffing shortages already with more to come for sure.

Agree - food safety issue, pilferage prior to us getting to the delivery, additional workload on FS Dept with no bodies to do this work. Where other depts are able to lend a hand, we have been great full.

I have not escalated this to our EOC.

Thanks Lois

Sent from Workspace ONE Boxer

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Hi all

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If I had time, I would be asking Legal to look into this.

So, We are working to have FMO move our supplies. Was on a call this PM about it.

FMO are not doing "regular" work right now so we are trying to find a way to work together.

Is there any way that the Ministry can say this is essential?

I will likely have more details tomorrow.

Lynn

Sent from my iPhone

On Mar 26, 2020, at 6:55 PM, Hartnell, Tina [FH]

<Tina.Hartnell@fraserhealth.camailto:Tina.Hartnell@fraserhealth.ca>> wrote:

Hi,

I have escalated the issue to our FH EOC and working with PHSA logistics for options. Noordin and I have been gathering data on the impact on our sites to send to PHSA leads.

We have two suppliers no longer delivering to our departments – GFS and Island Farms – Agripur.

This is an added strain to food services, increased risk of food safety, increased risk of staff injury as they are not trained to operate power jacks (and may not have access to one) to move large pallets to the department area.

Not all sites are impacted the same as it depends on the location of the receiving dock in the facility – most of our FH

sites are impacted.

Recruitment is pressured to hire staff for many areas right now and some of which are already running short staff. Setting up an alternate receiving process is to move deliveries from the loading dock is an urgent issue for sites right now.

Tina

From: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca<<mailto:Natalie.Laframboise@gov.bc.ca>>>

Sent: Thursday, March 26, 2020 3:28 PM

To: Wade, June [VIHA] <June.Wade@viha.ca<<mailto:June.Wade@viha.ca>>>; Koenig, Donna [IHA] <Donna.Koenig@interiorhealth.ca<<mailto:Donna.Koenig@interiorhealth.ca>>>; Nabata, Lynn [VIHA] <Lynn.Nabata@viha.ca<<mailto:Lynn.Nabata@viha.ca>>>; Forbes, Linda [FH] <Linda.Forbes@fraserhealth.ca<<mailto:Linda.Forbes@fraserhealth.ca>>>; Mak, Sunny [VCH] <Sunny.Mak3@vch.ca<<mailto:Sunny.Mak3@vch.ca>>>; Hartnell, Tina [FH] <Tina.Hartnell@fraserhealth.ca<<mailto:Tina.Hartnell@fraserhealth.ca>>>; Barney, Lois [NHA] <Lois.Barney@northernhealth.ca<<mailto:Lois.Barney@northernhealth.ca>>>; Hagel, Margaret [FH] <Margaret.Hagel@fraserhealth.ca<<mailto:Margaret.Hagel@fraserhealth.ca>>>; Cooke, Cheryl [IHA] <Cheryl.Cooke@interiorhealth.ca<<mailto:Cheryl.Cooke@interiorhealth.ca>>>; Miller, Loral R. [VIHA] <Loral.Miller@viha.ca<<mailto:Loral.Miller@viha.ca>>>

Subject: Sysco/GFS Tailgate Delivery

Importance: High

Hi everyone,

Sysco has asked us to elevate an emerging issue you may all be facing. To reduce exposure, Sysco, like GFS, has shifted to a "tailgate" delivery protocol, where the trucks back up, unload and then phone the customer to come get the boxes from the loading bay. HA/kitchen staff are now having to move the boxes inside. Sysco is concerned that this is creating a strain on health facilities, especially at small facilities, where they don't have big people to haul boxes, and that staff are being diverted from their important work. They wanted to alert government to this issue, and wondered if there could be some emergency support considered for HAs to be able to pay for temporary receivers, or other intervention right now.

I can elevate this issue to our Health Emergency Coordination Centre but wanted to first get a sense from you folks if this is something you are experiencing or anticipate will become an issue.

I realize you folks are so busy right now but if you are able to send me a quick response, that would be greatly appreciated.

Thanks
Natalie

Natalie Laframboise, MScFN, RD
Manager, Office of the Provincial Dietitian

FW: Tailgate deliveries

From: Bouris, Kristina AGRI:EX <Kristina.Bouris@gov.bc.ca>, Bouris, Kristina AFF:EX <Kristina.Bouris@gov.bc.ca>
To: Laframboise, Natalie HLTH:EX <Natalie.Laframboise@gov.bc.ca>
Sent: April 9, 2020 4:14:09 PM PDT
Received: April 9, 2020 4:14:10 PM PDT
Attachments: image001.png

Hi Natalie,

Here's info from Ryan. I didn't want to press for more information right now as he has a full schedule. I figure it is Sysco's/PHSA news to share rather than ours, so let's get more details next week if needed.

Kristina

From: Thiessen, Ryan 162 <Thiessen.Ryan@kelowna.sysco.ca>
Sent: April 9, 2020 4:11 PM
To: Bouris, Kristina AGRI:EX <Kristina.Bouris@gov.bc.ca>
Subject: RE: Tailgate deliveries

Hi Kristina,

Yes, tomorrow we're starting "no touch" deliveries with 17 extended care sites within IHA.
Looking forward to a break this weekend.

Have a Happy Easter!!

Ryan Thiessen | Account Executive, Healthcare and Senior Living
British Columbia Region
9385 Jim Bailey Rd, Winfield Industrial Park, Kelowna, BC V4V 1S4, Canada
p. (250) 766-6027 c. (250) 869-9785

Thiessen.ryan@kelowna.sysco.ca



@SyscoKelowna on [Facebook](#) | [Instagram](#)

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From: Bouris, Kristina AGRI:EX <Kristina.Bouris@gov.bc.ca>
Sent: Thursday, April 9, 2020 4:05 PM
To: Thiessen, Ryan 162 <Thiessen.Ryan@kelowna.sysco.ca>
Subject: Tailgate deliveries

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe

Hi Ryan,

Thanks for the call the other day. Did Sysco end up going with the "no touch" delivery protocol you were discussing the other day? Just curious.

Thanks, and I hope you get a bit of time off this weekend.
Kristina

Local Food Procurement in BC's Health Care Sector

Feed BC – Report for March 31, 2020

Prepared By:

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

Lisa Forster-Coull, Dietitian Consultant

March 31, 2020

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Local Food Procurement in BC's Health Care Sector

Feed BC - Report for March 31, 2020

1.0 Health Care Implementation Project

The BC Ministry of Agriculture and Ministry of Health ("the Ministries") 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.

Year 1 of the Feed BC in healthcare 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 describe the food procurement system in each of the health authorities and identify the facilitators and barriers to increasing local food procurement.

Year 2 (FY 2018-19) included working with Interior Health as the early adopter of Feed BC, and in Year 3 (FY 2019-20) with Northern Health and Fraser Health to implement the strategies identified in Year 2, as appropriate. In Year 4 (FY 2020-21), all health authorities will be "on-boarded" to Feed BC.

An interim report was prepared in March 2019 that documented the work done by McBride & Associates in supporting the implementation of Feed BC in healthcare with a focus on Interior Health. The report summarized the actions taken from November 2018 to March 2019 and provided an assessment of the key issues, facilitators and barriers faced by Interior Health in meeting the aspirational goal of 30% BC food procurement in 2018/19. The report also laid out recommendations for action as the project moved through the remaining years of the project.

This report documents the activities undertaken by McBride & Associates from April 2019 to March 2020 to further the goals of Feed BC in health care. It provides an update on the ongoing implementation of Feed BC in Interior Health and its early implementation in Northern Health and Fraser Health, an assessment of the key issues, facilitators and barriers faced by all health authorities in meeting the objectives of this initiative, and makes recommendations for the initiative through the next year.

2.0 Major Tasks Accomplished

Between April 2019 and March 2020, the consultants worked closely with Northern Health and Fraser Health to generate interest in Feed BC and drive change. Interior Health, as the early implementor of Feed BC, also continued to receive their assistance. In addition to supporting individual health authorities, the consultants also provided support to the Ministries on emerging issues at the provincial level related to Feed BC implementation. The following summarizes the key activities undertaken in this period.

2.1 Supported Feed BC in Northern Health

Convened and Facilitated a Working Group:

Between June and October 2019, the consultants had three conference calls with the Feed BC leads (Stefanie Finch and Darcie Bergeron) and with Aramark (Travis White) to provide an orientation to the project and to identify opportunities to increase BC food procurement in Northern Health. Food decisions in Northern Health are made by the Foodservice Operators Group and by the local sites. In consultation with the leads, the consultants prepared draft Terms of Reference for a proposed Northern Health Feed BC Working Group, and a draft Communications Plan to promote Feed BC.

To introduce Feed BC to Northern Health staff, the consultants gave PowerPoint presentations (by teleconference) to three groups – directors (June 19), Foodservice supervisors/managers – Foodservice Operators Group (November 9) and clinical dietitians (November 23).

The consultants travelled to Prince George on October 29, 2019 for the first Northern Health Feed BC Working Group meeting, with foodservice leaders from across the region joining the meeting by teleconference. This meeting focused on reviewing the draft Terms of Reference and draft Communications Plan. The consultants also toured the University Hospital of Northern BC kitchen and then met with the Feed BC leads. A subsequent Working Group meeting was held on January 16, 2020, which focused on planning Feed BC promotions in Northern Health. The Ministries also provided an update on Feed BC activities to the Working Group. A third Working Group meeting, scheduled for March 13, 2020 was postponed because the Feed BC leads needed to attend to COVID-19 preparedness work.

Supported Promotional Activities:

Northern Health is planning a Feed BC promotion similar to the promotion in Interior Health last year. The consultants supported Northern Health in the development of their promotional material and coordinated approvals from the Ministries and the health authority. The consultants also prepared a one-page staff information sheet and a list of BC suppliers to Northern Health to support the promotional activities.

The consultants also assisted with work underway on a proposed minister's announcement in Northern Health planned for later in 2020.

Reviewed Velocity Reports:

As with Interior Health, the consultants received the velocity reports for Northern Health food purchasing and provided an analysis of those reports to help the Feed BC leads identify high volume/high dollar value food items and generate ideas for searching out possible local sources.

2.2 Supported Feed BC in Fraser Health

Convened and Facilitated a Working Group:

On May 27 and June 28, 2019, the consultants met in New Westminster with representatives from Fraser Health (Linda Forbes, Noordin Karmali, Tina Hartnell, Kelly Dewsbury), and representatives from Compass, Sodexo and the PHSA Supply Chain to describe the assistance that was provided to Interior

Local Food Procurement by BC's Health Care Sector

Feed BC – Report for March 31, 2020

Health to support Feed BC implementation and to discuss what assistance would be of interest to Fraser Health. The attendees at this meeting formed the Fraser Health Feed BC Working Group. The consultants prepared draft Terms of Reference for this committee and a draft Communications Plan, which was reviewed at the September 26, 2019 Working Group meeting. The Working Group met by teleconference on January 30, 2020 to receive an update on the Minister's announcement the previous day (see below) and to discuss the planned implementation of the tray cards and poster promotion (see below). At each Working Group meeting, the Ministries provided updates on Feed BC activities.

The consultants toured Surrey Memorial Hospital and Queens Park Care Centre kitchens the morning of the June meeting, and they toured Burnaby Hospital and Royal Columbian Hospital kitchens the morning of the September meeting.

Supported Promotional Activities:

On January 29, 2020, the Minister of Agriculture visited the Ridge Meadow Hospital/Baillie House in Maple Ridge to announce that Fraser Health was joining the Feed BC initiative. In preparation for the announcement, the consultants prepared a one-page information staff information sheet; briefing bullets for senior staff; and a list of BC food suppliers to Fraser Health. Fraser Health Communications used this material to prepare an article to highlight Feed BC in *The Beat*, the in-house e-newsletter.

Early in 2020, Fraser Health planned and implemented a tray card and poster promotion based on the promotion in Interior Health last year. The consultants supported Fraser Health in developing their promotional materials and in the approval process for these materials.

In the Fall 2019, the consultants and Feed BC leads did background work on the Minister of Agriculture's interest in putting fresh BC apples on patient trays. Because Fraser Health already puts whole fruits on trays and the Feed BC leads raised concerns about likelihood of increased wasted food, this promotion was not pursued.

2.3 Continued to Support Feed BC in Interior Health

Implemented Regular Check-in Calls:

The Interior Health Working Group, which was in place for 2018/19 to guide the early implementation of Feed BC, has been discontinued. Instead, Feed BC is a standing agenda item for Interior Health's new Foodservice Steering Committee, chaired by Amanda Smith.

The consultants put in place regular check-in calls with the Feed BC leads in Interior Health (Donna Koenig and Amanda Smith). These calls were valuable for keeping the consultants up to date on implementation progress and issues in anticipation of the need for timely information for minister briefings. Where possible, other key partners joined the calls - Mary Ann Slowka (Aramark); Jennifer Oravec (Sysco Kelowna); Curtis Langford (Interior Health). There were seven check-in calls between April 2019 and February 2020.

Facilitated Meeting in Kelowna/Review of Velocity Reports:

The consultants travelled to Kelowna on March 2, 2020 to meet with Sysco Kelowna's new local food procurement specialist (Jennifer Oravec) and to bring together all the key partners – Interior Health, Aramark and Sysco Kelowna – as the health authority enters its third year of Feed BC implementation. The consultants shared what they had learned through their work with Interior Health and other health authorities.

The consultants had completed an analysis of velocity reports (for the first ten months of 2019/20) prior to the meeting and reviewed this work together with the key partners. This seemed to be an effective approach in identifying possible new opportunities to make further gains in BC food procurement in Interior Health.

Supported Promotional Activities:

Interior Health undertook their second tray card and poster promotion in early 2020. The consultants supported Interior Health in developing the promotional materials, and in the approval process for these materials.

2.4 Activities at the Provincial Level

Definition of Health Authority Production Facilities/Complexities of Costing BC Food Procurement:

In May and June 2019, the consultants drafted an issue note and consulted with health authorities to clarify the inclusion of foods made in health authority production facilities under the definition of BC processed foods. They also supported the Ministries to further develop the definition of BC processed foods to support the Ministry of Health tracking and reporting requirements.

In November and December 2019, the consultants drafted an issue note on the complexities in estimating the cost of BC food procurement after consultation with health authorities on the issue. The information provided context to the introduction to the 2018/19 Annual Report (see below).

Health Authority Spends on Key Foods:

To assist the work of the food processing analyst in Ministry of Agriculture (Dora Shih), the consultants surveyed the health authorities with in-house foodservices (Northern Health, Island Health, Fraser Health and Interior Health) on annual spends and key product specifications for seven key foods requiring BC sources – portioned cheeses, single serving yogurts, single serving ice cream, ready-made mashed potatoes, ready-made salads, portioned fruit cups, portioned juices, and portioned applesauce. In November 2019, this work was updated to include frozen vegetables.¹

¹ The consultants had subsequent discussions with BISS and Island Health about the likelihood of getting this information for contracted foodservices and determined that companies would consider sharing information for a few items but not provide complete velocity reports. Furthermore, even if a BC supplier was identified for a commodity, it would not necessarily follow that the companies would make a switch because they are tied to national contracts with confirmed quantities.

2018/19 Annual Report:

Under the policy communique, health authorities are required to track the amount spent on BC food and report annually to the Ministry of Health. The Ministry of Health was interested in understanding and documenting the unique experiences of each health authority in implementing Feed BC to provide context to the “numbers” in the 2018/19 BC Food Expenditures in Health Care report. The consultants interviewed each health authority to document challenges and successes in purchasing more BC food in 2018/19. The consultants drafted “bullets” for each health authority and foodservice type that were incorporated into the final report.

The consultants worked closely with the Ministry of Health to facilitate more complete tracking and reporting of BC spends by health authorities. The consultants investigated the appropriateness of including the Abbotsford Regional Hospital, operated under a public-private partnership (P3), in Fraser Health’s reporting. Some of the improvements presented in the 2018/19 annual report are: reporting of both total and BC food spends; reporting by both health authority and foodservice type; reporting from PHSA for contracted foodservices; inclusion of Abbotsford hospital in Fraser Health’s report.

Face to Face Provincial Feed BC meeting:

In May 2019, the consultants prepared a proposal for a face to face meeting of the Provincial Local Food Working Group and were involved with the preliminary event planning as part of their activities at the provincial level.

Under a separate contract, the consultants facilitated the meeting to recognize the work of health authorities in implementing Feed BC and to heighten the Ministries understanding of the key challenges that health authorities encounter in procuring BC foods in hospitals and other healthcare facilities. The meeting, which was held in Vancouver on December 6, 2019, facilitated sharing of promising practices and strengthened relationships to continue the momentum of Feed BC and to cultivate champions for Feed BC in healthcare. The consultant prepared a summary report to document the learnings from the meeting.

Translation of Nutrition Standards:

One of the “to dos” from the Face to Face Provincial Feed BC meeting in Vancouver (see above) was to explore the possibility of developing a “translated” version of the Lower Mainland Nutrition Standards² to assist producers/processors in understanding the specific needs of the healthcare sector. The consultants developed a one-page resource for food producers and processors interested in selling to hospitals and care facilities that provides information on the nutrition standards for foodservice in health care. This resource is currently with the Ministry of Health for review and will then go to the provincial Food Services Technical Team for approval.

² Foodservices in health care follow strict nutrition standards to ensure the health and safety of individuals in their care. The Lower Mainland Nutrition Standards (LMNS) are developed jointly by Fraser Health, Vancouver/Coastal Health, Providence Healthcare and Fraser Health. Interior Health and Northern Health follow the LMNS; Island Health has their own nutrition standards.

3.0 Assessment of Project Implementation

3.1 Ongoing implementation in Interior Health

Interior Health prepares nearly 5 million meals a year for patients and residents in their 55 sites and for individuals in need in the community through their *Dinners at Home* program. Interior Health is in the final years of transferring from HealthPro contracts to the Aramark agreement shared with Northern Health and Island Health. Only a very few commodities will be sourced through HealthPro in 2020/21 and Aramark will be their only GPO by April 2022. Their distributor is Sysco Kelowna.

In early 2019, Interior Health hired a culinary manager (Curtis Langford) who has since developed a region-wide menu that was implemented in early 2020 for all of Interior Health sites. He has also streamlined the production kitchen outputs from 55 items to 26 items. The culinary manager will continue to work closely with local vendors and Sysco Kelowna to trial different BC products to be featured in standardized recipes and seasonal menus for the whole health authority.

The Ministry of Agriculture developed a partnership with Sysco Kelowna to engage a new local food procurement specialist (Jennifer Oravec) to support Feed BC implementation. The specialist took on this role in March 2020. The procurement specialist will work closely with BC suppliers to support them in supplying Interior Health with suitable products (in terms of nutrition, food safety, portion sizing and packaging) and that meet the required conditions (i.e., guaranteed volume and supply, standards, certifications, insurance). This position will also facilitate the development of innovative tactics to increase the visibility of BC food in Sysco's ordering system. This work will also have application to Northern Health.

Interior Health – Contribution of Production Kitchens:

Interior Health has production kitchens in Vernon Jubilee Hospital (making entrees) and Penticton Regional Hospital (making textured modified items) that are used to complement other food made on-site at Interior Health's healthcare facilities. These foods are distributed through Sysco Kelowna to their sites, so they are considered to meet the definition of a BC food.

As noted in the last report, food ingredients purchased for the production kitchen and site "purchases" of the food items made from the production kitchens were both being captured in the velocity reports, which form the basis for the calculation of total food spends and BC food spends. Therefore, the total food purchase was not accurately stated. Calculating the true cost of the production items was becoming increasingly relevant because Interior Health and Northern Health were in discussions to sell Interior Health production sites entrees to Northern Health.

In response, Interior Health created a separate cost centre for production kitchens, allowing Interior Health to determine the value of a fully costed item. Now, when Interior Health calculates their total food spend, they will exclude the production site costs, and include the fully costed value of the entrees being "purchased" by Interior Health sites. In addition, this change allowed Interior Health to accurately price entrees for Northern Health purchases.

Interior Health - Procurement and Reporting Processes:

In early 2019, Interior Health identified several processes to facilitate ordering of BC food by foodservices staff. Those processes were:

- greater use of Sysco's Lock/Link feature in the ordering system to allow Sysco to direct the foodservice staff to a preferred item (including an item that is local)
- greater use by Sysco of a special symbol identifying BC food items in the ordering system
- use by Sysco of Interior Health's distribution list to inform foodservices staff of product availability information in a timely way

The Lock/Link feature was implemented for some seasonal produce. The introduction of a region-wide menu will allow for more extensive use of the Lock/Link feature in the future. Sysco's use of the special symbol identifying BC food items has only been used as new items are added to their ordering system. It is a manual process that requires considerable time and special knowledge to determine whether items are being produced or processed.

Interior Health - 2018/19 Switches of Shell Eggs, Ground Beef, Frozen Vegetables:

In order to shift some of the purchasing to BC suppliers, and thereby reach the 30% goal by March 31, 2019, Interior Health identified shell eggs, ground beef and frozen vegetables as possible "quick wins". The switch to BC shell eggs and ground beef occurred late in the last fiscal year, so the full impact was not realized in the 2018/19 reporting year. The full effect will be evident for 2019/20. These are significant buys, worth approximately \$340K. They are expected to contribute to at least a 1% increase in Interior Health's BC food percentage for 2019/20, assuming other BC food buys remain constant.

The switch to a BC supplier of frozen vegetables did not proceed as anticipated. Frozen vegetables are under contract with HealthPro until March 31, 2020 with a non-BC supplier. Under the terms of the agreement, Interior Health can outsource up to 20% of the total purchases of a product under contract. Interior Health and Sysco Kelowna identified BC Frozen Foods as their vendor of choice for frozen vegetables for the allowable 20%, however the parties were unable to reach an agreement.

Recently, Interior Health, Sysco Kelowna and Aramark renewed talks with BC Frozen Foods and an agreement for the purchase of five SKUs (diced carrots, sliced carrots, peas, 4-way mix, butternut squash) has been reached. Ordering by Interior Health sites is expected to begin before the end of April and will have a positive effect on local food spends in 2020/21.

Interior Health - 2019/20 Potential Switches:

In Year 2, considerable effort was devoted to identifying potential BC food suppliers and products that could be sourced by Interior Health. Those efforts were focused on reviewing the Interior Health velocity reports produced by Sysco Kelowna, and by exploring the HealthPro contracts as they transitioned to Aramark.

Since April 2019, Interior Health has investigated several possibilities:

- Individually wrapped muffins – Monte Cristo Bakery in Surrey was explored but they were not able to meet the size requirements and the price point was not acceptable.

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- Diced beef – a BC processor was identified but the cut of beef and price point was unfavorable. Another cut of beef is currently being tested for suitability.
- Ice cream and yogurt – there were no suppliers within BC that met Interior Health’s size requirements for ice cream and yogurt cups.

Coffee has been discussed with Interior Health (and with other health authorities) as a potential “big win”, however the issue is complicated. Coffee is purchased as a full-service item – coffee, equipment and servicing are tied together in one agreement. This has been raised with the PHSA Supply Chain and will be pursued as an opportunity in Year 4.

Interior Health - Expiration of HealthPro contracts:

The majority of remaining HealthPro contracts will expire this current fiscal year and next, thereby creating an opportunity to explore possible switches to BC produced or processed foods. ^{s.17}

s.17

Other contracts expiring March 31, 2020 include:

- Dry Cereal
- Fruit Salads, Fresh
- Cheeses
- Cookies/Crackers
- Sauces, Dry
- Muffins, RTS

Contracts expiring March 31, 2021 include:

- Soups (canned, RTU, frozen, dry)
- Turkey breast and chicken (breaded and diced breast)
- Cookies (frozen dough) and pie/tart shells
- Premade salads
- RTS French toast and pancake/flavour syrups
- Beverage, Concentrates, Base, thickened (Nestle)
- Jams, Jellies, Fruits Spreads Margarine

The last three contracts, expiring March 31, 2022, are for entrees from Apetito, Campbells and Nestle.

Interior Health – Feed BC Promotions:

Based on positive feedback from their first tray card and poster promotion implemented in early 2019, Interior Health is conducting a second tray card and poster promotion in February and March 2020. The number of participating sites has expanded from seven sites to 24 sites, including some long-term care facilities. The eastern part of the health authority, which was previously hesitant, is participating this

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time. Interior Health is allowing their sites to determine how often and at what meals the tray cards will be used, and they will report out on the effectiveness of this approach. Interior Health is also displaying Feed BC zap banners in some sites – a new communications tactic for 2020.

3.2 Onboarding of Northern Health

Between April 2019 and March 2020 Northern Health provided 1.9 million meals to patients and residents in 27 acute care and long-term care facilities. Northern Health uses a common menu for all facilities; entrees are either made from scratch or are approved outsourced items. The GPO for Northern Health is Aramark; the distributor is Sysco Kelowna, except in the northeast where the distributor is Sysco Edmonton.

Northern Health has been working for several years with Aramark to increase their use of BC foods and this work continues with the introduction of Feed BC to that health authority. Northern Health reported their BC food spends as 16% in 2016/17; 19% in 2017/18; and 23% in 2018/19.

Northern Health – Potential Switches:

Recently, Northern Health investigated the potential for switching their muffin batter supplier to a BC producer (English Bay Batter) but did not pursue this because they were advised that this bakery would be transferring their operations to Ontario. Northern Health is currently investigating the possibility of purchasing more of their cheese from the BC processor, Paradise Island.

Northern Health – Loss of Milk Cup Supplier:

In February 2020, it came to light that Saputo had transferred production of 120 mL milk cups from their plant in BC to a facility outside of BC. Northern Health purchases a large quantity of milk cups from Saputo. Based on velocity reports from 2018/19 and depending on the actual date that production was transferred out of the province, Northern Health is expecting a reduction in their BC food buys of approximately \$1.7 million. Northern Health is currently looking into whether they can source some of their milk cup purchases through Agropur (Island Farms).

Northern Health – Entrees from Interior Health:

In September 2019, Northern Health sites began ordering three entrees made in Interior Health's production kitchens – turkey chili, shepherd's pie and sweet and sour pork – from Sysco Kelowna. These entrees replaced similar entrees from Apetito, a non-BC supplier.

Sysco Kelowna is now working with Sysco Edmonton to make these entrees available to the sites in the northeast part of the health authority. While there are only a few sites in the northeast, they are the greatest users of approved outsourced entrees. Once available, the Northern Health ordering processes ensure that the Interior Health products are preferentially selected. The value of these three entrees was approximately \$65K in 2018/19.

Northern Health – Feed BC Promotions:

Northern Health's Feed BC promotion will start April 2020 and last six weeks (pending COVID-19 response) and will be region-wide in all 27 sites. Tray cards and posters will be used in acute care; posters

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only in long term care. It will be augmented by other internal promotion tactics including a website banner and a desktop backdrop designed by Northern Health's document development team. Northern Health will also circulate Feed BC zap banners for display in their sites. Northern Health is also looking at opportunities to expand their use of menu tray tickets to identify BC foods.

3.3 Onboarding of Fraser Health

Fraser Health prepares nearly 5 million meals a year for patients and residents in hospitals and care facilities. Fraser Health has both in-house (70%) foodservices and contracted (30%) food services. Fraser Health in-house foodservices sources primarily through HealthPro contracts, which are for 3 + 1 + 1 years³ beginning on April 1; therefore, switches to BC foods cannot be implemented quickly. Fraser Health in-house foodservices also has several contracts in place for various commodities (e.g. fluid dairy, bread). The distributor for Fraser Health in-house foodservices is GFS.

Both Sodexo and Compass provide contracted foodservices to Fraser Health. The distributor for Sodexo is GFS; the distributor for Compass is Sysco Vancouver.

In 2018/19, Fraser Health reported their BC food spends to be 28.1% for in-house; 29.3% for Sodexo; and 23.3% for Compass – with an average of 27.7%. In 2017/18, Fraser Health reported their BC food spends to be 31.1% for in-house; 26.8% for Sodexo; and 16.5% for Compass; an average was not calculated in 2017/18 because total spends were not reported. Reporting was also not required by the Ministry prior to 2018/19.

Fraser Health – Potential Switches:

Fraser Health takes advantage of the 20% clause in HealthPro contracts, which allows signatories to purchase up to 20% of the value of the commodity from another supplier. Fraser Health has used this clause over the past few years to shift some of its purchasing to local suppliers for muffins (Monte Cristo) and juices (Sun Rype). Other locally sourced products include shell eggs, fluid milk, bread and protein items (chicken and ground beef) through separate purchasing contracts.

The Burnaby production kitchen makes cooked cereal that is distributed through GFS. This product is therefore considered to be a local food and contributes to the local percentages reported. Fraser Health also does some off-contract sourcing through PHSA Supply Chain to meet unique requirements of their retherm kitchens.

Unlike Interior Health and Northern Health, the consultants have not received velocity reports for Fraser Health food in-house purchasing because of the complexity of their procurement process; instead the consultants rely on the Feed BC leads to provide abstracted information on BC food spends. The impact of various switches to BC sources has therefore not been estimated. In addition, information on Compass and Sodexo food purchase decision-making is unavailable, other than the summary reporting that these

³ 3+1+1 years refers to the option within the contract to extend the contract for one year plus one more year beyond the original three-year term at HealthPro's discretion.

contracted foodservice companies do annually. Both Sodexo and Compass use their own national procurement services, which do not prioritize BC foods, but both companies are working to increase their BC food spends for BC facilities.

Fraser Health – Feed BC Promotions:

Beginning February 2020, Fraser Health implemented the tray card and poster promotion (modelled after the promotion in Interior Health) in 16 health authority managed sites, which include some Compass and Sodexo contracted foodservices. Posters are used primarily in long term care facilities, and tray cards in acute care facilities. Tray cards are being distributed at one meal per week for 12 weeks, matching as much as possible to a meal that featured a BC food. Feed BC leads reported that the tray card promotion is “going well” and that the posters are displayed in strategic locations in all sites. Sites will report to the Feed BC leads on the manageability and usefulness of the promotion.

3.4 Issues, Facilitators and Barriers

In 2019/20, the Ministry of Agriculture has made a concerted effort to address the leading barriers described in the March 2019 interim report through the creation of new resources and partnerships; however, these “supply side” issues in particular take time to address and therefore continue to be major challenges to health authorities as they implement Feed BC:

- Small suppliers have challenges working through healthcare’s procurement systems
- GPOs are hesitant to work with BC suppliers
- The lack of BC suppliers

In 2019/20, the Ministry of Health refined the methodology for tracking and reporting BC food spends based on the experience gained through the past several years. The reporting methodology will likely continue to evolve as health authorities and distributors identify new ways to identify and track BC foods.

Reporting by Contracted Foodservices:

The 2019 Ministry of Health policy communique requires all health authorities to seek opportunities to procure more BC food; and to annually track and report the amount spent on BC food. The communique gives health authorities clear direction to optimize procurement of BC foods and the leverage to obtain and report information from their distributors and contracted foodservice companies.

Last year for the first time, information on total food spends was provided by Compass and Sodexo for each health authority. These companies are currently contracted to Vancouver Coastal, Fraser Health and Island Health. These contracts are approaching expiration over the next one to two years. It is uncertain whether these contracts will be renewed or extended given that foodservices are under consideration for repatriation. This uncertainty raises questions as to whether:

- contracted foodservice companies will comply with future requests for information on their total and local food spends; and
- these companies will participate in Feed BC by searching out and purchasing more BC food.

If health authorities are directed by the Ministry of Health to repatriate foodservices, implementing Feed BC will not be a priority for them for some time to come.

Local Food Procurement by BC’s Health Care Sector

Feed BC – Report for March 31, 2020

Definitions for Reporting Methodology:

The policy communique included a reporting methodology that defined a local food as “a final product produced and/or processed within the borders of British Columbia”. This definition was agreed upon by the Provincial Local Food Working Group and it has been the basis for the calculation of BC food for the past several years. After consulting with the health authorities, the Ministries decided that foods processed in health authority production facilities and distributed through a broadline distributor will be considered to be BC foods for the purpose of the Policy Communique directive to track BC food spends for the following reasons:

- Items made by production facilities support the goals of Feed BC.
- There is a need to be consistent with our definitions. If products, such as modified textured meals from Ontario were processed in BC and purchased by a health authority through a broadline distributor, similar to items made by HA production facilities, they would be considered BC foods.
- Production facilities are an innovative approach to fill the food processing gap that exists in BC.

Therefore, the entrees prepared by the Vernon hospital, the texture-modified items prepared by the Penticton hospital, and the hot cereals prepared by the Burnaby hospital are considered B.C.-processed foods and included in the BC food calculations in the most recent annual report. This decision will be revisited in the future, as the decision did not receive unanimous support from the health authorities.

The discussion around food processed in production kitchens generated questions as to what constitutes a “B.C.-processed food”. Subsequently, the Ministry of Agriculture clarified the definition of B.C.-processed food to augment the Ministry of Health policy communique, as follows:

B.C.-processed food includes a food that has undergone one of the following activities performed in a **commercial food and/or beverage manufacturing facility** located in BC, for the purposes of sales and distribution:

- General physical alterations: grinding beef, milling wheat, crushing tomatoes, shredding cheese, chopping cucumbers, etc.; and/or,
- Extending shelf life: freezing, canning, drying, pickling, smoking, fermenting, etc.; and/or
- Combining ingredients to make a new product: Baking muffins, making pizza, blending juice, mixing salad greens, etc.

For greater clarity, the Ministry specifically excluded cleaning, washing, bagging, packaging and/or wrapping, unless combined with one of the above activities; and included specific food products processed for sale and distribution by named health authority production facilities. This definition was intended to clarify reporting on 2018/19 BC food spends and did not necessarily reflect the Ministry of Agriculture definition of B.C.-processed food for other purposes, nor the reporting methodology for other sectors supported by Feed BC.

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

As noted, 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 continues to be challenged in two ways:

- some people see local as meaning local to their region or community, not the province
- some people see local as meaning comprised of locally sourced items or ingredients

There is a growing interest in environmental sustainability and food security; acceptance of the present definition will continue to be a challenge. Greater acceptance of the provincial perspective might occur as local producers and processors become aware of Feed BC and they begin to sell to institutions on a provincial scale.

4.0 Impact of the Project to Date and Moving Forward

Year 2 of the Feed BC project focused implementation resources in Interior Health, as the early adopter, to support them to meet the aspirational target for healthcare services of 30% BC food spend. Year 2 was successful in that Interior Health exceeded the target for 2018/19, and other health authorities have also made gains in their reported percentages. Comparisons between years are difficult because of differences between how health authorities reported in 2017/18 and 2018/19. A provincial average comparison between 2017/18 and 2018/19 is not possible, because total food spends were not reported until 2018/19 and overall percentages were therefore not calculated for 2017/18. The average for all health authorities for 2018/19 was 27.3%, with a range of 23.1% (Northern Health) to 30.9% (Interior Health). This was the first year that reporting was required by the Ministry of Health.

While Feed BC has given health authorities clear direction and additional supports, their food budgets have not increased to incorporate the often more expensive locally sourced foods. Health authorities are to be commended for using creative solutions and expert budget management to increase their BC food expenditures.

A focus of Year 3 was to begin to onboard other health authorities so that all health authorities are fully participating by the end of 2020/21. Fraser Health and Northern Health made implementation of Feed BC a priority in 2019/20, forming working groups, looking for opportunities where possible to switch to BC sources, and planning promotions. Northern Health (because they share the same GPO and distributor as Interior Health) is well positioned in Year 4 to benefit from the supports made available to Interior Health. Another positive is that Island Health has indicated their readiness to work with the consultants early in the new fiscal year.

Contracted foodservices have made gains in their reported BC food expenditures between 2017/18 and 2018/19, which is encouraging (25.1% in 2018/19). Contracted foodservices comprise approximately 40% overall of the foodservices in BC and they are the predominate foodservice type in the lower mainland. Contracted foodservices are fully aware of the work underway and participate to some degree on Fraser Health's Feed BC Working Group. At the provincial level, Sodexo and Compass are represented on the health authorities' Food Service Technical Team and the Ministry of Agriculture's Value Chain Advisory Council. Work by Ministry of Agriculture contractors (fsStrategy and Derek Sturko) has set the stage for

more in-depth engagement with contracted foodservices in Year 4. The possibility of repatriation of foodservices will be a factor.

To move beyond the 30% target, health authorities will require BC vendors of high value products, such as processed proteins and processed dairy products, sold at a price point that is competitive with other vendors. The loss of processing capacity, such as dairy and baking, to other provinces is making it more difficult to achieve the aspirational goal and beyond.

A key challenge in the next phase of the project will be to continue momentum. The consultants have found that health authorities that have been onboarded are starting to show signs of “engagement fatigue”. The face to face Provincial Feed BC meeting bolstered health authority support for Feed BC among health authorities that have been less involved with the project to date. The next emphasis will be on the remaining health authorities that have not been actively engaged in Feed BC to date, a focus that is well-timed.

One of the takeaways in working with Interior Health and Northern Health is the importance of having a team approach with the health authority, and their distributor and GPO. It is often a long supply chain from producer to health authority (e.g., farmer to aggregator to wholesaler to distributor to hospital) and the distributor is often the most knowledgeable. The recent partnership between Sysco Kelowna and the Ministry of Agriculture is demonstrating the positive impact of having a position at the distributor level actively engaged and focused on Feed BC. This approach will be pursued with GFS in Year 4 with hopefully similar results.

PHSA Supply Chain involvement in Feed BC has been limited to date, however they have indicated their interest in taking on a more active role in Year 4. They have voiced the need for a resource within PHSA Supply Chain dedicated to advancing Feed BC. PHSA Supply Chain is responsible for the agreements with HealthPro and Aramark for in-house services for health authorities. They are able to facilitate provincial tenders for food products of interest to many health authorities, such as coffee and other beverages.

5.0 Recommendations

The following recommendations are made as Feed BC moves into its next year:

- Confirm and restate the expectations of the Ministries for health authorities in implementing Feed BC in Year 4
- Engage PHSA Supply Chain to continue the momentum of Feed BC and determine specific roles for them to support sourcing of BC foods
- Develop an approach to onboarding the remaining health authorities with contracted foodservices, working specifically with Compass and Sodexo
- Onboard Island Health in-house foodservices as a priority
- Engage GFS directly to support Feed BC implementation in Fraser Health and Island Health
- Continue to support Interior Health and Northern Health, particularly with leveraging opportunities identified through their common distributor and GPO
- Work with health authorities to refine the methodology to improve reliability of reporting

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TRADITIONAL FOODS AND INDIGENOUS RECIPES IN B.C.'S PUBLIC INSTITUTIONS

Queenswood Consulting Group

October 22, 2020

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EXECUTIVE SUMMARY

This report summarizes a qualitative study of the barriers and facilitators to serving traditional foods and Indigenous recipes in public institutions in British Columbia (B.C.), with a focus on health care and post-secondary institutions. The study, and the development of considerations and a webinar format to share with key stakeholders took place between (February-October 2020), and explored the following:

- Applicable B.C., federal, or other legislation and regulations that prohibit or support the use of both non-market (donated) and market (purchased) traditional foods;
- Current programs in B.C. public institutions that offer traditional foods or Indigenous recipes, focusing on health care facilities and post-secondary institutions and extending if possible to K-12 schools and correctional facilities and other public facilities;
- Limited consultation to identify current practices, including discussions with Indigenous people and Knowledge Keepers in B.C. working to preserve or increase access to traditional foods and staff from health authorities (including the First Nations Health Authority [FNHA]) and post-secondary institutions that oversee food procurement and menu planning; and
- A jurisdictional scan on traditional food programs that have been implemented in Canada, documenting their successes and challenges.

This study was undertaken in the context of the Government of B.C.'s concurrent efforts to 1) understand the needs and increase the use of B.C. produced and processed foods in government facilities, 2) improve the patient experience in health care, and 3) build collaboration across other government interests and sectors – such as education, post-secondary institutions, and corrections – that support tangible opportunities to further Government's commitment to reconciliation with Indigenous peoples. Reconciliation includes improving the quality of life of Indigenous people through new economic partnerships, resource development revenue sharing, and closing gaps in health, education, skills training, and employment. The Government of B.C. passed legislation¹ in November 2019 to implement the U.N. Declaration on the Rights of Indigenous People (UNDRIP), which includes rights to traditional medicines and health practices, including the conservation of Indigenous peoples' vital medicinal plants, animals and minerals.²

¹ B.C. *Declaration on the Rights of Indigenous Peoples Act*:

<https://www.leg.bc.ca/parliamentary-business/legislation-debates-proceedings/41st-parliament/4th-session/bills/first-reading/gov41-1>

² United Nations Declaration on the Rights of Indigenous People, 2007

www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

It is important to note that this study was not intended to present a comprehensive report on traditional foods of all Indigenous people in B.C., but to understand the central barriers and opportunities for public institutions to incorporate traditional foods and Indigenous recipes. Meaningful engagement with Indigenous communities is a necessary next step to any government or public health initiative to bring more traditional foods into facilities.

There is no single definition or understanding of what constitutes “traditional food.” Some consider only foods that were available in a given area pre-European contact to qualify as traditional food, while others accept a broader definition that focuses on how food has been traditionally used and obtained. For this study, traditional foods are considered to be animal and plant species that are harvested from, or cultivated within, the natural environment - such as wild meat, fish species, bird species, plant species, and berries - through traditional activities such as hunting, fishing and gathering during seasonal periods.

Similarly, there is a wide range of acceptance of what is considered an Indigenous recipe, which can include everything from only those items prepared with pre-contact food ingredients, to recipes that Indigenous people would customarily eat, regardless of food source or type. Here, recipes that draw on historical Indigenous food traditions but have been adapted to use commercially available (market) ingredients are considered Indigenous recipes.

As noted, this was primarily a qualitative study, based on interviews with 60 individuals (see list of study participants, Appendix A). Publicly available information and studies about food purchasing practices were also considered for the public institutions within scope: B.C.’s 25 public post-secondary institutions, seven health authorities (including the FNHA), ten correctional centres, 60 school districts and approximately 5,000 licensed child care centres.

Although not the focus of this report, there was an inherent shared understanding among all participants of the benefits offered by increasing the provision of, and access to, traditional foods and Indigenous recipes. These include strengthened cultural connections, higher nutritional value, enhanced connection to the land, mental health benefits, and potential reduction in costs should the availability and use of such foods gain more prominence.

Study participants also confirmed some of the key barriers identified in the study’s high-level review of the available literature. These include:

Legislation and regulation: multiple provincial statutes, regulations and guidelines are discussed in the report. Together, they reinforce two central barriers to increasing the use of traditional foods:

- a) restrictions on the commercial use of many wild-sourced traditional foods; and
- b) restrictions on the ability of food premises to serve food obtained from an unapproved source.

Understanding of traditional foods: a number of challenges relate to understanding what constitutes traditional food, and how these foods vary across the almost 200 First Nations and other Indigenous communities within B.C. Other specific challenges include loss of Traditional Knowledge and practices and a lack of understanding about these practices among non-Indigenous people and institutions who are part of food procurement and service processes.

Access to traditional foods: both historical factors (including the legacy of colonial practices that denied access to lands and waters) and practical limitations (including the time and cost required to harvest traditional foods in acceptable ways) serve as a barrier to increasing the use of traditional foods.

Supply of traditional foods: the ability to secure sufficient supplies of traditional foods to meet demands is another challenge, including factors such as a lack of sufficient quantities in the wild, lack of commercial processors and distributors, the cost of foods where they are available, the risk of overharvesting, and preserving the existing stocks in the face of climate change and environmental degradation.

Food service limitations: institutional restrictions and requirements such as contracting practices, onerous policies for approving alternative sources of food, and the necessity of meeting dietary guidelines that do not always reflect Indigenous food traditions and practices also serve as a barrier to increased use.

One result of these barriers and challenges is that within B.C. there are limited examples where public institutions are serving traditional foods, and almost all of these are purchased from the few food businesses that meet the criteria for approved sources, including sources that are non-B.C. and/or non-Indigenous. This has both practical and cultural implications. On a practical level, it means that the foods which are available are both expensive and in many cases challenging to source, so that even where institutions may want to offer or expand programs, they are effectively prevented from doing so.

Culturally, the status of food that is sourced from commercial vendors may not be considered traditional by some, especially if it is raised unsustainably or harvested in ways that do not reflect traditional protocols.

Based on findings from the literature and the study's jurisdictional review, and the study's conversations with some Indigenous leaders and professionals working in public institutions across B.C., a number of considerations are identified that might 1) inform the overall approach going forward and the next phase of engagement, 2) provide opportunities to explore changes to legislation or regulation, and 3) suggest short and longer term projects or actions to support an increase in traditional foods and Indigenous recipes in B.C.'s public institutions.

Considerations: potential strategies that could be adopted for overall efforts to increase the availability and use of traditional foods and Indigenous recipes in B.C.'s public institutions. These include:

- Ensuring that Indigenous people are central to efforts and that local traditions are foundational;
- Starting small, with feasible goals and initiatives;
- Connecting to Truth and Reconciliation calls to action;
- Continue to explore co-stewardship and expansions of Indigenous harvesting rights;
- Connecting to other “buy local” commitments;
- Building networks of traditional food distributors;
- Supporting education about gathering and using traditional foods; and
- Being patient in efforts to change underlying biases and beliefs.

Shorter term actions: a number of options are identified that could be undertaken in the short term, with smaller investment, and/or through funding with existing grants and programs. These include:

- Continuing engagement and listening, through longer-term and more comprehensive consultation;
- Identifying and mapping the different traditional food regions across British Columbia;
- Developing a repository of Indigenous recipes;
- Using toys to increase children's familiarity with traditional foods;
- Working with dietitians to increase the use of Indigenous recipes in health care facilities;
- Developing and enabling alternative food safety approvals; and
- Developing Indigenous food processing facilities.

Longer term actions: the following ideas are identified as worthy of exploration as a means to support an increase in the use of traditional foods and Indigenous recipes in B.C.'s public institutions:

- Exploring options for supporting new or renewed ways of production;
- Working with Knowledge Keepers to develop a HARVESTSAFE program;
- Working with dietitians to increase the use of Indigenous recipes in correctional facilities;
- Supporting the integration of traditional foods into the K-12 Indigenous language curriculum;
- Working with First Nations to develop regional food dispensaries across B.C.;
- Creating regulation to allow for First Nation food dispensaries' sale of wild-sourced meat under limited circumstances; and

- Exploring co-stewardship and expanding Indigenous harvesting rights.

The considerations represent important opportunities to explore further work through the wider and deeper consultation that should form the basis of future actions aimed at increasing the use of traditional foods and Indigenous recipes in B.C.'s public institutions. Such work could also have broader application and support more opportunities in various sectors.

TRADITIONAL FOODS and INDIGENOUS RECIPES in B.C.'s PUBLIC INSTITUTIONS

PURPOSE OF REPORT

British Columbia's Ministry of Health, Ministry of Agriculture, Ministry of Advanced Education, Skills and Training and other partner ministries are working closely to increase the use of British Columbia (B.C.) grown and processed foods in hospitals, schools and other government facilities under the Ministry of Agriculture-led Feed BC initiative. Recognizing the shared objective to increase the use of B.C. foods, improve the patient food experience in health care, and efforts to increase access to traditional foods and Indigenous recipes in public institutions, partner ministries wish to understand the facilitators and barriers to serving traditional foods and Indigenous recipes in B.C.'s public institutions.

Queenswood Consulting Group was contracted to complete a qualitative study to identify the barriers and facilitators to serving traditional foods and Indigenous recipes in public institutions. This report presents the findings of that study as well as considerations for moving forward.

CONTEXT

The Ministry of Agriculture is working across government and industry partners to bring more British Columbian food to provincial government institutions and facilities through the Feed BC initiative. Given the complexity of the food procurement system for government facilities, the Ministry of Agriculture is working closely with partner ministries and foodservice staff, and advisory committees including Feed BC Value Chain Advisory Group. The Advisory Group is made up of representatives from across B.C.'s foodservice supply chain, including producers, processors, distributors, group purchasing organizations (GPOs), foodservices, buyers and facilities/clients. The lessons learned about the food procurement processes for B.C. institutions have and will continue to provide helpful groundwork for considerations to increase service of traditional foods and Indigenous recipes.

Another important step towards understanding B.C. public institutions' ability to serve traditional foods and Indigenous recipes was a 2016 B.C. Centre for Disease Control study on *Increasing*

*Indigenous Children's Access to Traditional Foods in Early Childhood Programs.*³ One of the key recommendations of that report was to develop a set of guidelines on serving traditional food in early childhood programs in B.C., and that these guidelines could be “adapted to other settings such as schools, hospitals and long-term care facilities.” This study explored the unique context of other types of public institutions, and the considerations that are set out in this report are provided as opportunities to explore ways of increasing service of traditional foods and Indigenous recipes throughout B.C.’s publicly funded institutions.

This project is also relevant to the Government of B.C.’s commitment to the *UN Declaration on the Rights of Indigenous Peoples* (the UN Declaration).⁴ As part of its work to create true and lasting reconciliation with Indigenous peoples, in November 2019, the province of B.C. passed legislation to align B.C.’s laws with the UN Declaration. As a whole, the UN Declaration emphasizes Indigenous peoples’ rights to live in dignity, to maintain and strengthen Indigenous institutions, cultures and traditions and to pursue self-determined development. Two related articles from the UN Declaration state:

Article 20

1. Indigenous peoples have the right to maintain and develop their political, economic and social systems or institutions, to be secure in the enjoyment of their own means of subsistence and development, and to engage freely in all their traditional and other economic activities.
2. Indigenous peoples deprived of their means of subsistence and development are entitled to just and fair redress.

Article 24

1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.
2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

³ Mundel, Erika, Bevelander, Kirsten, Burgaretta, Mary. 2016. *Indigenous Children's Access to Traditional Foods in Early Childhood Programs*. B.C. Centre for Disease Control.

⁴ UN General Assembly. 2007. *United Nations Declaration on the Rights of Indigenous Peoples : resolution / adopted by the General Assembly, 2 October 2007*

The commitment to align B.C. laws with the UN Declaration open the possibility to explore changes to legislation which currently act as a barrier to serving traditional foods, such as the B.C. *Wildlife Act*'s prohibition on selling wild game or the Food Premises Regulation's requirement for all food served to come from an approved source, when the process to become an approved source excludes the harvesting practice of many traditional foods.

Section 35 of the *Constitution Act, 1982* protects Indigenous rights, including traditional activities such as hunting, fishing, trapping, and gathering plants without a license within their traditional territory. It is important to note that these rights do not apply outside one's traditional territory, and that many Indigenous people reside far from their traditional territory. Indigenous people may seek permission of the First Nations whose traditional territory they live on to be granted the right to hunt, fish or gather there, but this is administratively burdensome for both the individual and the nation.

Key factors in the availability of traditional foods are the health of the natural environment and the access Indigenous harvesters have to steward them. In 2018, the Government of B.C. began a public conversation to improve wildlife management and habitat conservation in B.C., including comprehensive discussions with Indigenous communities, stakeholder groups and members of the public. The culmination of that 18-month engagement was a strategy⁵ to guide the province for the next 10 years, released in November 2019, for review and engagement with British Columbians. It includes Goal 5: Advancing Reconciliation: A Shared Path with Indigenous Governments, which outlines the intent to create new opportunities to work collaboratively with Indigenous governments to effectively and efficiently deliver wildlife stewardship.

METHODOLOGY

To conduct this study Queenswood Consulting Group assembled a team that included Indigenous chefs Andrew George (Wet'suwet'en), Jared Qwustenuxun Williams (Quw'utsun) and Ben Genaille (Cree); subject matter experts Dennis Green of South Arm Training and Jaskwaan Bedard (Haida); and Queenswood resources Jane Worton, Greg Awai and René Peloquin.

The timeline for this phase of the project was very short, with work beginning in February and ending in March 2020. As a result, consultations were limited, though the large team allowed for more

⁵ Ministry of Forests, Lands, Natural Resources Operations and Rural Development. 2019. Together for Wildlife Strategy – DRAFT. <https://engage.gov.bc.ca/wildlifeandhabitat/>

flexibility to connect with people across the province. The purpose of this study was to outline the central barriers and facilitators to serving traditional foods and Indigenous recipes in public institutions through:

- Research and documentation of applicable B.C., federal, or other legislations and regulations that prohibit or support the use of both non-market (donated) and market (purchased) traditional foods, including consultation with food safety, fish, and wildlife experts.
- Identification of public institutions in B.C. currently offering traditional foods or Indigenous recipes with a focus on health care facilities and post-secondary institutions, but also including K-12 schools, early childhood education, and correctional facilities.
- Consultations with staff from the regional health authorities, Provincial Health Services Authority, and post-secondary institutions that oversee food procurement and menu planning, to identify current practices around the use of traditional foods and Indigenous recipes.
- A jurisdictional scan on traditional food programs that have been implemented in Canada, documenting their successes and challenges, including interviews with Indigenous people and Knowledge Keepers in B.C. working to preserve or increase access to traditional foods and the FNHA.

Interviews were requested from and conducted with individuals in eight relevant areas, as summarized below. For a list of individuals who were able to participate, see Appendix A.:

Sector	Requested	Completed
B.C. Corrections	3	2
Early Childhood Education	2	1
Elders and Knowledge Keepers	7	7
Food safety, fish and wildlife government staff	8	8
Health authorities and facilities	23	18
K-12 schools	5	4
Indigenous Restaurants	2	2
Post-secondary institution	19	18
Total	69	60

Not included within the scope of this project was a meaningful consultation with First Nations, Métis and Inuit people and communities across B.C. Only a small number of the 198 First Nations within B.C. were represented within the study participants and project team, nor was any formal consultation conducted with First Nations hereditary or elected chiefs. Comprehensive regional or provincial engagement with Indigenous communities would be a central first step of any further progress towards making traditional foods available in B.C. public institutions. Broader consultations may identify further barriers or facilitators to serving traditional foods.

Based on the findings, the team prepared findings and a series of considerations for the B.C. government to increase the use of traditional foods and Indigenous recipes in B.C. public institutions, including considerations for the general approach going forward, and shorter and longer-term project opportunities.

These considerations through a set of principles developed by the project team, with the intent of reflecting requests for care or attention to issues identified through the consultations with Indigenous people and Knowledge Keepers in B.C. working to preserve or increase access to traditional foods. These principles were not tested or validated as a whole with anyone outside of the project team, and are included within the report to reflect the process. Further work towards increasing access to traditional foods may find it helpful to build on and validate these principles in boarder conversation with Indigenous communities within British Columbia. The guiding principles developed by the team included:

- Protecting traditional food supply;
- Maintaining or improving Indigenous food sovereignty;
- Prioritising Indigenous communities' access to and benefit from traditional foods;
- Understanding the variation in traditional foods and Indigenous recipes between nations and regions;
- Not introducing new economic barriers to accessing traditional foods; and/or
- Increasing access to Indigenous recipes broadly within institutions, without specifically targeting Indigenous patients or customers.

INDIGENOUS FOOD SOVEREIGNTY

Indigenous food sovereignty is a policy approach to addressing the underlying issues impacting Indigenous peoples' ability to respond to their own needs for healthy, culturally adapted foods and includes self determination (the ability to make decisions over the amount and quality of food).

<https://www.indigenousfoodsystems.org/food-sovereignty>

WHAT IS “TRADITIONAL FOOD”?

A fundamental challenge in assessing barriers and challenges related to traditional food and Indigenous recipes relates to the very definitions of these terms. What constitutes “traditional” versus “traditional-inspired” food, and what qualifies as an Indigenous recipe varies widely in the literature and among the participants that took part in this review.

Traditional foods

Traditional foods are also referred to as country foods or wild foods. They mainly consist of animal and plant species that are harvested from the natural environment, such as wild meat, fish species, bird species, plant species, and berries acquired through traditional activities such as hunting, fishing and gathering during seasonal periods.

Some would consider game, fish, birds, plants or berries which are sustainably farmed and harvested with protocol and respect as traditional foods, and others would not. This ambiguity applies to many foods that institutions currently use in their programs, which would not likely meet a strict definition of traditional food.

Indigenous recipes

Indigenous recipes draw on historical Indigenous food traditions but have been adapted to use commercially available (market) ingredients. Traditional methods of preparing Indigenous recipes such as cooking food over an open fire or pit cooking may be challenging to serve in institutional settings due to commercial kitchen requirements.

Regional variation in traditional foods

While there are commonalities, it is important to understand that traditional foods and food systems vary from nation to nation as a result of differences in geographical locations, the availability of food species, trade networks (grease trails) and access to animal migration routes and plant species, and traditional hunting and fishing practices.

When seeking to develop traditional foods to be served in an area as large as a health region, for example, there is likely to be wide variation between traditional foods, especially for regions which encompass both coastal and interior lands.

These variations can also be reflected in the preparation of traditional foods. For example, Coast Salish peoples commonly smoked salmon to preserve it, whereas the Stó:lō wind-dried salmon.

FOOD SERVICE IN PUBLIC INSTITUTIONS

The scope of this project included consideration of food service in B.C.'s public institutions, focusing on health care and post-secondary institutions but also including K-12 schools, early childhood education, and correctional facilities. These are part of B.C.'s institutional foodservice industry, where food is offered as a necessity or convenience for patients or customers but is not typically the primary objective of the facility. For example, while a post-secondary institution typically offers a range of food service options, the institution's main purpose is education-related.

B.C.'s institutional market purchases approximately \$398 million of food products each year.⁶ Most public institutions purchase food through a broadline distributor, though some have the ability to purchase some products through smaller, specialty distributors or direct from producers or processors.

Post-secondary institutions

There are 25 public post-secondary institutions across British Columbia. Foodservice in post-secondary institutions is provided in a variety of services such as residential dining halls, cafeterias, food kiosks/ carts, pubs, cafés, vending machines and catering. Many post-secondary foodservices are contracted, and campuses can include multiple foodservice operators.

Dining hall, cafeteria and pub food is typically prepared in commercial kitchens within the facility.⁷ A recent Feed BC report on B.C. food procurement in post-secondary institutions found that just over a third of public post-secondary institutions manage and operate their foodservices in-house, with the other two-thirds outsourcing or contracting foodservice.⁸ Whether operated in-house or contracted out, B.C. post-secondary foodservices typically purchase food through one of two broadline distributors.⁹ Some post-secondary institutions also offer professional cook or other culinary trades programs, which teach students to prepare a range of food in line with the Industry Training Authority Program Outline.

⁶ fs Strategy Inc. (2019), *Selling B.C. Food to B.C.'s Government Supported Facilities*. Prepared for the Ministry of Agriculture. https://www2.gov.bc.ca/assets/gov/farming-natural-resources-and-industry/agriculture-and-seafood/B.C.FeedBC/selling_B.C._food_to_B.C.s_government-supported_facilities_-_feed_B.C._resource.pdf

⁷ Ibid.

⁸ MNP (2019), *Study on B.C. Food Procurement in B.C.'s Public Post-Secondary Sector*. Prepared for the Ministry of Agriculture. https://www2.gov.bc.ca/assets/gov/farming-natural-resources-and-industry/agriculture-and-seafood/B.C.FeedBC/B.C._food_study_executive_summary.pdf

⁹ Ibid.

In 2015-16, 6.88% of post-secondary students self-identified as Aboriginal.¹⁰ Some post-secondary institutions have notably higher percentages of Indigenous students. For example, in 2015-16 the percentage of Aboriginal learners amongst domestic full-time equivalent students at the following institutions were the highest in the province: Nicola Valley Institute of Technology (91.9%), Coast Mountain College (46.1%), College of New Caledonia (26.3%), Northern Lights College (25.3%). The smaller size of these institutions relative to some others means that the majority of Indigenous learners are often at larger institutions, where they make up a smaller percent of the student population.¹¹

Many, but not all of B.C.'s 25 public post-secondary institutions have Aboriginal Service Plans¹² which are developed in partnership with Indigenous communities and organizations to enhance the post-secondary educational experiences and outcomes of First Nations, Métis and Inuit learners. These plans are intended to build on the Aboriginal Post-Secondary Education and Training Policy Framework, which includes actions to ensure that Aboriginal people are comfortable coming to, and are supported to be successful in, B.C.'s public post-secondary institutions.

Health care institutions

In B.C., five regional health authorities and the Provincial Health Services Authority (PHSA) administer health care facilities, which includes 168 hospitals and publicly funded residential care facilities.¹³ Most decisions about menu planning and purchasing are made at the health authority level, and foodservices are either provided in-house, by a third-party contractor or both.¹⁴

The First Nations Health Authority (FNHA) works with the regional health authorities and the PHSA to address the needs of Indigenous peoples during service planning, policy development and to promote culturally safe and appropriate service delivery. Each of the regional health authorities has an Indigenous health team that works across their organization to improve service delivery to Indigenous people.

¹⁰ Ministry of Advanced Education and Training. 2018. Aboriginal Learners in British Columbia's Public Post-Secondary System. <https://files.eric.ed.gov/fulltext/ED590249.pdf>

¹¹ For example, only 2.9% of FTEs at UBC in 2015-16 were attributed to Aboriginal learners, however, Aboriginal learners at UBC represented 10.3% of all Aboriginal FTEs in the public post-secondary system. Ibid.

¹² The term Aboriginal is used here to reflect the name of a report.

¹³ Feed BC. B.C. Food Expenditures in Health Care 2018-2019. https://www2.gov.bc.ca/assets/gov/farming-natural-resources-and-industry/agriculture-and-seafood/feedbc/bc_food_expenditures_report_2018-2019.pdf

¹⁴ fs Strategy Inc. (2019), *Selling B.C. Food to B.C.'s Government Supported Facilities*. Prepared for the Ministry of Agriculture. https://www2.gov.bc.ca/assets/gov/farming-natural-resources-and-industry/agriculture-and-seafood/feedbc/selling_bc_food_to_bcs_government-supported_facilities_-_feed_bc_resource.pdf

There is wide variation across health authorities and within individual facilities on where food is prepared: in some, the majority of food is prepared on-site from scratch in commercial kitchens; in others, food is prepared off-site and reheated prior to serving (re-thermable meals); and some have limited kitchens and use primarily pre-prepared food in meal preparation.

Food safety, which is important for all foodservice facilities, is critical in health care facilities because they service at-risk populations with compromised immune systems. While food services in health care facilities include multiple formats such as in-patient nutrition (for patients) and retail food service (for staff, visitors and out-patients), this project focused more on discussion around options for in-patient nutrition.

Recently, a Feed BC resource estimated that hospital meals in Western Canada have a budget of approximately \$35.00 per day for in-patient nutrition, with approximately \$10.00 reflecting food purchases, and the remaining reflecting costs for labour and other overhead. Residential care facilities were estimated to have a lower budget of \$25.50 per day, with approximately \$9.00 designated to food purchases.¹⁵ Actual meal day costs in B.C. facilities may vary from these Western Canada figures; for example, one residential care facility reported it was allocated \$7.00 per day for food.

As with schools, Canadian hospitals have a history of being used to further assimilationist goals, and segregated Indian hospitals were not only understaffed and underfunded but also for many patients a place of mistreatment and abuse. Indigenous people living in B.C. and across Canada still experience systemic racism within the healthcare system, and many face explicit racism when accessing care. The Ministry of Health, through initiatives such as this project, is actively working to improve Indigenous peoples' experiences with the health care system.

Correctional Centres

As with many post-secondary and health care facilities, food in B.C. correctional centres is provided through contracted food services. One company holds the contract for all ten provincial correctional centres in B.C., including both served meals and canteen services where inmates purchase additional snacks.

¹⁵ fs Strategy Inc. (2019), *Selling B.C. Food to B.C.'s Government Supported Facilities*. Prepared for the Ministry of Agriculture. https://www2.gov.bc.ca/assets/gov/farming-natural-resources-and-industry/agriculture-and-seafood/feedbc/selling_bc_food_to_bcs_government-supported_facilities_-_feed_bc_resource.pdf

Served meals follow a dietitian-approved menu, with options for religious (e.g. kosher, halal), medical (e.g. gluten or dairy free) or personal preference (e.g. vegan, vegetarian) reasons. Any special menus are determined for each inmate in advance. Special menus are typically more expensive than the regular menu.¹⁶

The greatest flexibility in introducing new foods into correctional centres is with the canteen, from which inmates may purchase snacks and personal care items. Dietitians are not involved in setting canteen menus, and a lower quantity of supply is required. Within correctional centres in Canada, the per diem cost for food for inmates was \$6.12 in 2018-19, with a total cost including labour of \$12.00 to \$14.00. B.C. Corrections inmate meals are provided at an average cost per inmate of \$10.28/day (including both labour and food).¹⁷

Indigenous people are vastly over-represented in correctional centres within Canada, including in B.C. While accounting for 5.9% of the B.C. population, the proportion of Indigenous people in provincial custody is more than 29.7%.¹⁸ Similar proportions are found in the federal prison system.¹⁹ Proportions of Indigenous inmates are notably higher in particular B.C. correctional centres, such as Prince George (64%) and Kamloops (47%). This over-representation demonstrates a strong rationale to offer options for traditional food or Indigenous recipes in correctional facilities, given the high proportion of Indigenous inmates.

Early Childhood Education

Many licensed childcare centres, whether public, non-profit, or privately operated, offer some food to children throughout the day. In these centres, parents may supply lunches, with centres offering additional snacks, or the centres may be responsible for providing both meals and snacks. This food is usually prepared by childcare staff in the centre, who are expected to follow Food Premises Regulation requirements, such as serving food from an approved source. There are approximately

¹⁶ Porter, Tony. (2020, February 25). Phone Interview with Jane Worton.

¹⁷ BC Ministry of Public Safety and Solicitor General. 2017. A Profile of BC Corrections: Reduce Reoffending, Protect Communities. <https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/criminal-justice/corrections/reports-publications/bc-corrections-profile.pdf>

¹⁸ B.C. Government. Corrections and Aboriginal Justice. <https://www2.gov.B.C..ca/gov/content/justice/criminal-justice/corrections/reducing-reoffending/aboriginal-justice>

¹⁹ Office of the Correctional Investigator (2020). "Indigenous People in Federal Custody Surpasses 30% Correctional Investigator Issues Statement and Challenge," News Release: Jan 21, 2020. <https://www.oci-bec.gc.ca/cnt/comm/press/press20200121-eng.aspx>

5,000²⁰ licensed child care centres in B.C., with licensing oversight through the five regional health authorities and the FNHA.

In addition, B.C.'s Child Care Licensing Regulation require licensees to: (a) ensure that each child has healthy food and drink according to the Canada's Food Guide, and (b) promote healthy eating and nutritional habits. Further, licensees must ensure that the food and drink given to a child is sufficient in quantity and quality to meet the developmental needs of the child, given (a) the child's age, (b) the number of hours the child is under the care of the licensee, and (c) the child's food preferences and cultural background.²¹

Some child care centres have a high or sole percentage of Indigenous children, such as those funded through the Aboriginal Head Start program (including both on and off reserve programs). However, B.C.'s new Early Learning Framework, which applies to all child care, includes a commitment to resist language, concepts, and pedagogies that perpetuate legacies of colonization and marginalization of Indigenous people.

Public (K-12) Schools

In B.C., 75% of school districts report having a school meal program (breakfast, lunch, or snacks) in at least one school.²² These programs are often funded through the provincial government's CommunityLINK (Learning Includes Nutrition and Knowledge) program, supplemented by community and school fundraising.²³ There are also programs raising the profile of healthy and sustainable eating including Farm to School programs, school food gardens and Take a Bite of B.C.

For special events or activities, students may participate in preparing food, or be provided with food related to the cultural event. In middle and secondary school, students may complete foods classes where they learn to prepare food, and in some districts, complete culinary technical training towards careers as professional cooks. Parent Advisory Councils may also offer hot lunch programs or other foods as fundraisers.

The *Guidelines for Food and Beverage Sales in B.C. Schools*²⁴, published by B.C.'s Ministries of Education and Health, set the minimum nutrition standard for foods and beverages sold in B.C.

²⁰ Ministry of Children and Family Development. Child Care Map. <https://catalogue.data.gov.bc.ca/dataset/child-care-map>

²¹ *Community Care and Assisted Living Act: Child Care Licensing Regulation*
http://www.B.C.laws.ca/civix/document/id/complete/statreg/332_2007

²² The Coalition for Healthy School Food – BC Chapter <https://www.healthyschoolfood.ca/bc-chapter>

²³ *ibid*

²⁴ https://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/healthyschools/2015_food_guidelines.pdf

schools. School districts are required to implement these guidelines as part of the Government's directive to remove the sale of unhealthy food and beverages from schools.

Within B.C., there are over 1,500 public K-12 schools and 131 First Nations K-12 schools, and, while registration in First Nations schools is increasing, over 90% of Indigenous students in B.C. attend a public school. As part of a broader education transformation process, the Ministry of Education has been working to embed Indigenous perspectives and world views into all parts of the curriculum in a meaningful and authentic manner. The legacy of residential schools, which by design profoundly damaged communities and weakened traditional languages and cultures, also engendered a deep distrust of formal education among many Indigenous communities.²⁵

IDENTIFIED BENEFITS

Encouraging the use of traditional foods is a growing movement across B.C., Canada, and throughout North America. While a thorough analysis of benefits was not the focus of this study, it is important to reiterate the widespread recognition among the participants in this review that providing greater access to traditional foods and foods based on Indigenous recipes offers a wide range of benefits. This finding was supported by the scan of the literature that is available regarding this issue.

The benefits summarized below are based both on discussions with participants in this study and a high-level review of the growing body of literature about this topic. Conclusions about benefits are based on both high-level findings from the literature as well as feedback from interviews with participants. As a study of benefits was not intended to be the primary focus of this report, only the key conclusions related to these themes are set out below. For a fuller discussion, please see Appendix C.

Cultural connection

The central role of food in connecting Indigenous peoples and communities is a cultural reality that goes back to time immemorial. Food and language provide two closely-related opportunities to learn, relearn and reconnect fundamental Indigenous values within communities; connections that were disrupted by generations of government policy. Overall, participants put a high value on the role that

²⁵ Ministry of Education. (2015). *Aboriginal Worldviews and Perspectives in the Classroom*.
https://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/indigenous-education/awp_moving_forward.pdf

food can play in helping people connect to their traditions, cultures, and wider Indigenous world view.

Nutritional value

Although there is great variety in defining what constitutes traditional foods across the province, all traditional foods share fundamental nutritional qualities: they are whole foods with little to no processing or additives, and when it comes to wild meat and seafood, they can be higher in protein and lower in fat than non-traditional foods. Particularly when combined with traditional ways of hunting, growing and gathering, eating traditional foods not only has obvious health benefits, but also provides a more intangible value of connecting peoples' food to the lands they come from.

Mental health benefits

The availability of traditional food was widely described as spirit-lifting, especially for Elders who have long and strong memories of including these foods in their diets. Where people *want* to eat the food provided, they are more likely to have healthier appetites; this is seen as a key contributor to recovery from injury and illness, and a key factor in overall health.

Connection to the land

Increasing access to traditional foods offers potential benefits in terms of environmental stewardship, healthy harvesting, and integrated connection to the land and sea that is the source of foods. This includes better integration into traditional production cycles and stronger overall stewardship of natural resources.

Impact on costs

Currently, the cost to purchase traditional foods is often prohibitively high. Increased production of and access to traditional foods could have the effect of increasing availability and lowering costs, resulting from both greater production and a wider integration of such foods into food production processes. Increased access would also potentially open markets for people looking for traditional foods, resulting in the opening of more food service businesses that offer traditional foods.

Supporting reconciliation

Acknowledging and supporting the provision of traditional foods in B.C.'s health, education and other public institutions offers a strong and very practical way of demonstrating a commitment to the principles and goals of reconciliation and inter-cultural understanding. Recognizing the food

preferences of Indigenous people sends a strong message that they are heard, valued, and determinative of their own diets and health.

Indigenizing institutions

The provision of traditional foods at public institutions – particularly educational institutions – can contribute to formal and informal efforts at Indigenization. It can facilitate the celebration and incorporation of Indigenous culture into educational and other institutions, providing opportunities to adapt practices with more traditional ways and approaches.

Supporting local foods

Increased access to and use of traditional foods and Indigenous foods naturally supports efforts to increase the production and use of locally grown and/or harvested foods. This aligns with the mandates of programs such as Buy B.C., as well as with a growing interest in the public that is evidenced by the popularity of sources such as farmers' markets, organic farms, and artisan producers of local foods.

Food security and sovereignty

Increased access to and production of Indigenous and traditional foods would contribute to increased food security and control of the food supply within Indigenous communities. There is the potential for increased economic activity within and between Indigenous communities; however, there are significant risks that accompany commodification of traditional food, and so this must be approached with caution.

IDENTIFIED BARRIERS

While the provision of traditional foods and foods based on Indigenous recipes pose potentially significant benefits, realizing these benefits depends on addressing a number of equally significant barriers. The barriers that are outlined below are based on discussions with participants in this study – including a number of individuals who are responsible for the design and implementation of traditional foods programs in B.C. and across Canada – as well as a high-level review of available information and supporting materials relevant to this topic.

Participants expressed disparate views, based on both their personal experience and wider understanding of movements to increase the production and consumption of traditional foods in organizations and institutions. Along with information arising from the literature, these responses

have been grouped into five themes: legislation and regulation; understanding of traditional foods and Indigenous recipes; access; supply; and foodservice limitations.

Legislation and Regulation

There are two central legislative barriers to serving traditional foods within B.C. public institutions, though these barriers may be reinforced through multiple interrelated statutes, regulations, or guidelines. These central barriers are a) many wild sourced traditional foods may not be sold, bought, traded or distributed for gain; and b) food premises may not serve food that was not obtained from an approved source.

Restrictions on commercial use

A number of statutes and regulations currently impose varying restrictions on the ability of people to sell or otherwise use traditional foods in a way that brings about a commercial gain. This limits those looking to serve traditional foods to using only those foods which can be donated, and in many instances donated foods cannot be served. Restrictions that apply to specific foods are summarized below.

None of these regulations prevent Indigenous people from hunting or trapping for personal use. Indigenous rights established under section 35 of the *Constitution Act (1982)* affirm that Indigenous people may hunt animals or migratory birds, trap, or freshwater fish, but only for food, social or ceremonial purposes and within their traditional territory; the meat or fish may not be sold.

Game meat

As summarized below, two statutes, B.C.'s *Wildlife Act* and the *Canada Migratory Birds Convention Act* prevent the sale of wild game meat. In addition, the B.C. Game Farm Regulation limits game farming to fallow deer, bison and reindeer, but permits this meat to be sold from licensed producers.

Statute / Regulation	<i>B.C. Wildlife Act</i>
Ministry	Forests, Lands, Natural Resource Operations and Rural Development
Scope	Applies to all native and some non-native amphibians, reptiles, birds, mammals that live in B.C.
Relevant Section	<p>Section 22: A person who traffics in live wildlife or wildlife meat, except as authorized by regulation or a permit, commits an offence.</p> <p>Trafficking is earlier defined as: to buy, sell, trade or distribute for gain or consideration or to offer to do so.</p>
Traditional Foods Link	Prevents wild game meat from being bought or sold.

Statute / Regulation	<u>Canada Migratory Birds Convention Act</u>
Ministry	Environment and Climate Change Canada
Scope	Applies to all migratory birds in Canada.
Relevant Section	Section 5: Prohibition Except as authorized by the regulations, no person shall, without lawful excuse, (a) be in possession of a migratory bird or nest; or (b) buy, sell, exchange or give a migratory bird or nest or make it the subject of a commercial transaction.
Traditional Foods Link	Prevents wild bird meat from being bought or sold.

Statute / Regulation	<u>B.C. Game Farm Regulation</u>
Ministry	Ministry of Agriculture Ministry of Environment and Climate Change Strategy
Scope	Applies to most species of game in B.C.
Relevant Section	Section 2: (1) Game farming is prescribed as a regulated activity for the purposes of the Act. (2) A person must not engage in game farming unless the person (a) is a licensed game farmer, or (b) is an employee, within the meaning of section 10 of the Act, of a licensed game farmer. (3) Except as authorized under the <i>Wildlife Act</i> , a person must not possess live game unless the person is a person described in subsection (2).
Traditional Foods Link	Permits fallow deer, bison and reindeer to be raised on a licensed game farm and sold for meat, if slaughtered in an establishment licensed under the Food Safety Act.

Fish, shellfish and aquatic plants

The situation is slightly different for freshwater fish, marine fish, shellfish, and aquatic plants. It is possible to obtain a commercial licence for freshwater, marine, and shellfish. Further, the Pacific Integrated Commercial Fisheries Initiative, launched in 2007, was designed to increase First Nations' access to commercial fisheries in B.C.

These licences are distinct from the communal fishing licences issued to First Nations. The federal department of Fisheries and Oceans Canada issues a communal licence to each First Nation, which lists the species of fish and amounts each First Nation is entitled to harvest, but again only for food, social and ceremonial (FSC) purposes, so the FSC fish cannot be sold. The licence also may specify fishing area, times, species, allocations, equipment use or other restrictions. While out of the B.C.

Government's mandate, the Department of Fisheries and Oceans Canada restrictions around the harvest and use of communal license fish are also a barrier to accessing traditional foods.²⁶

Statute / Regulation	<u>Canada Fisheries Act</u>
Ministry	Fisheries and Oceans Canada
Scope	Canadian fisheries waters
Relevant Section	Section 7: Fishery leases and licences (1) Subject to subsection (2) the Minister may, in his absolute discretion, wherever the exclusive right of fishing does not already exist by law, issue or authorize to be issued leases and licences for fisheries or fishing, wherever situated or carried on.
Traditional Foods Link	Requires a licence to be in place to fish in marine waters.

Statute / Regulation	<u>B.C. Fish and Seafood Licensing Regulation</u>
Ministry	Ministry of Agriculture
Scope	Applies to a person who possesses, rears, grows, harvests, processes, stores, transports or distributes fish or aquatic plants that may be distributed to the public for human consumption.
Relevant Sections	Section 8 (1)A person must not harvest wild aquatic plants that may be distributed to the public for human consumption unless the person (a)holds a wild aquatic plant harvester licence, (b)is an employee, acting in the course of his or her employment, of a person who holds a wild aquatic plant harvester licence, (c)is exempt under subsection (3) or is an employee, acting in the course of his or her employment, of a person who is exempt under subsection (3), or (d)is exempt under subsection (5) or (6). Section 16 (1)A commercial fisher must not distribute the commercial fisher's catch to a person unless the commercial fisher (a)holds a fisher vendor licence and distributes the catch only (i)to a person holding a licence or other authorization under a provincial food enactment, or (ii)to a person directly from the vessel from which the catch was harvested. (b)is exempt under subsection (2), or (c)is an employee, acting in the course of his or her employment, of a person referred to in paragraph (a) or (b)

²⁶ An illustration of the impact is provided by the 1995 case of Dorothy Van der Peet, a Stó:lō woman who was arrested for selling 10 salmon caught under a food fishing license. She was found guilty at trial, and the conviction was upheld by the Supreme Court of Canada. The majority decision of the Supreme Court stated that Van der Peet had "failed to demonstrate that the exchange of fish for money or other goods was an integral part of the distinctive Stó:lō culture which existed prior to contact and was therefore protected by s. 35(1) of the *Constitution Act, 1982*."

Statute / Regulation	<u>B.C. Fish and Seafood Licensing Regulation</u>
Traditional Foods Link	Requires a license to be in place to harvest wild aquatic plants or sell or buy commercial fish.

Non-timber forest products

No legislation or regulations permit or restrict the harvesting of non-timber forest products such as berries.²⁷ One exception to this was introduced in 2018, and again in 2019, when Ministry of Forests, Lands, Natural Resource Operations and Rural Development restricted commercial-scale huckleberry harvesting to protect grizzly bear habitat in the Kootenay Boundary Region, including use of mechanical pickers, harvesting any huckleberries for resale, or harvesting for personal use exceeding 10 litres per person per season.²⁸ This type of restriction is rare.

Statute / Regulation	<u>B.C. Forest and Ranges Practices Act</u>
Ministry	Ministry Forests, Lands, Natural Resource Operations and Rural Development
Scope	Applies to forest and range practices and resource-based activities conducted on Crown land in B.C.
Relevant Sections	Schedule 1 – Section 4 The following factors apply to a result or strategy for the objective set out in section 10 [<i>objectives set by government for cultural heritage resources</i>]: (a) the relative value or importance of a particular cultural heritage resource to a traditional use by an aboriginal people; (b) the relative abundance or scarcity of a cultural heritage resource that is the focus of a traditional use by an aboriginal people; (c) the historical extent of a traditional use by an aboriginal people of a cultural heritage resource; (d) the impact on government granted timber harvesting rights of conserving or protecting a cultural heritage resource that is the focus of a traditional use by an aboriginal people; (e) options for mitigating the impact that a forest practice might have on a cultural heritage resource that is the focus of a traditional use by an aboriginal people.
Traditional Foods Link	Requires timber licensees to consider the impact of their forest practices on cultural heritage resources (including non-timber forest products such as medicinal plants or traditional foods).

²⁷ Hamilton, E. (2012). "Non-timber forest products in British Columbia: Policies, practices, opportunities, and recommendations. Journal of Ecosystems and Management 13(2):1–24. http://ruralnetwork.ca/sites/default/files/tools_resources/111.pdf

²⁸ "Huckleberry harvesting restricted to protect grizzly habitat" <https://news.gov.B.C..ca/releases/2019FLNR0186-001439>

Summary

The table below summarizes changes that would be required for traditional foods to be sold:

Type	Statute / Regulation	Required change
Game meat	B.C. Wildlife Act	Create regulation or permit allowing First Nations to sell wild game meat.
Fish, shellfish or aquatic plants	No B.C. legislative or regulation change required to permit sale of fish, shellfish, or aquatic plants. Commercial licenses are available for purchase, though costly and in limited quantity.	
Non-timber forest products	No B.C. legislative or regulation change required to permit sale of non-timber forest products.	

Changes to federal statutes / legislation are not included in this summary, as they are outside of the authority of the B.C. Government. The above listed solely address legislative issues preventing the sale or purchase of traditional foods. There are several other barriers addressed further in this report, including regulations around food safety, understanding of traditional foods, access to harvest areas, supply of stocks in the wild, among others.

Similar restrictions on the sale of wild game meat are in place in other Canadian jurisdictions, which is why wild game meat served as a traditional food is typically donated. There are standards in place in B.C. which guide donation of culled wild game meat and prevent its service in a licensed food premise. These are explored in the next section.

Restrictions on food service

The main enactment preventing serving traditional food in B.C. public institutions or other food premises is the Food Premises Regulation. A food premise is any place where food intended for public consumption is sold, offered for sale, supplied, handled, prepared, packaged, displayed, served, processed, stored, transported or dispensed.

The relevant provisions of this regulation, along with other relevant enactments, are summarized in the following table.

Statute / Regulation	<u>Food Premises Regulation</u>
Ministry	Ministry of Health
Scope	Regulates B.C.'s food industry, including agriculture, processing, retail and restaurants.
Relevant Section	<p>Section 11: Food from approved sources</p> <p>Every operator of food premises must ensure that all food on the premises is obtained from</p> <p>(a) food premises for which plans and specifications have been approved under section 3,</p> <p>(a.1) a slaughter establishment licensed under the Meat Inspection Regulation, or</p> <p>(b) a source that is approved by the government of Canada, the Provincial government, the government of another province or territory, or an official or agency of any of those governments under whose authority food safety standards are established and enforced.</p>
Traditional Foods Link	<p>Prevents food which is not from an approved source from being processed, handled or served.</p> <ul style="list-style-type: none"> • There is no process by which wild sourced game meat can be an approved source. • There are approved sources for other wild sourced foods, though they may not reflect local species or be preserved for use in traditional foods. • Wild sourced seafood is the easiest traditional food to find; however, many wild sourced commercial fisheries do not use sustainable fishing methods.

Statute / Regulation	<u>B.C. Public Health Act</u>
Ministry	Ministry of Health
Scope	Governs all aspects of public health and disease prevention.
Relevant Section	Divisions 2, 3 and 4 of the Act give the Provincial Health Officer, Medical Health Officers, and Environmental Health Officers the authority to exercise their powers and perform their duties, including establishing food safety standards.
Traditional Foods Link	If Environmental Health Officers were authorized to approve food sources, it would make it easier to serve traditional foods.

Statute / Regulation	<u>Meat Inspection Regulation</u>
Ministry	Ministry of Agriculture
Scope	Licenses slaughter establishments to sell their product within B.C
Relevant Section	<p>Section 31: Excluded Animals</p> <p>A license holder must not permit an animal, other than an animal that is raised for food, to enter the slaughter establishment.</p>
Traditional Foods Link	Prevents license holders from permitting animals, other than animals raised for food, to enter a slaughter establishment. Wild game is by definition, hunted or trapped in the wild, but this also prevents wild game from being inspected while being processed.

Statute / Regulation	Standards for the Donation of Culled Game Meat
Ministry	BC Centre for Disease Control in collaboration with the Ministry of Health
Scope	Applies to situations in which wild ungulates are hunted or culled for management purposes and meat is subsequently made available through a donation system.
Relevant Section	<ul style="list-style-type: none"> • Donated game meat must be from carcasses that are inspected in the field by individuals who have completed the Ministry of FLNRO training program, and have determined the meat to be fit for human consumption. The training program provides individuals with the knowledge required to inspect, handle and prepare game carcasses for human consumption, and to understand the food safety risks presented by contamination and/or the presence of zoonotic organisms. • All carcasses must be processed in an approved cut-and-wrap facility in accordance with the Meat Inspection Regulation, Food Premises Regulation and the provincial Guideline for Cutting and Wrapping of Uninspected Meat and Game in Approved Food Premises. The operator of the approved cut-and-wrap facility will also inspect the game carcasses to ensure they are not diseased, unwholesome, spoiled or otherwise unfit for human consumption. • A carcass must be clearly labeled as “Not Government Inspected - Not for Resale” or other similar words to the satisfaction of an Environmental Health Officer, in accordance with the Guideline for Cutting and Wrapping of Uninspected Meat and Game in Approved Food Premises. A carcass may also require additional labeling information, including the type of animal, date of cull and harvest area. This should be confirmed with your regional Health Authority. • Game meat will not be donated to soup kitchens, charitable organizations or any facility in which compliance with the Food Premises Regulation is required. The use of wild game meats is contrary to the Food Premises Regulation, which requires that foods come from an “approved source” (meat must be slaughtered in a federally or provincially inspected facility).
Traditional Foods Link	Allows for game to be cut and wrapped for donation to food banks or individuals, but requires it to be marked as not for resale, and cannot be cooked and served. Some inspection of the carcass required by two separate individuals. Other guidelines are provided to ensure the handling of the carcass and transportation of the meat follows food safety standards, and may also require additional labeling information, including the type of animal, date of cull and harvest area.

Though the standards which allow for culled game meat to be donated increase access to traditional foods to a limited degree within existing legislation, because this food cannot be cooked and served, this approach is insufficient. While these standards protect against commercial operations further devastating wild stocks, they also prevent Indigenous gatherers, hunters and fishers from being compensated for their time and skill.

Finally, the *Community Care and Assisted Living Act* (including its Residential Care Regulation and Child Care Licensing Regulation) applies to the service of food in community care, assisted living, and childcare facilities. These enactments are administered by the Ministry of Health.

While neither regulation has any section which explicitly relates to approved food sources, Section 63 of the Residential Care Regulation requires licensees to ensure that all food is safely prepared, stored, served and handled. Consultation participants noted that licensing officers enforcing the Child Care Regulation expressed concern about the serving of traditional foods, including adequate commercial kitchen facilities. However, the Child Care Regulation's only reference to food preparation space is to preclude changing diapers in the food preparation area (Section 14).

In summary, the Food Premises Regulation requirement for food premises to only serve food from an approved source is a barrier to serving wild sourced traditional foods. However, it may be possible to alter the process requiring a food source to be approved or expanding the definition of approved food source, rather than altering the Food Premises Regulation which would make the Food Premises Regulation a facilitator.

Understanding of Traditional Foods and Indigenous Recipes

A number of specific issues were raised under the general concern of understanding what constitutes traditional foods, how these understandings differ, how they can be applied differently, and assessing whether a particular food or recipe should be pursued and offered in a given situation. Specific challenges are outlined below.

Variation in traditional foods

As noted elsewhere in this report, a fundamental challenge in increasing the provision of traditional foods is understanding what "traditional foods" means. An equally fundamental challenge is recognizing that there are different definitions and understandings, based largely on where the food is being obtained, prepared and served. There is no single Indigenous food, instead there are myriad of such foods that differ widely throughout the province.

In general, the variety in traditional foods among and across B.C.'s First Nations is significant, even for people located in the same geographic region. Widely differing environments have greatly contributed to different traditions and traditional foods; differences that need to be recognized, respected and built upon for traditional foods programs to succeed. Food obtained and provided without recognition and respect of local traditions is unlikely to be accepted, or to realize the benefits that were outlined earlier in this report.

Balancing a highly localized understanding of traditional foods with the desire to develop and implement a consistent provincial approach is a barrier that most participants rated highly. Many expressed a concern that a homogenous approach to incorporating Indigenous food will not resonate

with people, and that a provincial approach must find a way to incorporate local food traditions alongside those identified as being consistent with pan-Indigenous principles.

Participants also noted that the demand for certain foods is different in each region; not only traditional foods, but general commercially-available foods are favoured and used differently by communities and between generations. Preferences are often impacted by what was available in that region or what people were eating during the time they grew up. These differences can pose a challenge to developing a broad, provincial approach but if they are incorporated at the local level, there will be a higher likelihood of enthusiasm and uptake.

Availability of Indigenous recipes

A fundamental challenge to increasing the use of traditional foods and Indigenous recipes is the limited availability of both. Supply issues are discussed in more detail in a following section.

With respect to recipes, there are issues related both to defining what constitutes an “Indigenous” recipe, and a lack of documented recipes that lend themselves to recreation and provision in larger institutional settings. Even where organizations are enthusiastic about providing traditional foods, it can be difficult to translate home-based recipes into approaches that meet the needs of a care home, hospital or school. This can lead to a general hesitation in attempting to provide traditional foods and recipes in larger scale or commercial contexts. Participants reported a reluctance to serve food that falls short of being fully connected to local foods and recipes – an almost impossible bar to meet if also bound by requirements to serve only approved sources of food. This translates into a tendency not to try a new food or recipe where there is doubt about authenticity, out of concern that the food will not be accepted by local residents as being sufficiently traditional.

Training food staff on how to prepare Indigenous recipes can also be challenging. Learning about local food traditions may not resonate with students from outside the region, and even though some principles are consistent (the importance of stewardship and connection to the land), specific traditions vary widely across British Columbia. Appropriate training requires significant education on how to prepare and handle traditional foods and Indigenous recipes, which can be especially challenging where learning resources, approaches, outcomes, and perception of value in culinary training are largely Eurocentric.

Indigenous peoples' familiarity with traditional foods

The complicated challenge of definitively defining what constitutes traditional food is increased by a limitation on the ability to turn to Knowledge Keepers²⁹ for guidance. Over time, changing food systems and preferences have led to a loss of Traditional Knowledge³⁰. This comes as a result of policies that restricted access to the land and prevented Indigenous people from traditional seasonal movements and associated provisioning practices; disrupted communities and changed tastes of young people through forced residential school attendance; and led to the need for paid employment, which makes gathering traditional foods prohibitively expensive. These actions encouraged consumption of low cost, highly processed, and nutritionally deficient foods, as these were often the only things available and affordable. Shifts in food practices changed considerably due to the poverty resulting from decades of oppressive and targeted policies and strategies against Indigenous Peoples.

This general trend has been exacerbated through changing understandings of what “healthy” means – for many years, foods that constituted traditional ways of eating were not highlighted as being the foundation of a healthy diet.

All of these forces have led to a situation where many Indigenous people have lost connections to traditional foods and recipes. Significant effort is required to re-normalize these foods, emphasizing both the cultural connection and the basic health benefits that are available if people re-familiarize themselves with and make traditional foods a foundational part of their everyday diets. Better representation of traditional foods in Canada's Food Guide would be one straightforward and powerful way to encourage this change.

Indigenous peoples' knowledge of traditional harvesting

Related to a loss of knowledge about Indigenous peoples' use of traditional foods and recipes is a loss of knowledge about traditional harvesting, processing and preparation methods. Traditional foods

²⁹ Knowledge Keepers are First Nations, Métis, or Inuit individuals who are “recognized as having knowledge and understanding of the traditional culture of the community, including spiritual and cultural practices. They are identified based on their communities' respect for them and peer recognition for their depth and breadth of localized knowledge.” <https://www2.gov.bc.ca/assets/gov/environment/natural-resource-stewardship/nrs-climate-change/applied-science/innescaverleytechnicalreport.pdf>

³⁰ There is no universally accepted definition of Traditional Knowledge, but the Assembly of First Nations states that it is “commonly understood to refer to collective knowledge of traditions used by Indigenous groups to sustain and adapt themselves to their environment over time. This information is passed on from one generation to the next within the Indigenous group. Such Traditional Knowledge is unique to Indigenous communities and is rooted in the rich culture of its peoples.” https://www.afn.ca/uploads/files/env/ns_-_traditional_knowledge.pdf

are rooted in cultural protocol, and one legacy of colonialism has been to limit many Indigenous peoples' connection to their culture – for example, knowledge of how to gather, process and preserve traditional foods that historically was passed down through families was lost when children were sent to residential schools.

In many Nations and communities, a small number of Elders hold the information on how to harvest traditional foods in the right way, including protocols to protect the land and spirit. Elders may be reluctant to share this knowledge, especially with non-Indigenous people, given experiences where non-Indigenous people have taken information about beneficial impacts of traditional foods or the location of these foods to overharvest and exploit resources.

Non-Indigenous people's familiarity with traditional foods

Increased provision of traditional foods will require the understanding, cooperation and encouragement by non-Indigenous people who are also involved in food production, supply and preparation. Participants noted that there is a basic level of knowledge transfer and education that must take place before this cooperation can take place, and that this knowledge transfer can sometimes be challenging.

Some participants spoke about differences in the ways the Indigenous and non-Indigenous people transfer and receive information and knowledge. Indigenous ways are not always understood by non-Indigenous people, making it difficult to understand what exactly is meant by traditional foods or Indigenous recipes. This can be exacerbated when it comes into conflict with government or organizational mandates around food safety requirements and responsibilities. Where regulators lack or fail to apply knowledge about traditional foods, this can impede efforts to encourage uptake and normalize the use of these foods.

Non-Indigenous people's understanding of traditional harvesting and food preparation

The barrier noted above about non-Indigenous people's understanding of traditional food is particularly apt with respect to traditional harvesting and preparation methods. Participants felt there is a general lack of understanding about traditional ways of handling meat and fish safely, and a lack of flexibility in assessing safety based on prescribed health and safety regulations.

Lack of recognition of traditional ways of meeting safety requirements within current standards and frameworks was seen by interview participants as a major barrier to the increased access of traditional foods. Many participants felt that facilitating understanding about traditional hunting and harvesting methods, and creating room for these methods within current harvesting and food safety regulations, is a fundamental step that must be taken to reduce current barriers.

Many participants also described a general sense among non-Indigenous people that local traditions around food hunting, gathering, and processing are somehow inherently dangerous. Combatting this misconception must include looking to the traditional rules developed over thousands of years and respecting the traditions that have been handed down through specific families who hold such knowledge.

Overall, there was a shared concern that while harvest comprises a significant part of Indigenous peoples' cultural experience it is particularly challenging to incorporate that aspect into knowledge transfer and teaching, without directly bringing people to share experiences. This is acknowledged as a difficult barrier, but a fundamental one to tackle to ensure traditional foods are supplied in a way that is acceptable to Indigenous people.

Perceptions of legislation and regulations

Many consultation participants working in foodservices in B.C. institutions expressed concern about using wild-sourced traditional foods, including handling and slaughtering, inspection, and potential for contamination or disease in the source. While some noted that they believed if the traditional food safety protocols in place were better understood, this would address these issues, the requirement to work within the existing regulations was generally accepted. As a result, they primarily looked for commercially available sources of traditional foods.

Some Indigenous consultation participants noted that current food safety guidelines are entrenched in fear, in contrast to the harvesting protocols they had been practicing for millennia where harvesters are connected to the land, water, and animals. The imposition of food safety guidelines on traditional harvesting practices is seen by some as offensive, and as a result, some chose not to teach harvesting protocols in schools or institutions.

Others noted that as a result of the guidelines, access to fresh, local food with high nutritional value was limited in favour of products with low nutrition value that meet food safety regulations. Several examples were provided as to how western food safety rules had negatively impacted the access to or consumption of traditional foods. For instance:

- In one community, harvest sites for herring eggs were close to river outflow locations and may have been affected by warmer temperatures or nutrient availability for bacteria. The B.C. Centre for Disease Control response was to treat this issue like oysters and told community members that herring eggs needed to be cooked before consumption. However, herring eggs are traditionally eaten raw, and many Elders would not eat them cooked, so they subsequently rejected all herring eggs, which they now saw as unsafe, even though it was a specific issue for those harvest sites at that time.

- The Department of Fisheries and Oceans (DFO) is responsible for determining if shellfish harvest areas are safe to harvest from. The risk of eating contaminated shellfish can be harmful or even fatal. The DFO have limited resources to test at all harvest areas, and participants told us that as a default, the DFO often lists a harvest area as closed regardless of whether safety testing has been done. Meanwhile, a central First Nations protocol to assess the safety of shellfish is to watch to see if other animals are eating it. If they are, it is likely to be safe. Indigenous harvesters are frustrated to have beaches closed which appear to be safe.

Access to traditional foods

A theme that participants often cited as a barrier to increasing the provision of traditional foods was limitations on the ability to access sources of those foods in the first place. Included in this theme are historically-related systemic limitations on access as well as more practical limitations related to the time and cost required to access foods.

Access to land and water

Prior to the arrival of European settlers, Indigenous peoples had established food systems which included all of the land, soil, water, and air. However, historical events such as the expulsion of Indigenous peoples from the land through the doctrine of *terra nullius* (“nobody’s land”) and the establishment of the parks system had significant practical impacts on the ability to access traditional foods. Due to the limited access to land established through the reserve system, First Nations do not collectively, or individually have access to sufficient territory to be able to meet demand for traditional foods.

This problem has been exacerbated by modern encroachments on traditional lands. On reserves and off, increasing urbanization and population growth has the effect of reducing the land available to access traditional foods.

In addition, health and safety restrictions including government-directed methods of testing were also cited as a barrier to access. For example, frustration was expressed with the way that Fisheries and Oceans Canada (DFO) undertakes testing for shellfish, which includes grinding shells and meat together even though only small parts of the shellfish would actually be consumed. Participants suggested that incorporation of traditional ways of determining health and safety would help increase access to food that is safe for the community.

Overall, many participants cited a need to work with all levels of government to improve access to land and water as one of the major barriers that needs to be addressed. There are hopeful trends in some areas where the regional health authority is working with local First Nations, the FNHA, and municipalities to increase access to or reopen certain harvest sites.

Time and cost for traditional harvest

Two other barriers commonly cited were the cost and time associated with accessing traditional foods.

A Statistics Canada study found that in 2017, 33% of First Nations people living off reserve hunted, fished or trapped, and 30% gathered wild plants or berries. Self-reported barriers to harvesting included not having enough time to hunt, fish or trap, and the cost for longer travel, vehicles, equipment, fuel, ammunition, and gun licenses.³¹

According to many participants, these statistics are borne out by their own experience and the experience of their communities. As more community members live in towns, with the pressures of modern life they increasingly lack time to undertake traditional production practices like harvesting seaweed.

Some communities are attempting to address this, but while even more progressive organizations like Cowichan Tribes allows cultural time off to go to longhouse, this time is not available for other activities like hunting, fishing, or gathering wild berries and other fruits and vegetables. While employment and engagement with community provides the income to assist people to access harvest areas, it limits the time available to hunt, fish, or gather.

In addition, bag limit laws³² may limit the number of animals that hunters may kill or trap, and fishing limitations also apply to seafood. In the absence of time and access to land and equipment, families often need to rely on the generosity of the hunters or fishers to be able to access traditional foods.

Finally, the unpredictability of some traditional foods was also cited as a barrier by participants. As these foods tend to be wild rather than cultivated, they are very susceptible to natural swings in productivity. Some years and seasons are very productive, while others are not. Being subject to the natural cycles of wild food productivity is a significant challenge for those who need to plan, budget and make systemic decisions about obtaining, producing and serving food.

³¹ Mohan B. Kumar, Chris Furgal, Peter Hutchinson, Wade Roseborough and Stephanie Kootoo-Chiarelo (2019). *Harvesting activities among First Nations people living off reserve, Métis and Inuit: Time trends, barriers and associated factors*, Statistics Canada: Catalogue no. 89-653-X2019001. <https://www150.statcan.gc.ca/n1/en/catalogue/89-653-X2019001>

³² A hunting licence, in combination with the appropriate species licence if required, provides a hunter with a personal bag limit (the number of animals of each species which they can kill). Bag limits vary per species; a hunter might be limited to kill one black-tailed deer per week, but be allowed to kill 10 snowshoe hares a day.

Differential gender impact

Indigenous women have been disproportionately affected by the ongoing negative health effects of colonization, such as diabetes, food insecurity, and undernutrition. Residential school curriculum denigrated Indigenous food practices, with children being taught to dislike the food their mothers cooked.³³ Colonization deliberately limited the access to traditional foods and transmission of knowledge around their preparation, and its ongoing effects include a shift in preferences away from traditional foods, as well as limited finances to enable their harvest or purchase.³⁴

Supply of Traditional Foods

Along with statutory and regulatory restrictions and requirements, the most common theme that participants cited as barriers to traditional foods was the ability to secure a sufficient supply of these foods to meet demands. While there is widespread support for more programs that encourage traditional foods and Indigenous recipes, there is also widespread concern that there will be significant challenges in obtaining enough food.

Quantity of traditional foods in the wild

Many participants cited a fundamental challenge: there is a limited supply of food in the wild, and for some traditional foods like caribou, supplies may be far more limited than more widely used foods like fish and seafood. This has a practical effect: with less game available to hunt, there is simply less food available to supply basic individuals' needs, let alone larger organizational demands for food. This is exacerbated for some species like moose or salmon, where overall populations have declined and what is available can vary strongly from year to year.

Participants also felt this challenge is exacerbated by non-resident, guided hunters in B.C., the majority of whom participate in hunting for the experience and to take home a trophy. Non-residents can and do often leave the edible portions of what they have harvested with the guide outfitter. While guides can and sometimes do use this food to feed camp staff, some also donate to different food banks. An expansion of this approach would help mitigate the damage done by trophy hunters and

³³ Neufeld, Hannah Tait, Richmond, Chantelle A. M. and Southwest Ontario Aboriginal Health Access Centre. Exploring First Nation Elder Women's Relationships with Food from Social, Ecological, and Historical Perspectives. *Current Developments in Nutrition*, Volume 4, Issue 3, March 2020.

³⁴ Neufeld, Hannah Tait, Richmond, Chantelle A. M. and Southwest Ontario Aboriginal Health Access Centre. Impacts of Place and Social Spaces on Traditional Food Systems in Southwestern Ontario. *International Journal of Indigenous Health*. Volume 12, Issue 1, 2017, pp. 93-115.

presents an opportunity to build partnerships with the guide-outfitters organisation and/or fish and game clubs to facilitate donation of wild game.

Supply is equally challenging for traditional fruits and vegetables, such as berries and mushrooms, which can be subject to both unpredictable production and competition from commercial markets. One example of this is the impact commercial harvesters have had on the availability of mushrooms. The sustainability and predictability of such products is a significant challenge: in order to be effectively incorporated into menus, chefs, dietitians and food buyers must be able to rely on a stable supply.

The supply of traditional foods is a major issue that varies depending on geographical location. In the far North there may be higher availability of traditional foods due to a larger land base and more publicly owned and accessible property. In contrast, southern Vancouver Island is particularly difficult because there is very little Crown land and large areas of privately controlled land.

Many participants noted that the challenge of consistent supply and quality is true not only for traditional or wild foods, but for all products that come from small producers.

An additional challenge is dealing with inadvertent impacts of the success of the local foods movement. As some participants noted, as once “undiscovered” traditional foods become more popular, they tend to become commodified, leading to challenges of overharvesting. Geoducks, sea urchins and other seafoods are good examples of where this has occurred in recent times. As the pressure to produce more mounts, resources become degraded and local communities’ ability to source sufficient food becomes more challenging.

Finally, the role of donated food was often discussed by participants. This has been the backbone of some traditional food programs, such as the Whitehorse General Hospital’s program. While this presents a clear opportunity for some communities, it also comes with inherent challenges including establishing trusted sources, the ability to establish and track food safety information, the ability to identify and consistently access a predictable network of food gatherers, hunters, fishers, and lack of opportunity for people to be financially compensated for their labour.

Access to distributors

Related to the lack of food available from the wild is a challenge in securing appropriate, consistent, and predictable distributors of traditional foods. Many participants felt this is one of the biggest challenges they face: establishing a food supply chain that can provide needed traditional foods in a quantity that is required for ongoing operations of a program.

Inconsistency in the supply chain, in terms of both the availability and cost of products, can pose an insurmountable obstacle to organizations that want to introduce traditional food programs. Once an

item is introduced to a menu, foodservice providers need to be able to rely on consistent supply and volumes – sporadic availability often means the item has to be removed from menus.

This problem is increased when a traditional recipe calls for ingredients that are not readily available – or not available at all – from commercial sources. For such foods, often a supply chain simply does not exist. Foodservice providers then face the choice of altering the recipe, turning to informal supply sources (e.g. donated foods or trusted individuals), or not serving the item at all. Under current conditions, harvesters and processors would also need to meet existing food safety requirements, which further narrows the field of potential vendors. Another option would be for traditional suppliers to work directly with in-house food services to explore opportunities for direct sales to those food services. While many foods go through distributors, this isn't the case for all products; bakery and dairy products (in health) and a wider variety of products (in PSIs) are sourced directly, rather than going through a distributor. With limited volume and seasonal availability, traditional foods may be well suited to piloting an approach outside traditional distribution channels. The supply barrier was an area that many participants felt was well suited to government or central programming support. For example, many cited the lack of information as a clear challenge when addressing supply issues. Some felt that province-led collection and sharing of information about supply options would be helpful, and that measures to address a knowledge gap would be welcome. A provincial database for traditional foods and suppliers was one specific example of a potentially helpful measure that could be developed.

Cost of traditional foods

Even where distributors of traditional food are identified and secured, the cost of these foods can be a considerable barrier to making traditional foods part of a foodservice program.

Some foods that are central to traditions, like wild game and seafood, are very expensive to purchase through commercial distributors, which prohibits the ability to offer them consistently. Indeed, cost was identified by many participants as the biggest single barrier to their ability to increase the amount of traditional foods and recipes they are able to offer.

In addition to the base cost, some participants also expressed concern about related costs such as transportation, and the cost to the environment, where they purchase food items from sources that are not local. Along with the financial barrier, these participants had ethical concerns about obtaining food in this manner, as they preferred to support local producers and the local economy.³⁵

³⁵ For example, spruce tips are a common traditional food in parts of B.C.. A jar of sustainably harvested freeze dried spruce tips from the West Coast costs about \$62 (Canadian Pine Pollen) compared to a jar of pickled eastern spruce tips from QB and ON which costs \$11 (Forbes).

Some participants reported that they attempt address this challenge by working with local foragers and producers. This can also be challenging, though, as local producers still require payment and Honoria. They also face competition for food items that become popular or trendy in restaurants – for example, wild mushrooms or huckleberries, once easy to obtain, now fetch a high price among creative chefs in city restaurants, making it more challenging for institutions with limited budgets to purchase them.

Market sources often not harvested traditionally

Even where supply sources are identified and secure, this may give rise to additional concerns where the products that are available are not considered fully traditional, or have not been harvested or preserved in a traditional way.

Salmon is an example that is often used when discussing this concern. The fish, which is such a fundamental part of many traditional diets, is widely available from both wild and farmed sources. The necessity of respecting traditional harvesting techniques, even in the face of cheaper options, is a practical challenge that traditional foods programs must confront and make principle-based procurement decision about.

Environmental challenges

Participants consistently cited environmental degradation and climate change as a key barrier in their ability to secure sufficient supplies of traditional foods.

Numerous examples were cited: reduced salmon runs, less abundant wild fish stocks overall, and changes in the movement of land and ocean animals as a result of warming oceans, development, and habitat destruction. One participant talked about how herring roe had once been a part of his community's traditional diet, but were no longer available as far south as they once were.

Development was widely seen as having a negative impact on the natural environment, resulting in loss of habitat and biodiversity throughout British Columbia. Wild plants were seen as being least impacted, but even here increasing scarcity was noted. Overall, disruption of continuous undisturbed land, reduced access, and reduced diversity of species were all seen as significant issues.

Contamination of traditional sources of food is another barrier noted by participants, which is particularly relevant for coastal shellfish and seafood. Although some felt this issue was often more perceived than real, development and industry related factors such as sewage and Paralytic Shellfish Poisoning (PSP) contamination and agricultural run-off were often seen as challenges that must be addressed to allow communities and organizations the ability to access sufficient supplies of traditional foods.

At a higher level, the challenges presented by climate change were often commonly cited as a factor that limits the availability of traditional foods. While this is a much larger issue than can be tackled within the scope of this project, it is important to note that this is having an impact on the ability to access traditional foods. As climate patterns alter, so do the patterns of animals and plants that were traditionally part of local communities' diets, making it more difficult to plan for and operationalize wider-scale reintroduction of traditional foods and diets.

Sustainability

A growth in the popularity of traditional foods can have an impact on access and cost, as noted above. However, many participants also noted that a sustainable supply of these foods is an equally challenging barrier. Overharvesting is not an issue that is limited to traditional foods, but it can have an inflated impact where the diversity of regional foods is limited, or where people rely on certain foods for sustenance and maintaining traditional ways.

Overharvesting is not limited to fish and game – products such as mushrooms and berries were also often cited as being at risk of becoming victims of their own popularity. This can also extend to less obvious products – one participant cited the example of a local yew tree that was identified as having medicinal value, leading to commercial interests coming to the community and harvesting all available trees so that none remain.

Establishing and maintaining supply sources that respect principles of sustainability and food security is challenging enough to meet community food needs; this challenge is only increased when organizations and institutions introduce formal programs. It is a significant challenge and, unless addressed, can result in overharvesting and further reduction of available foods.

Sharing sources and traditional information

The challenge of securing sufficient supplies of food can be increased where local populations are reluctant to share information about where and how some products can be located and harvested. This is tied to a fear of over harvesting and misuse of resources, based on many communities' firsthand experiences of non-Indigenous people overusing natural resources in many contexts. Especially where traditional foods have medicinal properties (e.g. some berries and plants), information is often carefully guarded and shared because of concern that it may be misused.

Food Service Limitations

Many of the barriers discussed up to this point involved challenges with securing traditional foods. Even once secured, however, additional barriers may impede the ability of food programmers to offer more traditional foods and Indigenous recipes at their institutions and organizations.

Institutional restrictions and requirements

Many participants identified a general concern about contractual requirements and restrictions that limit their ability to offer traditional foods. Particularly in health care settings, participants expressed frustration with food programs that tend to be static, unchanging, and allow little room for innovation or creativity.

While more room has been created for special diets that are based on medical (e.g. gluten or dairy free), religious (e.g. kosher or halal) or dietary preferences (e.g. vegan, vegetarian or high activity for work crews), these require often cumbersome approval. Medical diets require medical sign off and religious diets require confirmation from a religious figure that this is truly for religious reasons. While this requires additional effort to establish that the special diet is valid, at least this is an option that is generally available in health care settings.

The same is not true for traditional foods, which are not commonly recognized as a valid option across B.C.'s health care settings. Where some institutions have made exceptions, this is done on an individual basis rather than making such foods available more systemically.

Contractual restrictions also serve as a barrier to securing and offering more traditional foods. Many institutions and organizations have fixed contracts for many food items and ingredients, and it can be challenging to carve out the flexibility to also obtain items from local harvesters and processors. This is especially so because larger institutions and their distributors tend to rely on a very small number of large processors who can offer the best prices due to the volumes of product they work with.

Contracts with distributors and group purchasing organizations can also be comprehensive, extending to all food services including served meals and items available for purchase in canteens. Depending on the structure of the contract there is often limited flexibility to allow for additional items, even for purchase, because this could compete with the distributors business lines, or would need to replace another product in the distributor's inventory. Some programmers bend rules by offering periodic "specials" but are not able to make traditional items a more predictable part of menu items.

In addition, distributors and/or group purchasing organizations tend to have onerous policies for approving new vendors, creating a disincentive to seek out food items and vendors that are not already entrenched in the foodservice system.

Contract renewal cycles potentially offer an opportunity to amend terms to include a requirement for more traditional foods, but this would likely include increased cost for products. Nevertheless, these renewal cycles offer leadership an opportunity to indicate their support for prioritizing traditional foods and Indigenous recipes.

Other factors related to institutional requirements that participants cited as barriers include:

- Food packaging practices that must meet health and safety requirements, which precludes obtaining foods from local producers or through traditional means;
- A lack of on-site food preparation facilities, or labour shortages in on-site facilities, forcing organizations to look to pre-made and packaged foods rather than allowing for the purchase of raw materials and preparation of Indigenous recipes on-site; and
- Lack of processing areas on-site, making it difficult to accept donated items such as game or fish, even if those items were approved and met food inspection requirements.

Meeting dietary targets

A number of participants reported that it can be challenging to both use traditional foods and meet current dietary requirements as set out in Canada's Food Guide and interpreted by registered dietitians. They cited a fundamental disconnect between Health Canada's dietary targets and suggested use of foods, and the kinds of foods and ways of serving food that traditionally marked Indigenous peoples' diets.

For many, however, this was not a significant barrier, or one that is problematic in theory but not in practice. While institutional food programs must meet dietary targets, for example around the use of sodium or fat, traditional recipes can be adapted, and traditional items can be incorporated so that these targets are attainable. Where traditional foods are available, dietitians are generally open to working with clients to ensure that necessary adaptations are made to serve food that is both nutritious and familiar.

Informing Indigenous patients of traditional food availability

A practical barrier that some participants noted was the challenge in letting Indigenous people know about the option of receiving traditional foods, even where those items are available. This problem can be multi-faceted, including:

- The ability to identify which patients or students are Indigenous, in order to inform them about the availability of traditional foods. This relates both to difficulties in assessing who is Indigenous, and privacy concerns about singling people out who may not wish to be identified;
- Implementing menus in a way that lets people know there are traditional foods available, especially when those foods are not part of core offerings or are optional/available on request;

- Recognizing that one impact of colonialism has been to remove many Indigenous people from their cultures and communities, including their familiarity with traditional foods. As a result, many Indigenous people may not want traditional foods, even when they are available; and
- People cannot always read menus, so they may not be able to opt for traditional foods or even know they are available if not told in person.

In general, participants felt that people preferred to have traditional foods generally available, rather than available only on request or by special arrangements, which has the effect of separating Indigenous people out from the rest of the patient or student population. However, this may increase the demand for already limited traditional foods by non-Indigenous peoples if they are introduced in public institutions. An alternative would be to focus on Indigenous recipes using market foods, which provides the added benefit of introducing non-Indigenous people to Indigenous foods.

Conflicts with other priorities

An overriding concern with increasing the availability of traditional foods is that this objective must compete with many other priorities in institutional settings like schools, hospitals or care homes. A fundamental conflict, especially in schools, is that a significant portion of the student population lives in poverty and with food insecurity. Ensuring that children and youth have consistent access to adequate amounts of nutritious food is the priority, not necessarily ensuring that these foods are traditional or local. The desire to increase access to traditional foods can also conflict with human resource management priorities, in that it can be more labour-intensive to source, obtain, handle, process and prepare traditional foods than more conventional items. Making this commitment often means accepting the impact to budgets that increased labour costs entails.

CURRENT PROGRAMS AND INITIATIVES

Within B.C. and across Canada there are examples of public institutions of all types serving traditional foods or Indigenous recipes. While there are legislative and regulatory barriers to these initiatives, committed people have found creative pathways to achieve some of the benefits cited earlier in this report.

The following section provides a summary of some of these initiatives in B.C. public institutional settings, outlining both the barriers and facilitators to increased provision of traditional foods. A more detailed description of each of the initiatives reviewed as part of this project is included in Appendix D.

This project did not seek to create a complete inventory of initiatives like this within B.C. or across Canada, and so the initiatives included are not a comprehensive list of all the work ongoing in this area. While each community and initiative is unique, there are lessons to be learned and potentially replicated when seeking to increase the service of traditional foods and Indigenous recipes in other public institutions.

Post-Secondary Education

Representatives from six public post-secondary institutions shared information about their initiatives to increase the service of traditional foods and Indigenous recipes. In reviewing the post-secondary initiatives identified, it appears that there are two broad categories: those seeking to increase access to traditional foods and Indigenous recipes in their foodservices; and those that are incorporating teaching about traditional foods and Indigenous recipes into their culinary courses. Examples of both types of initiatives are summarised below:

- The University of Northern B.C. included Indigenous Priorities as one of five pillars guiding their food provision in their recent vendor selection, expecting food providers to actively consider Indigenous needs and consistently provide food options that align with these needs. Currently, their foodservices serve traditional foods only for special events.
- The University of B.C. is working to increase the service of traditional foods and Indigenous recipes in their foodservices, with a priority to offer these within the residents' dining. Currently, their foodservices serve traditional foods only for special events.
- Okanagan College recently successfully piloted the province's first Indigenous Professional Cook program, in partnership with the Industry Training Authority and the Okanagan Training and Development Council. Thirty percent of the program is based in Indigenous knowledge, and students are trained to prepare a range of Indigenous recipes. The program is now expanding across the province and is unique because it can lead to a Red Seal.

- The Sto:lo Aboriginal Skills and Employment Training Culinary Arts program, delivered in partnership with the University of the Fraser Valley and Vancouver Community College, provides pre-apprenticeship culinary training incorporating Indigenous recipes.
- Coast Mountain College is developing a new culinary diploma program focusing on Indigenous foods and customs. The new program incorporates safe transport and storage of wild harvested foods, and builds on their experiences delivering culinary training in Indigenous communities (e.g. Masset, Moricetown, New Aiyansh, Hazelton, Kitkatla, among others), incorporating Indigenous recipes.
- Camosun College and the Songhees Nation are working together to launch an interdisciplinary program in Aboriginal Culinary Arts, Hospitality and Hospitality Management. Camosun has been working to develop their knowledge of traditional foods and Indigenous recipes for use both in this new program and to integrate into the standard culinary program.

To give a fuller sense of these programs, more detailed descriptions of each are included in Appendix D. These descriptions also include factors which have helped their initiative, barriers which have made it more challenging, and suggestions for ways to address these barriers.

As an example, the description that follows provides more detail about the UNBC's approach to increasing the availability of traditional foods and Indigenous recipes in its facilities.

University of Northern British Columbia (UNBC)

UNBC included Indigenous Priorities as one of five pillars guiding food provision in its recent vendor selection.

In recognition that the needs of Indigenous students include specific and respectful food options and associated cultural components, in its recent foodservice provider vendor selection, UNBC noted that the foodservice provider will be expected to actively consider Indigenous needs, consistently provide food options that align with these needs and hold high levels of cultural competency, as it relates to Indigenous and other cultural service practices. This is a new requirement for UNBC's foodservice provider, but it has experience providing Indigenous food for special events.

For these events, UNBC food services received guidance from the First Nations Studies department in setting recipes and understanding how to use traditional food products properly. Its Chef and kitchen team members like to forage and fish, so are more confident about handling local and wild foods, because they have a general understanding of safe harvesting practices. Chartwells also has an Indigenous chef at the corporate level who can consult and train staff.

University of Northern British Columbia (UNBC)

Still, there is not enough volume from local harvesters or producers so traditional foods are offered primarily for Indigenous events, which have served, for example, spruce tips, birch and house smoked fish. UNBC is reliant on specialty distributors, and it can be difficult to count on the more distant small distributors. On one occasion, game meat didn't show up for a special function so they had to make do with what they could find, and house-smoked some ducks and fish instead. The policies to approve a new distributor can be onerous, so it can be challenging to get specialty items on occasion rather than through the regular supply. Finally, preparing traditional foods is more labour-intensive, which increases the cost above the specialty food products themselves.

What would help in the future:

- Greater organization within the network of small harvesters and producers, such as a central grading, washing and processing facility, might result in a more consistent schedule.
- Targets for a percentage of traditional foods in contracts, such as those linked to Buy BC.
- It will make it easier for everyone to increase the service of traditional foods as more product enters the approved system.
- More contract flexibility for food services to purchase small or irregular volumes of Indigenous foods off-contract.

In summary, the following table provides a brief description of the examples provided of initiatives underway in public post-secondary institutions across B.C., noting the common facilitators and barriers, and summarizing suggestions to address these barriers.

Key Factors: Post-Secondary Institution Initiatives	
Facilitators	<ul style="list-style-type: none"> • Relationships enabling trusted sharing of Indigenous recipes and connections to traditional food sources • Strength and breadth of the institution's commitment to reconciliation, and seeing the benefits of integrating Indigenous recipes • Overlap with other institutional food purchasing targets such as Feed BC's local food purchasing goals
Barriers	<ul style="list-style-type: none"> • Price of traditional food ingredients through commercial sources • Lack of knowledge of approved sources of traditional food ingredients • Lack of access to Indigenous recipes and training in preparing them • Regulations limiting use of donated or foraged food • Cost of labour to prepare foods traditionally • Concern about risk of overharvesting wild sourced traditional foods
Participant Suggestions	<ul style="list-style-type: none"> • Network of traditional food distributors • Education about traditional food harvesting protocols • Traditional food purchasing targets for institutions • Database of Indigenous recipes • Training to prepare Indigenous recipes • Processing facilities for traditional foods

Health Care

Representatives from five B.C. health facilities shared information about their initiatives to increase the service of traditional foods and Indigenous recipes, and further information was gathered from health facilities in four other Canadian jurisdictions. Examples of these initiatives are summarised below:

- North Island Hospitals offer patients a menu from which to choose their in-patient meals. The hospitals have been working to incorporate Indigenous recipes into the menu options, using food from the main distributor for Island Health in its region as it is not an option to use donated food or specialty distributors. Conversations are ongoing about how to ensure Indigenous patients are aware that Indigenous recipes are available.
- Deni House, an Interior Health residential care facility, serves a traditional foods-inspired meal once a week. The intent for the program initially was to serve traditional foods, harvested locally with the support of Knowledge Keepers. However, the Food Premises Regulation required foods to be from approved sources, so the community has shifted to a menu of foods selected in consultation with Elders and Knowledge Keepers from all three local Nations.
- Northern Haida Gwaii Hospital has been able to increase serving Indigenous foods by asking, learning about, and following Indigenous protocol regarding traditional foods and recipes. Following substantial conversation with the community about how to serve Indigenous foods, the hospital in Masset began to cook food in its kitchens for in-patient meals. Many of the meals include salmon and halibut, donated to the hospital and processed through a local Canadian Food Inspection Agency approved facility. Northern Health has created a policy to allow donated fish, which made this possible, but the food program is heavily reliant on fishers' willingness and capacity to donate.
- The Stó:lō Elders Lodge is a Fraser Health funded assisted living facility, designed for Stó:lō and other Indigenous Elders. Meals must be from approved sources, though the kitchen team continues to look for ways to incorporate more traditional foods and Indigenous recipes, including using produce from their garden. Elders share traditional recipes and knowledge with the facility regularly, and activities include traditional fish preservation several times a year, with Elders working with the foodservice team.
- The PHSA's Forensic Psychiatric Hospital is a secure facility in Coquitlam. The facility includes a full-service kitchen, which receives menu advice from a patient advocacy group. Foodservices staff have been actively looking for ways to incorporate Indigenous recipes into

the meals offered, understanding that many of its residents are Indigenous and wishing to provide food which is familiar and nutritious. The facility has begun by arranging to purchase salmon from the Syilx / Okanagan Nation, and continues to seek Indigenous recipes and traditional food sources.

Four examples of similar initiatives in other jurisdictions within Canada were reviewed. The common strategy within all four was the permitted serving of donated meat or seafood, though there were different approaches for this approval.

- The Athabasca Health Yutthe Dene Nakohoki Health Centre, a health facility in Northern Saskatchewan, has developed a patient menu which includes as many traditional foods as possible available for purchase from commercial vendors. Wild game cannot be purchased, though some substitutes like beef tongue are included which are commercially available. Game meat such as caribou can be prepared outside of the facility and brought in by family or members of the public, following the Northern Inter-Tribal Health Authority *Game Meat in Care Facilities Policy*.
- The Sioux Lookout Meno Ya Win Health Centre in Ontario offers a traditional food meal once a week, as part of meeting its mandate to provide services to its largely First Nations population in a way that addresses patients' health status and cultural needs. Game meat is donated, either from local hunters or through confiscations from the Ontario Ministry of Natural Resources. The centre is named in the Ontario Food Premises Regulation as being exempt from the restriction on having wild meat from particular species on site, assuming it is handled, prepared, processed, and stored in a separate kitchen, and that patients are informed that the meat is uninspected and that they have the option of eating inspected meat instead. The centre also offers a selection of premade frozen Miichim (traditional food) meals for patients who wish to eat them daily.
- The Whitehorse General Hospital receives donations of big game from local hunters, and foodservices staff incorporate these into meals for patients wishing to eat traditional foods, following a Traditional Foods Program Protocols & Procedures Manual. There is a dedicated kitchen area separate from conventional food preparation sites. Yukon has established a policy that wild game meat can be served in several settings, including traditional foods programs in hospitals, but not sold.
- The Yellowknife Stanton Memorial Hospital serves a Northern traditional foods meal weekly prepared in the hospital's main kitchen by kitchen staff and staff from Stanton's Indigenous wellness program. Game and wild harvested foods are donated following the Northwest Territories' handling guideline to meet food safety regulations, while also respecting

traditional ways of harvesting and preparing food. The hospital also has freezer facilities to preserve batches of seasonably available food.

To give a fuller sense of these programs, more detailed descriptions of each are included in Appendix D. These descriptions also include factors which have helped their initiative, barriers which have made it more challenging, and suggestions for ways to address these barriers.

As an example, the description that follows provides more detail about Deni House approach to serving a traditional foods-inspired menu in its facilities.

Interior Health: Deni House Forest to Fork Program

Deni House, a residential care facility serves a traditional foods-inspired meal once a week.

Interior Health heard from community members in hospitals and care homes that the inability to access traditional foods was impacting their health recovery. In Williams Lake, where many of the requests originated, the local dietitian began to work with the community to develop a solution.

The intent for the program initially was to serve traditional foods, harvested locally with the support of Knowledge Keepers. The Food Premises Regulation required foods to be from approved sources, which are both expensive and typically not local traditionally harvested foods. The community has shifted to a menu of foods in consultation with Elders and Knowledge Keepers from all three local Nations. This includes blueberry soup, elk stew, salmon, deer meat and Saskatoon berries to name but a few as well as some common comfort foods from First Nations communities like bannock, yeast bread and cabbage pudding. Lillooet and Ashcroft are beginning their own processes towards sourcing traditional foods and recipes.

What would help in the future:

- Granting Health Authorities more power to approve food sources locally, allowing more traditional foods into the food supply chain.
- Institutions communicating with First Nations that there is a demand for producing traditional foods.

In summary, the following table provides a brief description of the examples provided of initiatives underway in public health facilities across B.C., noting the common facilitators and barriers, and summarizing suggestions to address these barriers.

Key Factors: Health Facility Initiatives	
Facilitators	<ul style="list-style-type: none"> • Extensive community consultation • Leadership within Indigenous communities • Commitment of local decision makers • Local processors willing to share facilities with harvesters • Availability of conventional kitchens within facilities to prepare food (in some facilities)

Key Factors: Health Facility Initiatives	
Barriers	<ul style="list-style-type: none"> • Cost of commercially sourced Indigenous recipe food ingredients • Availability of approved sources of traditional foods • Lack of sustainable practices in the production of some traditional food ingredients, e.g. concern about open net pen farmed fish • Identifying Indigenous patients and letting them know about menu choices • Lack of kitchen facilities to process and prepare food (in some facilities) • Legislation precluding purchasing game meat from hunters
Participant Suggestions	<ul style="list-style-type: none"> • Supply of Indigenous recipes translated to different serving quantities • Environmental Health Officer authority to sign off on serving donated foods • Review of all legislation that impacts traditional food harvesting and service • Normalizing traditional foods as a healthy way to eat • Access to a medicine garden • Cultural safety training for health facility staff • Legislative changes limiting purchase, storage, and service of traditional foods

Early Childhood Education

Representatives from one Early Childhood Education facility shared information about their initiatives to increase the service of traditional foods and Indigenous recipes. This information reflected the challenges which had been identified in the 2016 B.C. Centre for Disease Control study on *Increasing Indigenous Children's Access to Traditional Foods in Early Childhood Programs*.³⁶

The description that follows provides more detail about the Nutsumaats Lelum Child Day Care approach to serving traditional foods in its program.

Nutsumaats Lelum Child Day Care
<p><i>The on-reserve day care provides children the opportunity to develop a taste for traditional foods and deepen their cultural connection.</i></p> <p>The Nutsumaats Lelum Child Daycare is located on the Stz'uminus First Nation reserve and is supported in part through the First Nations Health Authority Aboriginal Head Start on Reserve program. The program regularly serves traditional foods. The fisheries department will fish for the childcare centre and provides cold storage, community hunters donate elk (which they have ground by a butcher with some added pork fat), or the centre picks and processes local berries and other plants. The daycare has also been able to access local clams, dried and smoked fish. Many of the children do not eat traditional foods at home, and some staff do not either, but the centre provides an encouraging space to try them.</p>

³⁶ Mundel, Erika, Bevelander, Kirsten, Burgaretta, Mary. 2016. *Indigenous Children's Access to Traditional Foods in Early Childhood Programs*. B.C. Centre for Disease Control.

Nutsuma Lelum Child Day Care

The cost of traditional foods is high. The centre is often dependent on community members' ability to donate food they have harvested, which is increasingly limited as wild stocks shrink. Child Care Licensing Officers have also expressed concern about the serving of traditional foods, even when this is outside their jurisdiction.

What would help in the future:

- Cultural competency training (including traditional foods) for Child Care Licensing and Environmental Health Officers
- Alignment of regulations around food service with the *Eating Well with Canada's Food Guide - First Nations, Inuit and Métis*
- Mechanism to integrate deer culls into donated wild game meat
- Province-wide working group of individuals with an interest in providing safe, non-market, traditional foods
- First Nations developed food safety training specific to working with non-market high-protein and other traditional foods from field/ocean to table
- Information resources geared towards Early Childhood Educators that highlight traditional foods' use in early childhood programs
- Review mechanism so environmental policy proposals are evaluated to consider their effects on the traditional foods (wildlife, fish and plants)

In summary, the following table provides a brief description of the examples provided of initiatives underway in one B.C. Early Childhood Education program, noting the common facilitators and barriers, and summarizing suggestions to address these barriers.

Key Factors: Early Childhood Education Facility Initiatives	
Facilitators	<ul style="list-style-type: none"> • FNHA Environmental Health Officers • Donations of food from community hunters and Nation's fisheries department
Barriers	<ul style="list-style-type: none"> • Child care Licensing Officers intervening in Environmental Health Officers decisions • Availability of traditional foods (wild stocks and individuals' ability to donate) • Cost of traditional foods (commercially available and wild sourced, including cut and wrap fees) • Variety of traditional foods may reduce benefit for Indigenous people living away from their territories receiving local traditional foods
Participant Suggestions	<ul style="list-style-type: none"> • Cultural competency training (including traditional foods) for Child Care Licensing and Environmental Health Officers • Alignment of regulations around food service with the Indigenous Foods Guide • Mechanism to integrate deer culls into donated wild game meat • Province-wide working group of individuals with an interest in providing safe, non-market, traditional foods • First Nations developed food safety training specific to working with non-market high-protein and other traditional foods from field/ocean to table • Information resources geared towards Early Childhood Educators that highlight traditional foods use in early childhood programs • Review mechanism so environmental policy proposals are evaluated to consider their effects on the traditional foods (wildlife, fish and plants)

K-12 Schools

Representatives from two B.C. K-12 schools shared information about their initiatives to increase the service of traditional foods and Indigenous recipes. Examples of these initiatives are summarised below:

- The Haida Gwaii School District 50 Local Food to School Program grew out of a Farm to School Initiative which was more focused on facilitating connections between local farmers and schools. The Local Food to School Program works to increase access to traditional foods for schools, as well as other organizations on-island that offer meals and food services. Haida people have historically grown a lot of food in gardens, and so much of the traditional foods include local food produced agriculturally, such as the Haida potato. The program has worked to find ways to process seafood and local venison, following both cultural protocol and demonstrating how it meets food safety standards. It is important to the program that the food is authentic, so the people serving and creating the traditional foods need to be rooted in Haida culture or have a very strong understanding of it guided by community Knowledge Keepers. Food safety regulations have required donated seafood and meat to be processed in a facility, though the Department of Fisheries and Oceans has been willing to be more flexible if an educational workshop model was being used.
- Funded in part by a Healthy Schools B.C. First Nations School initiative, Haahuupayak Elementary has been bringing traditional foods into the school. Working with another First Nations school, they put together a health and wellness curriculum including traditional foods and culture. The program has primarily used donated foods. For example, a seal was brought into the classroom and students learned about hunting techniques, traditional processing, and food preparation. One of the Indigenous leaders helping to facilitate the program made some traditional food toys to contribute to the language nest program. These normalize traditional foods as part of play, and include eulachons, salmon and a toy smokehouse.

In summary, the following table provides a brief description of the examples provided of initiatives underway in two K-12 schools in B.C., noting the common facilitators and barriers, and summarizing suggestions to address these barriers.

Key Factors: Early Childhood Education Facility Initiatives	
Facilitators	<ul style="list-style-type: none"> • Commitment of local decision makers and non-Indigenous community members • Trust and respect for Traditional Knowledge • Elder participation and guidance • Extensive consultation with the community grounded the work

Key Factors: Early Childhood Education Facility Initiatives	
	<ul style="list-style-type: none"> • Strong food culture within community • Healthy schools project • Embedded traditional foods into cultural teachings and health and wellness
Barriers	<ul style="list-style-type: none"> • Food safety rules do not take into consideration Traditional Knowledge • Distrust amongst many Indigenous community members for institutions • Not enough Indigenous people at all tables, at all levels of decision making • Supply of wild sourced traditional foods • Many Indigenous children don't have the taste for traditional foods
Participant Suggestions	<ul style="list-style-type: none"> • Alignment of food safety rules with Traditional Knowledge in other First Nations • Reduction in administration required to take children onto land • Create positions within School Districts who can focus on relationship building and connection with Indigenous communities • Find ways to raise traditional foods locally and stop going into the bush to get them

Correctional Centres

Two representatives from the provincial corrections system shared information about initiatives in correctional facilities aimed at increasing the service of traditional foods and Indigenous recipes. Examples of initiatives are summarised below:

- B.C. Correctional Centres once provided a special traditional foods menu for Inuit inmates being housed for the Northwest Territories. B.C. had agreed to temporarily house ten Inuit inmates for the Northwest Territories. The Northwest Territories government requested that the inmates continue to be served traditional foods and assisted the B.C. Correctional Centres' foodservices provider to find specialty distributors that could source some foods for a special menu. Even so, finding market sources of Inuit traditional foods available to B.C. was challenging. However, after a short time in B.C. observing what other inmates ate, the Inuit inmates requested to eat from the regular menu.
- Each B.C. Correctional Centre has one or more Aboriginal Liaison Worker who provide counselling and crisis intervention and connect Aboriginal offenders with groups that help them reintegrate into their communities. Elders and spiritual advisors also deliver cultural awareness programming to inmates from other ethnicities to help foster peace and understanding. On special occasions, such as National Indigenous Peoples' Day and the Moosehide Campaign Day, Aboriginal Liaison Workers may bring bannock in from outside the facility.

In summary, the following table provides a brief description of the examples provided of initiatives in B.C. Correctional Centres, noting the common facilitators and barriers, and summarizing suggestions to address these barriers.

Key Factors: Correctional Centre Facility Initiatives	
Facilitators	<ul style="list-style-type: none"> • Help sourcing commercially available traditional foods and recipes • Abilities to serve special menus • Aboriginal Liaison Officers
Barriers	<ul style="list-style-type: none"> • Strict safety regulations to bring food into correctional facilities, e.g. bones can be made into weapons • Additional snacks provided outside the foodservice contract competes with contracted services • Indigenous inmates may prefer westernized food over traditional foods • Menus are dietitian approved, and tightly costed in a multi-year contract • Special menus are more expensive to provide
Participant Suggestions	<ul style="list-style-type: none"> • Access to Indigenous recipes for service through the foodservice kitchen as part of special occasions • Availability of shelf stable Indigenous recipe snacks for sale at the canteen • Access to Indigenous recipes which meet nutritional requirements

Community Initiatives

The harvesting, preparation, eating and sharing of traditional foods that is a central part of Indigenous culture was deliberately interrupted with the legal ban on potlaches and related ceremonies. Now, community food sharing programs and events provide an opportunity to revitalize traditional generosity and relearn the sophisticated methods of food harvesting, management and preservation. Through these programs, cultural practices of food reciprocity continue to be practiced, people who cannot gather food are able to obtain traditional food through community connections.³⁷ Although the examples are not linked to a B.C. institution, they provide a model for other ways in which traditional foods could be incorporated into services and facilities.

Representatives from one B.C. First Nation shared information about a community initiative seeking to serve traditional foods:

- In 2018, Cowichan Tribes hosted the B.C. Elders Gathering, hosting over 3,000 Elders from across the province. The event was mainly held off-reserve due to the size of facilities required. Jared Williams, the Cowichan Tribes Elder's Kitchen Manager, understood that Elders would expect to be served traditional foods at the event. Other Elder Gatherings held on-reserve have had fewer barriers to serving these foods. Jared proposed to have a traditional foods tent where Elders could access traditional foods, in addition to the market-

³⁷ https://www.fnha.ca/Documents/FNHC_Health_Governance_Book.pdf

sourced meals being served. He developed a series of Hazard Analysis and Critical Control Points (HACCP) plans for all traditional foods served. Local Environmental Health Officers were still uncertain about serving food from unapproved sources. The Medical Health Officer for the Cowichan Region took responsibility to approve the food. She is a member of the Stz'uminus First Nation and understood the importance of traditional foods. While the traditional meals were served, the HACCP plans were never formally approved through Island Health. Cowichan Tribes served 3500 traditionally harvested and prepared meals, with no foodborne illnesses.

A different type of community initiative also identified in Manitoba is the Nelson House Country Food Program. A short summary follows:

- The Nelson House Country Foods Program collects traditional food products harvested within Nisichawayasihk Cree Nation's traditional territory and distributes those foods to eligible members and organizations. Facilities include a food processing centre, with equipment to dress, clean, weigh and store wild meats. The program provides transportation expenses, equipment and supplies to individuals and groups for wild food gatherings and hunting of goose, duck and caribou, and also operates a Community Garden Program.

Key Factors: Community Initiatives	
Facilitators	<ul style="list-style-type: none"> • Community led processes with many partners • Commitment of Indigenous leaders
Barriers	<ul style="list-style-type: none"> • Preparation, processing, and storage areas need to be regularly inspected and approved by a local health inspector • Contamination and environmental degradation limiting supply of traditional foods • Transportation and equipment cost to reach harvest areas • Food Premises Regulations and Accreditation Canada Policies which require food served to be from an approved source • Lack of affordable sources of traditional foods outside wild harvest • Lack of familiarity with traditional foods amongst Indigenous peoples
Participant Suggestions	<ul style="list-style-type: none"> • Access to country food processing facilities in communities • Funding to assist with education in traditional harvest skills and transportation costs for harvesting • Change to Food Premises Regulations, creating process to approve wild sourced traditional foods to be served • Increased access to harvest areas

CONSIDERATIONS GOING FORWARD

Based on the findings from the literature and jurisdictional review, interviews with people working in public institutions across B.C., and the conversations with Indigenous people and Knowledge Keepers in B.C. working to preserve or increase access to traditional foods, the team prepared a series of considerations for the B.C. government to increase the use of traditional foods and Indigenous recipes in B.C. public institutions. Considerations are presented to inform an overall approach going forward as well as the next phase of engagement, opportunities to explore changes to legislation or regulation, and ideas for short and longer term projects.

Guiding Principles

Development of considerations described in this section was guided by a set of consultant team principles that help to ensure considerations would help achieve the intents of the project without causing further harm. Accordingly, it was agreed that considerations would focus on options that could have the effect of:

- Protecting traditional food supply;
- Maintaining or improving Indigenous food sovereignty;
- Prioritising Indigenous communities' access to and benefit from traditional foods;
- Understanding the variation in traditional foods and Indigenous recipes between nations and regions;
- Not introducing new economic barriers to accessing traditional foods; and/or
- Increasing access to Indigenous recipes broadly within institutions, without specifically targeting Indigenous patients or customers.

The idea of incorporating guiding principles into the analysis came from conversations with Indigenous people and Knowledge Keepers in B.C. working to preserve or increase access to traditional foods. While being very supportive of removing barriers to serve traditional foods and use Indigenous recipes in public institutions, many expressed concerns that future initiatives could result in unintended consequences, the most common being overharvesting of animals, fish, birds, plants or berries. These sources of traditional foods are already in short supply due to climate change, contamination, and environmental degradation.

Overall Approach

The considerations that follow were developed as potential factors that could be adopted for overall efforts to increase the availability and use of traditional foods and Indigenous recipes in B.C.'s public

institutions. They could be used to guide future work on this topic, and to provide the foundations of a consistent framework for governments, public institutions, and relevant organizations that aim to make efforts toward this goal.

Local Nations lead

Many of the initiatives providing access to traditional foods and Indigenous recipes have been led by non-Indigenous people working in allyship with local First Nations, Métis or Inuit peoples. While the commitment of non-Indigenous people to support and sometimes initiate these projects is welcomed, most consultation participants noted that for initiatives to succeed, they require the commitment, support, and knowledge of local Indigenous peoples.

Some participants in this study described multi-year processes of developing relationships and earning the trust of Indigenous peoples before beginning initiatives. These relationships and earned trust are fundamental to be able to address a common barrier for public institutions: a widespread lack of understanding of local Indigenous cuisine, including which foods were traditionally eaten in each territory; traditional food harvest locations, protocols and processes; and recipes.

Indigenous peoples are reasonably wary of further sharing of this information, which has been used to exploit resources and harm Indigenous communities and food sovereignty. Ensuring that efforts to identify, secure and use traditional foods are led by the local Nations that have responsibility for those resources will help allay this concern. It will also help ensure that local priorities are recognized and respected.

Start small

Given the significant challenges in supply of traditional foods, and risks of further jeopardizing the existing supply through overharvesting, many participants advised focusing on integrating a few traditional foods into the supply chain in each region. This also aligns with practical advice that any efforts should recognize and build on limitations to supplies of many traditional foods, and a concern that unrealizable goals are not put in place.

Some types of traditional foods may be easier to incorporate into the food supply, such as plants or berries, where there are fewer licensing and regulation-related barriers. The identification of which foods local initiatives could begin with can be led by the Indigenous peoples of each place, with consideration for the need to protect the supply of foods first for ecosystem health and second for domestic and cultural use within local First Nations prior to expanding use within public institutions.

Connect to Truth and Reconciliation calls to action

The Truth and Reconciliation Commission made 94 calls to action to redress the legacy of residential schools and advance the process of Canadian reconciliation.³⁸ While many aspects of colonialism have contributed to the breaking of Indigenous food systems, the practices of residential schools to stop Indigenous children from speaking their language, eating their traditional foods, and practicing their culture has resulted in generations of Indigenous peoples disconnected from these aspects of their culture. Supporting Indigenous communities working to revitalize their cultures, languages and foods is one step of many needed for reconciliation.

Continue to explore co-stewardship and expand Indigenous harvesting rights

In the absence of access to land and water, Indigenous harvesting rights cannot fully be implemented. There are many ways which Indigenous harvesting rights can be supported through different approaches to land management. This consideration does not prescribe any one model, but rather underlines that there are examples being successfully implemented within existing legislation and encourages the Government of B.C. to continue to work with Indigenous communities to expand and add to these examples. B.C.'s *Together for Wildlife*³⁹ draft strategy outlines the government's intention to create new opportunities to work collaboratively with Indigenous governments to effectively and efficiently deliver wildlife stewardship.

Connect to other “buy local” commitments

The Ministry of Health and Ministry of Agriculture began this work together in recognition of the links between Feed BC, improving the patient food experience, and the desire to increase service of traditional foods and Indigenous recipes in B.C. public institutions. Many public institution representatives noted this connection as well and suggested that working on both priorities together would strengthen the resolve to overcome labour and financial-related barriers. Many of the barriers to increasing access to local foods within B.C. public institutions are also barriers for traditional foods: lack of supplier networks, lack of processing facilities, volume and food safety requirements of broadline distributors, and existing contract/procurement requirements.

While there is overlap between the two initiatives, it is worth noting that the lack of local distributors for some of the ingredients in Indigenous recipes has resulted in some chefs sourcing traditional food

³⁸ Truth and Reconciliation Commission of Canada. (2015). *Final report of the Truth and Reconciliation Commission of Canada: Summary : honouring the truth, reconciling for the future*. Winnipeg: Truth and Reconciliation Commission of Canada.

³⁹ Ministry of Forests, Lands, Natural Resources Operations and Rural Development. 2019. *Together for Wildlife Strategy – DRAFT*. <https://engage.gov.bc.ca/wildlifeandhabitat/>

ingredients from outside B.C., as this is the only place where they can be found. A common solution to both initiatives is to support local processing facilities and distributors, but there is an important distinction in the methods of harvest and the integration with the natural ecosystems necessary to ensure a sustainable supply of traditional foods.

Build networks of traditional food distributors

A consistent message from staff in the foodservice supply chain of public institutions was the need to build networks of traditional food distributors. Many noted the difficulties they have had in finding approved sources of traditional foods which meet the food safety standards of established distributors, despite connections within communities and food supply chains, even when such sources existed.

A risk to making it easier to purchase traditional foods outside of the region where they are harvested is the potential that the available food supply (after protecting the ecosystem's sustainability) is less available for the Indigenous peoples in the area. This consideration, along with a number that follow, needs to be implemented with care for the guiding principles of maintaining or improving Indigenous food sovereignty, and prioritising Indigenous communities' access to and benefit from traditional foods.

There are many examples where traditional food items have been overharvested for sale as a specialty food product (e.g. the Northern Abalone), making them difficult for local Indigenous communities who have stewarded them for millennia to access. Future efforts should not exacerbate this effect.

Support teaching about how to gather food in the right ways

Part of the legacy of residential schools has been that generations of Indigenous children were prevented from learning about the harvesting and preparation of traditional foods. Where the information is held by remaining Elders and Knowledge Keepers, there is often reasonable caution about sharing this information and having it fall into the wrong hands, leading again to overharvesting and further devastation to the limited supplies that exist. As a result, this information is at risk of being lost in many nations.

It is urgent, along with initiatives to support revitalization of culture and language, that support be provided to nations to teach members to gather traditional foods in the right ways. As with traditional foods themselves, the right ways may have similarities between nations, but the food harvesting protocols and processes are a reflection of the land and unique cultures of each community.

Be patient

Consultation participants reminded us that addressing the barriers limiting the use of traditional foods and Indigenous recipes will take time. Changing the biases and beliefs which underly many of the rules which limit the serving of traditional foods will not be easy. Once there is agreement to change the rules, the process itself can be slow and there are often many players involved.

The food supply chain for public institutions is complex and challenging for any small supplier to access. There is a need for infrastructure and social investments to be able to harvest and process traditional foods to meet the needs of these supply chains. While these steps will not be fast, several participants noted that the growing momentum of interest and support for these initiatives will help.

Considerations: Shorter Term Actions

The project ideas summarized below could be considered and undertaken in a short timeframe, require a smaller investment, and/or could be eligible for funding within an existing grant area. These options were developed by the project team based on priorities identified by participants in the study, as well as consideration of how other programs in B.C. and Canada have approached effort to increasing the use of traditional foods and Indigenous recipes.

Develop and enable alternate food safety approval

Current food safety requirements do not allow for the incorporation of Indigenous knowledge into government food safety processes. As noted above, section 11 of the Food Premises Regulation, requires food premises to ensure that all food on the premises is from an approved source: either another approved food premise, a licensed slaughter establishment under the Meat Inspection Regulations, or “a source that is approved by the government of Canada, the Provincial government, the government of another province or territory, or an official or agency of any of those governments under whose authority food safety standards are established and enforced.”

Exploring how traditional ways could be incorporated need not necessarily require changes to regulation, particularly with respect to short-term options. For example, the Food Premises Regulation could remain as it is, if Environmental Health Officers (EHOs) could be authorized to approve sources of food, based on a Hazard Analysis and Critical Control Point (HACCP) based plan. HACCP is a systematic approach to the identification, evaluation, and control of food safety hazards, and a HACCP based plan describes the steps required to harvest and process a food safely.

This change would likely require EHOs to receive additional training on those food safety standards introduced by the Province. First the Province has to establish relationships with Indigenous Knowledge Keepers to gain their insights into how traditional foods are harvested and processed, so

food safety standards and appropriate guidance can be developed for EHOs. Currently, BCIT is the only B.C. post-secondary institution which offers a program eligible for certification as Public Health Inspector / Environmental Health Officer. This program is currently two years long, though it is under review.

Prior to making either larger change (authorizing EHOs to approve sources or working with B.C.IT to develop additional training for EHOs), it would be helpful to have worked with a small group of EHOs to collectively learn about and recommend approval for sources of traditional foods. It would likely require additional oversight for the group of EHOs, and perhaps could require consumers of the food to provide written acknowledgment that they understand the food they are eating has been approved through an alternate approach.

Assuming a successful pilot, it may still be best for a staged expansion of EHOs approving traditional food sources, initially focusing on a small number within each Health Authority who have received additional training and developed trusting relationships with Indigenous Knowledge Keepers.

Develop Indigenous food processing facilities

A central barrier to serving traditional foods or Indigenous recipes within B.C. public institutions is the lack of approved food products, particularly for processed food which meets the specialized product requirements for health care foodservice. A similar lack of food processing capacity in B.C. and need for product packaging designed to meet the unique requirements of health care foodservice has been identified as a barrier to increasing local food procurement within health care.⁴⁰

There is a demand for commercial food products which are portion sized and prepared as a re-thermable product, or partially prepared and easy to be cooked within an institution with limited kitchen staff and equipment. There is also demand for texture-modified foods such as purees or soups. For example, Island Health's foodservices in the North Island have been working on Indigenous recipes using market available foods. During their testing, they found that clam fritters were very well received, but that preparing them within the institutions was too labour intensive. If a processing facility could make and freeze clam fritters, these could be easily prepared and served within B.C. institutions with minimal kitchen space. Such facilities could go farther and prepare re-thermable meals.

The Ministry of Agriculture has been working to encourage the consumption of B.C. products and support resiliency within the agriculture sector, including building capacity along the value chain.

⁴⁰ McBride, Michele and Forster-Coull, Lisa. 2018. Local Food Procurement in B.C. Healthcare: Review of Food Procurement Processes in B.C. Healthcare Facilities and Opportunities for Increasing Local Food Buys.

Funding is currently available to support the development of agriculture and agri-food opportunities, including targeted funding for Indigenous communities and organizations. The B.C. Indigenous Agriculture Development Program also has incorporated support to help communities apply, which addresses an important barrier to accessing funding for many Indigenous communities.

Some health authorities are more reliant on re-thermable meals than others. It would be helpful for Health Authorities and the Ministry of Agriculture to work together with First Nations within each health authority to provide guidance as to what their packaging requirements are, and to develop partnerships so once processing facilities exist that they can work together to identify and test traditional foods or Indigenous recipes for delivery through the health care system. Where local distributors cannot meet the purchasing needs of an institution (in terms of the quantity of product that is available) the Ministry of Agriculture may be able to assist by helping supplies through aggregation initiatives which are being used to increase the supply of local food.

Keep listening and engaging

It is understood that this study is likely to form the first phase of a longer-term engagement aimed at identifying priorities and opportunities to increase the availability and use of traditional foods and Indigenous recipes in B.C.'s public institutions. The first phase of this project has had a short timeline, which limited the numbers of people who could be engaged in conversation, even though the size of the team and pre-existing connections across B.C. made it possible to connect with a larger and more regionally diverse group of people. These conversations were also one-time connections, where in order to begin to plan more substantive change, relationships are needed.

Despite these limitations, participants were almost universally enthusiastic about the project and its intent and welcomed subsequent conversations in the next phase. We were also commonly referred to other people and organizations who would want or need to be part of further conversations. A comprehensive list of participants engaged in conversation in Phase 1 is listed in Appendix A, while Appendix B includes suggestions for people and organizations that might be included in the next phase of the project (including some who could not participate in this first phase due to the limited timeframe).

Work with dietitians on Indigenous recipes for health care facilities

The menu plans for in-patient foodservice in health care are reviewed by dietitians who ensure alignment with nutrition requirements. Where food is prepared on-site, simply sharing dietitian approved meal plans may increase the abilities of foodservices to integrate Indigenous recipes. This approach may be most successful in health care facilities where patients select meals from a menu of choices.

In-patient meals are also subject to strict budget guidelines. While there continue to be barriers to serving traditional foods in public institutions, integrating Indigenous recipes is much more possible. While it may not be possible to source wild game for these recipes without additional policy and regulation changes being made, recipes can still highlight common Indigenous food ingredients and reflect sustainable food choices. For example, some hospitals offer salmon menu choices, but budget constraints have resulted in serving open net farmed salmon, a farming technique opposed by many First Nations in B.C. due to the negative impact on wild salmon stocks through the spread of parasitic sea lice⁴¹.

For many Indigenous people, especially those living in coastal areas, the potential for risk and harm from open-net salmon farming to produce the meal negates the comfort they might feel from eating familiar foods. While choosing a more sustainably harvested salmon (wild or closed containment) may raise the cost beyond the allowed budget, there are likely other Indigenous recipes where the cost variance is not as significant. Salmon may be a default Indigenous recipe for non-Indigenous people, along with foods such as bannock, given the generalized lack of understanding of the diversity of traditional foods and Indigenous recipes. There may also be an option to serve salmon prepared in a different way which is less costly such as salmon head soup.

Identify and map B.C.'s traditional food regions

A central barrier to increasing the service of traditional foods in B.C. public institutions is a lack of understanding of what traditional foods are and how they differ from Indigenous recipes seen through a pan-Indigenous lens, which might include foods such as bannock and "Indian tacos". A better understanding of different foods in each region would help contribute to an understanding of differences between Indigenous cultures, challenging pan-Indigenous assumptions widely held by non-Indigenous people.

It was also the strong advice from other areas of Canada that have moved forward in this area that taking time to understand differences in traditional food production and use between regions is a fundamental step towards creating initiatives that will be supported by Indigenous people.

Work is underway in some organizations that could be leveraged to gain momentum on this work. For example, the FNHA has produced traditional food factsheets that include some preliminary

⁴¹ FNLC Calls for End to Open-net Pen Salmon Farming in British Columbia. <https://www.bcafn.ca/news/fnlc-calls-end-open-net-pen-salmon-farming-british-columbia>

reference to the region(s) where that food is commonly used.⁴² The number of traditional food regions is a question for First Nations and other Indigenous communities within B.C. to decide. There would certainly be more than the five health regions or eight economic development regions and would be more likely to reflect the 24 tribal council areas, or 34 distinct languages, or 60 Indigenous language dialects within the province.

Develop a repository of Indigenous recipes

Public institution foodservice providers commonly suggested the sharing of recipes and training to prepare traditional foods and Indigenous recipes. Indigenous people consulted as part of the project, as well as members of the project team, noted that many Elders and Knowledge Keepers may be reluctant to share traditional food sources, but would be more open to sharing Indigenous recipes.

While an increase in service of Indigenous recipes would be an improvement on the current situation in most public institutions in B.C., this is not a substitute for serving traditional foods rooted in culture and language. Increasing the use of Indigenous recipes would help to grow awareness of and appreciation for Indigenous cuisine. Indigenous recipes are often easier to make with approved sources, yet still highlight local food ingredients. The cooking techniques for some Indigenous recipes are likely new to non-Indigenous chefs, who would benefit from training in how to safely pit cook fish, for example. However, it is important to keep in mind the negative experiences Indigenous communities have had when sharing Traditional Knowledge, and the understandable reluctance many may have of sharing related information.

Use toys to increase children's familiarity with traditional foods

Indigenous people who spoke with the project during this phase commonly talked of the importance of introducing children to traditional foods. Increasing the ability for traditional foods to be served in early childhood education is the best way to do this, but there are other ways to support normalizing traditional foods.

Making and gifting these toys throughout child care centres in B.C. would support the introduction of traditional food ideas, even before the barriers to serving these foods are addressed. Some child care centres have a high or sole percentage of Indigenous children, such as those funded through the Aboriginal Head Start program (including both on and off reserve programs). This type of initiative would also be aligned with B.C.'s new Early Learning Framework which includes a commitment to resist language, concepts, and pedagogies that perpetuate legacies of colonization and

⁴² FNHA. Traditional Foods Fact Sheets. https://www.fnha.ca/Documents/Traditional_Food_Fact_Sheets.pdf

marginalization of Indigenous people. Non-Indigenous early childhood educators are often uncertain how to integrate Indigenous worldviews into play, and traditional food toys would be an educational tool for both adults and children.

These toys could also be integrated into the Indigenous literary kits many libraries have begun to offer. For example, Pam Moore from the Qualicum First Nation Child Care Centre has developed a series of kits including books and toys that can be loaned to child care centres, schools, and family programs for a month at a time. The kits are focused on themes and individual nations' cultures. Pam acts as a cultural advisor to organizations who borrow the kits and provides guidance on their use. Pam has produced lists of the items in the kits, to support their replication in other communities. Several School Districts are working with Pam to develop similar kits for use in the school system, and other organizations have gifted her kits to the Vancouver Island Regional Library system.

Considerations: Longer Term Actions

In the longer term, the following ideas were identified by the project team as being worthy of consideration as options for increasing the availability and use of traditional foods and Indigenous recipes in B.C.'s public institutions.

Work with First Nations to develop regional food dispensaries across B.C.

Food dispensaries, as envisioned by the project team, would be a structure to:

- coordinate the harvest and processing of traditional foods in commercial kitchen facilities;
- monitor the supply of traditional foods in the wild and support stewardship and conservation practices;
- work to rebuild Traditional Knowledge within the nation of harvesting practices and protocols;
- contribute a pre-determined portion of processed foods to be distributed at no cost to members and for nation events; and
- sell the remaining portion of processed foods to B.C. institutions or other bodies seeking to serve traditional foods.

At the outset, prior to any changes in regulation or policy, food dispensaries could be created to process low risk food items which are not excluded from use in food premises or for sale, such as wild berries, plants, or aquatic plants. Gatherers would be paid a salary, regardless of how much food is gathered, so the incentive to overharvest is removed.

Some nations may be interested in creating a game farm as part of the food dispensary, enabling the supply of game such as fallow deer, bison or reindeer to their community and processing facility, until such time as it is possible to process, sell and serve wildlife meat. While game meat is available

for sale, it is expensive, and is unlikely to follow the nation's protocols in slaughter (for example, some First Nations offer tobacco before and after a kill as thanks to the Creator and to the animal). In this case, food dispensaries could seek license as a Class E slaughter house, having established that the specialty slaughter services are not available in existing local facilities. Others might choose to seek commercial fishing or shellfish licenses, or simply to begin by processing and packaging commercially available food they purchase into Indigenous recipes for sale.

Dispensary facilities could have a separate space available for community use to process individually harvested animals, supporting both food safety and gathering information on the numbers of birds, fish, or animals which have been harvested from a territory following [Indigenous] harvesting rights protected under section 25 of the *Constitution Act, 1982*. The creation of a food dispensary is in no way intended to replace Indigenous individual or family harvesting of traditional foods, rather it is intended to assist individual harvesters, and increase access to these foods amongst those who are not able to harvest them.

Hunters, trappers and fishers could also be hired, also on salary, to monitor stocks for ecosystem health and stewardship needs, and harvest as appropriate but initially only could provide food for community. As changes are made which allow the sale and service of wildlife meat, this meat could be prepared for sale.

The first priority for use of wild sourced traditional foods is the community. If stocks were insufficient to gather enough to meet community needs and sale, the processing would shift to using a different wild source (if its quantities are high enough) or to a sustainably produced commercial source. Following community needs being met, each nation would set priorities as to where the remaining food would be sold.

The monitoring of wild stocks would provide valuable new information to support stewardship. Currently, much of the information available for the Ministry of Forests, Lands, Natural Resource Operations and Rural Development to monitor wildlife stocks comes from the Harvest Questionnaire, which gathers information from hunters on the number of animals killed and the effort required, with distinct questions asked for particular species such as the Limited Entry Hunting. This approach is aligned with more recent provincial and federal government initiatives to co-manage ecosystems with Indigenous communities, such as the Indigenous Guardians Program.

Not all of the 198 First Nations within B.C. would need to create food dispensaries. First Nations could work together regionally to determine where food dispensaries should be located, and how they can be administered to meet the needs of all nations within the region. It is possible for a distributed model of food dispensary to be created, where facilities or dispensary staff are distributed across multiple nations.

A key element of the food dispensary model is to try to rebuild Traditional Knowledge about food harvesting which was deliberately broken through colonial practices and legislation limiting access to hunting, trapping and fishing and removing children from communities. As the revitalization of Indigenous language and culture is urgent, so too is the revitalization of traditional harvesting practices. Much of this information is held by a small group of Elders and Knowledge Keepers, and there needs to be trustworthy and culturally safe and appropriate systems for this information to be shared. Each year, more of this information becomes harder to recover.

The Indigenous Food Processing facilities proposed within the Shorter-Term Project Ideas could be expanded to create food dispensaries.

Create regulation for a First Nations food dispensary

The Wildlife Act states that it is an offense to buy, sell, trade or distribute for gain wildlife meat, except as authorized by regulation or a permit. The Lieutenant Governor in Council may make regulations prohibiting or regulating the trafficking or possession of wildlife or fish or parts of either.

There are already guidelines in place to donate culled game meat, including the B.C. Centre for Disease Control *Standards for the Donation of Culled Game Meat* and the *Guideline for Cutting and Wrapping of Uninspected Meat and Game in Approved Food Premises*. These guidelines were put in place to address challenges that economically disadvantaged individuals and families may face in obtaining high quality and nutritious food, particularly the high protein and low fat meat from game animals. Standards are designed to ensure that game meat quality is assessed by trained and experienced personnel, to reduce the risk to human health presented by unsuitable meat, parasites or diseases.

However, this donated meat can only be donated through a food bank or directly to an individual, and is not eligible for use in soup kitchens, charitable organizations or any facility in which compliance with the Food Premises Regulation is required. A separate consideration explores options to address the “approved source” requirement, through granting Environmental Health Officers authority to approve food sources following review of a HACCP plan.

This study has identified two options for consideration to address the limitation:

1. Determine if a First Nations food dispensary model constitutes trafficking in wildlife meat.
 - The model as proposed would not pay hunters per animal, but rather would pay a salary to a hunter who would also be responsible for supporting monitoring and conserving wildlife stocks and herd health and participating in youth education on the Nation’s hunting protocols and processes. This approach removes the risk of overharvesting in order to meet income needs, and follows principles behind

- traditional Indigenous generosity systems, where hunters are honored for the food contributed to the community.
- However, if the proposed change to the Food Premises Regulations could be made, the model as proposed would sell processed and packaged meat for service in Food Premises. Determinations could be made as to whether these meat sales are restricted to food premises where food is provided at no cost (e.g. in-patient meals, child care or school programs) or if, stocks permitting, it could be allowed to be sold to post-secondary or other for-profit food premises which are seeking to serve traditional foods or Indigenous recipes.
2. Create a regulation of the *Wildlife Act* which specifically names First Nations food dispensaries as exempt from the clause preventing wildlife meat from being bought, sold, traded or distributed for gain (see recommendation for the creation of First Nations food dispensaries).

Work with Knowledge Keepers to develop HARVESTSAFE

FOODSAFE Level 1 is compulsory for many people working in the B.C. foodservice industry. FOODSAFE is a comprehensive food-safety training for the food industry and is managed by the B.C. FOODSAFE Secretariat in partnership with the B.C. Centre for Disease Control, regional health authorities, B.C. Restaurant and Foodservices Association, and WorkSafe B.C.

A similar program could be developed to provide safety training for harvesters, integrating Indigenous safe harvest handling practices and knowledge with western food safety principles, including the B.C. Centre for Disease Control *Standards for the Donation of Culled Game Meat*. The course could also provide harvesters with tools which can be used to document their harvest, if required.

Any new course focusing on harvesting as related to game carcasses may overlap with the one-day training program conducted by the Ministry of FLNRO that provides individuals with the knowledge needed to examine, handle and prepare game carcasses for human consumption, and to understand the risk presented by the contamination of meat and the presence of zoonotic organisms

As with FOODSAFE, the course could be widely available for anyone who harvests food, and for those who make decisions which affect food harvesters. A course like this which explicitly respects and validates Indigenous harvest practices would also help to shift societal bias against Indigenous knowledge.

Work with dietitians on Indigenous recipes for correctional centres

The menu plans for inmates in correctional centres are reviewed by dietitians who ensure alignment with nutrition requirements, and multi-year supply contracts are in place. One company holds the contract for foodservices within correctional facilities, and this contract is in the process of being extended until 2023. This provides a three--year window to build on the lessons learned from increasing service of Indigenous recipes in health facilities, to determine what the logistics and budget implications might be to begin supplying Indigenous recipes in correctional centres, especially those with a high percentage of Indigenous inmates.

One option is to offer these foods as part of a special menu diet, though this approach conflicts with the one of the guiding principles the consulting team proposed - to offer the Indigenous recipes widely, and not target their service to Indigenous people. Special menu diets tend to be more expensive, and there are currently protocols in place for inmates to be able to demonstrate a need for a particular diet, such as with medical or religious confirmation. However, Indigenous recipes could be included as a regular menu option which highlight common Indigenous food ingredients.

Support the integration of traditional foods into K-12 Indigenous language curriculum

A strong message coming from Indigenous people who spoke with the project team during this phase was the close connection between Indigenous languages and traditional foods. For example, many Indigenous place names are descriptions of types of foods which can be harvested there (e.g. where clams were gathered). Indigenous languages reflect Indigenous worldviews, including relationships with animals and the natural world which are directly linked with Indigenous traditional food practices. When language describes animals with equal respect to people, and plants and trees as animate, it highlights the marked difference between Indigenous worldviews of food from western agricultural and natural resources management approaches.⁴³ Further, the combining of language lessons and food gathering offer a perfect Indigenous based activity that gets students on the land, teaches Indigenous language, and contributes to Indigenous food sovereignty.

Within B.C., there are 34 unique Indigenous languages and over 60 dialects. Ministry approved curriculum has been developed for over half of these languages through the provincial Languages Template development process. A 2016 review of the development and implementation of Ministry approved First Nations second language Integrated Resource Packages (IRP) noted that the

⁴³ <https://www.facinghistory.org/stolen-lives-indigenous-peoples-canada-and-indian-residential-schools/chapter-1/language-and-worldview>

curriculum development template has “relied heavily on existing curricula for French and international second languages, and IRPs that have been developed so far are only beginning to touch on the complex features of First Nations languages.”(p.15) One of the review recommendations regarding the future development of curriculum proposes that the language template that guides the IRP development should be designed so that it is aligned with Indigenous world-view, Indigenous language structures, Indigenous instructional patterns, and Indigenous values and relationships within communities, land and ancestors.⁴⁴

The Ministry of Education provides a Languages Template development package to school districts and communities to assist them to develop language education programs. The current package has limited interaction with traditional foods, though food vocabulary is introduced.

An update to the IRP Languages Template is underway, to better align with B.C.’s new curriculum, and the integration of land-based activities like food gathering has been part of the discussion. No one from the project team reached out to the First Nations Education Steering Committee, who is currently leading the development of language curriculum options.

Explore options for new ways of production

A question needing substantively more discussion in a subsequent phase is the possibility to produce traditional foods in new ways, while maintaining respectful harvest protocols. Participants expressed concern about the quantity of traditional foods available in the wild, and noted that ongoing environmental degradation, pollution, and climate change are likely to further reduce these stocks.

While some felt that only wild sourced traditional food ingredients, harvested appropriately, could be used to make traditional foods, others felt that the way to protect wild stocks and increase the service of traditional foods was to begin to produce these foods in new ways. These alternative approaches do not reflect mainstream agriculture, livestock or aquaculture techniques; it would not, for example, be sufficient to replace a wild caught salmon with an open net pen farmed salmon, given the potential harm to the environment resulting from these practices.

However, some participants used the example of closed containment land-based fish farms⁴⁵ as potential supply sources, while substantial efforts are made to protect and rebuild wild stocks. Others noted that many traditional foods require active management and tending, such as clam beds, or root vegetables like sunchokes, nodding onions or wild camas.

⁴⁴ <https://www2.gov.bc.ca/assets/gov/education/ways-to-learn/aboriginal-education/aboriginal-languages-irp-review.pdf>

⁴⁵ For example, the Kuterra product produced by the ‘Namgis First Nation: <http://www.kuterra.com/>

As an increasing number of First Nations establish greenhouses or shellfish farm businesses, some questioned if this could be one of the routes to providing a consistent, Indigenous controlled supply of traditional foods without further impacting the limited wild supply. Whether meals like elk stew can be made with sustainably-farmed game and still be part of supporting traditional foods is a conversation for Indigenous communities to continue to have.

SUMMARY

This report, as noted earlier, summarizes the findings of a qualitative study that was completed in a short timeframe. It was not intended to be a comprehensive analysis of efforts to increase traditional foods and Indigenous recipes, but rather to identify promising programs and initiatives, identify key factors that serve as both barriers and facilitators to the provision of traditional foods in public institutions, and identify areas where future work on this topic might focus.

Overall, efforts to increase the availability of traditional foods appears to not yet be well-established in the approaches of many public institutions, yet there are a number of promising practices to build on in B.C. and across Canada. Such initiatives are building on a growing sense of the importance of connection not only to healthy, nutritious food but also to the traditions and customs that are fundamental to Indigenous identity. Participants in this study were unanimous in their view that increased access to traditional foods is a fundamental way to improve both health and education outcomes and, at a higher level, the connection of Indigenous people to their communities and traditions.

Efforts to support greater access to traditional foods aligns with government priorities as well, particularly those aimed at increasing the production, harvesting and use of local foods such as the Feed BC initiative. There are also clear opportunities to build on other programs such as FOODSAFE BC. Supporting such initiatives can also serve as a strong indicator of governments' support for the principles and goals of reconciliation with Indigenous peoples in British Columbia.

This report presents a number of short and long term considerations, arising from the limited consultation findings as well as a high-level review of the available information about current programs and initiatives. The considerations that are identified provide initial opportunities to explore further through wider and deeper consultation that should form the basis of any future work aimed at increasing the use of traditional foods and Indigenous recipes in B.C.'s public institutions.

APPENDICES

Appendix A: Study participants

Thanks to the following individuals who participated in this study by providing their thoughts, insights and experience with the provision of traditional foods in British Columbia.

Sector/Group	Participant
Elders and Knowledge Keepers	Rita George, Elder
	Leon Lewen, Elder
	Susie Truss, Elder
	Corinne George, Elder
	Tim Kulchyski, Knowledge Keeper
	Margaret Edgar, Elder
	Nitanis Desjarlais, Knowledge Keeper
Indigenous Restaurants	Kekuli Café, Sharon Bond, Owner
	Salmon & Bannock, Inez Cook, Owner
Health	First Nations Health Authority, Casey Neathway, Regional Manager, Environmental Health
	First Nations Health Authority, Dr. Evan Adams, Chief Medical Officer
	First Nations Health Authority, Karen Larson, Environmental Health Officer
	First Nations Health Authority, Rebecca Sovdi, Strategic Policy Analyst
	Interior Health, Donna Koenig, Manager, Support Services
	Interior Health, Kevin Touchet, Manager, Environmental Health
	Interior Health, Megan Dark, Public Health Dietitian
	Island Health, Joanne Lum, Senior Environmental Health Officer
	Island Health, June Wade, Regional Manager of Food Services
	Island Health, Dr. Shannon Waters, Medical Health Officer
	Island Health, Shelley Cahill-Richford, Coordinator of Food Services for the North Island
	McBride and Associates, Lisa Forster-Coull & Michele McBride, Feed BC Consultants
	Northern Health, Shelly Crack, Community Dietitian
	Northern Health, Tessie Harris, Coordinator, Chronic Disease Management, Northern Haida Gwaii Hospital and Health Centre
	Provincial Health Services Authority, B.C. Centre for Disease Control, Melanie Kurrein, Provincial Manager Food Security
	Provincial Health Services Authority, José Morais Manager, Food and Nutrition Services
	Songhees Wellness Centre, Chef Dave Roger, Executive Chef
	Stó:lo Elders Lodge, Michelle Hobek, Administrative Assistant
Post-Secondary Education	Thompson Rivers University (Aramark), Jennifer Bissell, Food Service Director,
	Thompson Rivers University (Aramark), Lisa Orr, Regional Marketing Manager
	Camosun College, Chef Steve Walker-Duncan, Program Chair for Culinary Arts
	Chartwell (Compass Group), Matthew Quinn, Executive Chef, UNBC
	Chartwell (Compass Group), Yazan Kanaan, Director of Food Services, UNBC
	Coast Mountain College, Brad Vennard, Culinary Arts Instructor
	Coast Mountain College, Darlene Godfrey, Culinary Arts Instructor

Sector/Group	Participant
	Ministry of Advanced Education Skills and Training, Griffin Ryall, Director, Sector Business Partnerships
	Okanagan College, Cari Jahns, Manager Culinary Programs
	Okanagan College, Reinhard Foerderer, Program Chair
	Thompson Rivers University, Kimberly Johnstone, Senior Lecturer, Culinary Arts
	Thompson Rivers University, Paul Murphy, Culinary Coordinator, Culinary Arts
	University of British Columbia, David Speight, Executive Chef
	University of British Columbia, Vicki George, First Nations House of Learning
	University of the Fraser Valley, Chris Monkman, Instructor SASET Culinary Arts program
	University of the Fraser Valley, Randy Kelley, Director, School of Trades
	University of the Fraser Valley, Sian Hurley, Instructor, Culinary Arts
K-12 Education	SD50 Haida Gwaii, Sarah Stevenson, (Past) Local Food To School: Pantry coordinator
	SD50 Haida Gwaii, Kiku Dhanwant, (Past) Local Food To School Coordinator
	SD50 Haida Gwaii, Jaskwaan Bedard, Haida Language and Culture Curriculum Implementation Teacher
	Tahayghen Elementary, Verena Gibbs, Principal
Early Childhood Education	Nutsumaat Lelum Child Day Care, Stz'uminus First Nation, Carey McRae, Manager
B.C. Corrections	Ministry of Attorney General, Simon Matthews, Manager, Procurement and Compliance
	Ministry of Public Safety and Solicitor General, Tony Porter, Strategic Operations
Food Safety, Fish and Wildlife Government Representatives	Ministry of Agriculture, Diana Berry, Policy and Project Analyst, Food Safety & Inspection
	Ministry of Agriculture, Kevin Romanin, Senior Seafood Analyst
	Ministry of Agriculture, Larry Neilson, Manager, Marine Fisheries and Seafood
	Ministry of Forests, Lands, Natural Resources Operations and Rural Development, Terry Ahern, Senior Advisor, Legislation and Policy
	Ministry of Forests, Lands, Natural Resources Operations and Rural Development, Nichole Prichard, Project and Policy Analyst
	Ministry of Health, Spencer Dawson, Senior Food Safety Specialist
	Ministry of Indigenous Relations and Reconciliation, Alfredo Garcia, Senior Advisor
	Ministry of Indigenous Relations and Reconciliation, Hannah Virtue, Assistant Negotiator, Business Economic Development

Appendix B: Potential participants, future engagement

An essential next step for this work is a comprehensive engagement with the 198 First Nations within B.C., the Métis Nation B.C. to explore opportunities to increase serving traditional foods and Indigenous recipes within B.C. public institutions.

Other identified groups include:

- Health Authorities which were not able to participate in this project
- Post-secondary Institution Purchasing Departments
- Group Purchasing Organizations such as Compass, Sodexo and Aramark
- Other public sector bodies with food service facilities, such as the City of Vancouver; Vancouver Parks Board
- Regional and Municipal Food Policy Councils
- Correctional Centre Aboriginal Liaison Workers
- First Nations Health Authority Head Start on Reserve
- B.C. Friendship Centre Head Start Off Reserve
- Ministry of Education - Aboriginal Education Team

Appendix C: Benefits of increasing traditional foods

The benefits discussed below are based both on discussions with participants in this study and a high-level review of the growing body of literature about this topic. The sections that follow summarize both high-level findings from the literature as well as feedback from interviews with participants, who provided a multiplicity of specific benefits related to seven thematic groups: cultural connection; nutritional value; mental health benefits, environmental/natural benefits, potential costs benefits, support for reconciliation, Indigenization and inter-cultural understanding; and support for B.C.'s efforts to encourage local food production and utilization.

Cultural connection

Increased access to traditional foods offers not only an opportunity to expose patients and students overall to a wider variety of proteins and other traditional foods, but also helps bring integration of the Indigenous world, worldview and existence. As one participant summarized, traditional foods are the glue that connects the community, and the sharing of such foods provides a fundamental way to help people seamlessly connect to their community's traditions.

While the nutritional value of traditional foods is important, many participants identified the inherent links between food and culture, teachings, stories, language, and family relationships as having equal if not greater value. They noted how taking away these links has, in the past, contributed to whole communities and cultures falling apart. The linkage with language was notably cited, with participants noting the important role these things play in Indigenous peoples' fundamental understanding of who they are and their place in the world.

The central role of food in connecting Indigenous peoples and communities is a cultural reality that goes back to time immemorial. The role of governments in disrupting these connections, through measures such as the banning of Potlach, is a well-documented fact. Many participants expressed optimism that government is now playing a role in correcting these mistakes and using policy to reverse past wrongs. The opportunity to "get back something that was taken away", as one participant put it, can be a strong support to overall efforts at reconciliation.

Many participants noted that the road will be challenging, because much Traditional Knowledge has been interrupted by years of forced separation from traditional approaches. Many noted a general lack of traditional foods being harvested, produced, prepared and served, not only in public institutions but across society generally. Food, along with language, are two areas where bringing back traditional ways offers a chance to relearn and reconnect to fundamental Indigenous values and connections to the wider community.

The importance of food in healthcare institutions was often noted as being particularly important. This is a time when loved ones are ill and going to the hospital is rarely a joyful occasion. When this

is combined with unfamiliar food, families worry that their loved ones are not being well cared for, and there is a sense that patients would recover more quickly if they felt more of a connection to their traditional foods.

Traditional ways of preparing and serving food also offer an opportunity for cultural connection. One participant described how, when traditional foods are served in their community, a specific song goes along with the food. This happens in local schools when traditional foods are served, but when non-traditional foods are on the menu there is no singing and a palpable lack of community feeling. As they said, “colonized foods have no relationship to culture, but there is a deep cultural connection with traditional foods. They speak to your DNA memories.”

Fostering these connections is seen as particularly important for children and youth, and increasing access to traditional foods and recipes is seen as a key way to integrate Indigenous culture and food histories into education programs. This is especially so where children come from homes that are not engaged in traditional foods, which is a common result of generations of policy that sought to remove and disconnect Indigenous people from their cultures.

In summary, many participants talked about feeling and wanting to fulfil a cultural responsibility to use increased access to food and recipes to pass on food traditions. This was often cited as a way to retain, re-discover and make cultural values relevant for Indigenous peoples in the province, especially younger generations who may not have grown up with traditional ways. Overall, participants put a high value on the role that food can play in helping people connect to their traditions, cultures, and wider Indigenous world view.

Nutritional value

The nutritional value of providing greater access to traditional foods was also commonly identified by participants as a strong benefit of this approach. Although there is great variety in what constitutes traditional foods across the province, as noted elsewhere in this report, all traditional foods share fundamental qualities: they are non-processed, whole foods, and when it comes to wild meat and seafood, can be higher in protein and healthy fats than non-traditional foods.

Particularly when combined with traditional ways of hunting, growing and gathering, eating traditional foods such as fresh fruits, vegetables, fish and meats is widely seen by participants as not only having obvious health value, but having a more intangible value of connecting peoples’ food to the lands they come from.

Many participants also described anecdotal evidence of patients making quicker recoveries and experiencing overall improved health when provided access to traditional foods. This is especially so for Elders, who tend to respond well when provided with food they grew up with, including foods like berries and herbs that have medicinal as well as nutritional value. One Elder shared their story

about spending a lot of time in hospital recovering from cancer treatment. There she craved moose broth, but was limited to hospital food. Once she returned home, she was able to have moose broth and other traditional foods, and she was convinced this was a significant factor in bringing her back to health.

Mental health benefits

Along with improvements to physical health, increased access to traditional foods offers patients, students, inmates and other consumers of food in public institutions mental health benefits. Providing food that is familiar is important for everyone but can be particularly beneficial for Indigenous people to feel welcome and an integral part of the environment. This is especially so in situations where food choices are prescribed, like hospitals or correctional facilities.

The availability of traditional food was widely described as spirit-lifting, especially for Elders who have long and strong memories of including these foods in their diets. Where people *want* to eat the food provided, they are more likely to have healthier appetites; this is seen as a key contributor to recovery from injury and illness, and a key factor in overall health.

A number of participants noted that people who have the option to eat traditional foods show improved moods and general mental health, as they have a sense of familiarity, belonging, and acceptance. Some institutions in Interior Health recognize this by allowing patients of Indigenous heritage to request from daily menu foods that are traditional to their area. They support the conclusion that patients who eat familiar and healthy meals exhibit stronger overall mental health, which in turn leads to improved physical health outcomes.

Connection to the land

Along with the personal benefits noted above, participants also noted that increasing access to traditional foods offers potential benefits in terms of environmental stewardship, healthy harvesting, and integrated connection to the land and sea that is the source of foods.

Particularly where traditional food is obtained from Indigenous sources, protecting stock is a fundamental part of the supply equation. Watershed and all resource management is an integrated part of the Indigenous approach to food supply. One example is the Cowichan Tribes, which invested \$1.1 million in 2019 to improve the river on its territory, a river that has traditionally been at the center of food production for the Quw'utsun (Cowichan) people.

Other benefits are available where food is obtained through traditional means – for example, communities can easily identify where the food has come from, how it's been treated, and where there are potential concerns related to health and safety. This better allows for integration into traditional production cycles and stronger overall stewardship of natural resources.

Use of traditional foods can also support sovereignty and self-determination. Increasing access to traditional foods requires increasing access to land and sources of traditional food, and a focus on food provides a good linkage to other components of culture that are harder to integrate.

Finally, the very acts of hunting and gathering foods by traditional means can provide health and wellness benefits, providing a visceral reminder of peoples' links to their lands and waters.

Impact on costs

One of the major barriers that participants said impeded their use of traditional foods is the cost. Currently, even where it is possible to source traditional foods for purchase, they are considered "specialty" items and priced accordingly. Many items are prohibitively expensive, making their integration into public institutions' menu challenging if not impossible.

Many participants felt that increased access for Indigenous harvesters to traditional foods could have the effect of increasing availability and lowering costs. This could result both from greater production, and a wider integration of such foods into food production processes.

Increased access would also potentially open markets for people looking for traditional foods – the more traditional foods are available within the food system and that people can use without concern, the easier they will be to incorporate. This could also result in the opening of more foodservice businesses that offer traditional foods. However, any expansion of serving traditional foods must have the risk of overharvesting already taxed or recovering stocks as a primary concern.

Some participants suggested that traditional sourcing approaches offer potential cost advantages. In some institutions, where traditional foods are obtained outside of regular budgeting and procurement processes, food is provided on a barter basis, or at extremely reduced rates. Although this is not an option that is widely available at most institutions, it can make an important difference. One participant cited the example of a childcare facility that paid for a fishing boat's fuel, and in return received a portion of its haul that amounted to six weeks worth of fish. This was only possible through the Nation's fisheries department, illustrating the importance of community support in accessing traditional foods.

Supporting Reconciliation

Reconciliation with Indigenous people is a priority for the Government of B.C. Acknowledging and supporting the provision of traditional foods in B.C.'s health, education and other public institutions offers a strong and very practical way of demonstrating a commitment to the principles and goals of reconciliation and inter-cultural understanding. Recognizing Indigenous people in their communities and feeding them what they want to eat sends a strong message that they are heard, valued, and determinative of their own diets and health.

It is well recognized that the sharing of food is a powerful connector and including traditional foods and Indigenous recipes can play a key role in breaking down racism-based care and colonial histories. Where Indigenous people are able to share their food history with others, this builds community and personal connections, helping with overall efforts at truth and reconciliation, assuming the information is received respectfully by non-Indigenous people.

The educational opportunities offered by increased access to traditional foods can be significant, providing a major contribution to formal and informal learning about Indigenous cultures. There is a high and growing level of interest in learning about local Indigenous food histories, from formal settings such as UBC, to restaurants where traditional foods are being ever more integrated into Pacific Northwest cuisine. Participants who work in public and educational institutions, as well as those with a history in the foodservice industry, consistently reported a high level of enthusiasm among staff, both Indigenous and non-Indigenous, to learn about and incorporate traditional foods in the food they offer.

Many participants felt that the benefits of cultural and educational exposure for the general public overall could be a significant contributor to embedding Indigenous approaches in the wider B.C. culture, bringing traditional ways and stories into the public consciousness. Overall, this was seen as an important way to support the goals and objectives of reconciliation, and to foster better understanding about Indigenous cultures more generally.

Indigenizing institutions

The provision of traditional foods at public institutions – particularly educational institutions – can contribute to formal and informal efforts at Indigenization. Some institutions like the College of New Caledonia in Prince George have made Indigenization a purposeful priority, while others have a more general approach to incorporating Indigenous approaches, principles, and traditions. Providing greater access to traditional foods can benefit both approaches.

The availability of traditional foods can provide both health and culture benefits to students. It can facilitate the celebration and incorporation of Indigenous culture into educational and other institutions, providing opportunities to adapt practices and to use more traditional ways and approaches. This can also provide an opportunity for alignment with other Indigenization initiatives within educational and other institutions in B.C.

Supporting local foods

Finally, increased access to and use of traditional foods and Indigenous foods aligns with the Government of B.C.'s interest in encouraging the production and consumption of locally-grown foods. This includes the Ministry of Agriculture's Buy BC program, which helps to promote B.C. food and

beverages to ensure consumers can easily identify and enjoy local food products, while supporting farmers and businesses throughout B.C., and Feed BC, which seeks to increase B.C.-grown and B.C.-processed foods in hospitals and healthcare facilities, post-secondary institutions, and other government-supported facilities.

Buy BC is a province-wide marketing program supported by several components, including Buy BC logo licensing, a cost-shared funding program for industry-led Buy BC marketing activities, retail partnerships, promotional activities and events, and a comprehensive marketing campaign that drives consumers to look for the Buy BC logo on products in grocery stores across the province.

An increase in traditional foods in public institutions can be a key component in government initiatives such as those noted above. For example, it could support Feed BC's goal to increase the use of food products produced or processed within B.C., as support for traditional foods means, by its nature, support for local food production and connection to local food supplies.

Appendix D: Detailed descriptions of current initiatives

Post-Secondary Institutions

University of Northern British Columbia Foodservices (UNBC)

UNBC included Indigenous Priorities as one of five pillars guiding their food provision in their recent vendor selection.

In recognition that the needs of Indigenous students include specific and respectful food options and associated cultural components, in their recent foodservice provider vendor selection, UNBC noted that the foodservice provider will be expected to actively consider Indigenous needs, consistently provide food options that align with these needs and hold high levels of cultural competency, as it relates to Indigenous and other cultural service practices.⁴⁶ This is a new requirement for UNBC's foodservice provider, but they have experience providing Indigenous food for special events.

For these events, they have received guidance from the First Nations Studies department in setting recipes and understanding how to use traditional food products properly. Their Chef and kitchen team members like to forage and fish, so they feel confident about food safety concerns when using local and wild foods. Chartwells also has an Indigenous chef at the corporate level who can consult and train staff. Still, there is not enough volume from local harvesters or producers so traditional foods are offered primarily for Indigenous events, which have served spruce tips, birch and house smoked fish, for example. They are reliant on specialty distributors, and it can be difficult to count on the more distant small distributors. On one occasion, game meat didn't show up for a special function so they had to make do with what they could find, and they house smoked some ducks and fish instead. The policies to approve a new distributor can be onerous, so it can be challenging to get specialty items on occasion rather than through the regular supply. Finally, preparing traditional foods is more labour-intensive, which increases the cost above the food products themselves.

What would help in the future:

- Greater organization within the network of small harvesters and producers, such as a central grading, washing and processing facility, might result in a more consistent schedule.
- Targets for a percentage of traditional foods in contracts, such as those linked to Feed BC.
- It will make it easier for everyone to increase the service of traditional foods as more product enters the approved system.

⁴⁶ <https://www.unbc.ca/food-services/five-pillars>

University of British Columbia (UBC) Foodservices

Increasing the service of traditional foods and Indigenous recipes supports both reconciliation and Indigenization.

UBC foodservices is guided by food vision and values, and these are currently being revised, including Indigenous foods and food systems as a priority item. Traditional foods and Indigenous recipes are not yet incorporated into core foodservice but have been provided for special events on occasion. These special events have primarily offered Indigenous recipes, such as a salmon barbecue for 4,000 people. An increase in traditional foods and Indigenous recipes being served on campus provides an opportunity for students to learn about Indigenous food history while at UBC. UBC's first priority is to offer traditional foods and Indigenous recipes within the residents' dining, as these students have fixed menus. They will also work towards incorporating these foods into other market-driven foodservices.

Post-secondary institutions are not able to use donated food within their food supply, so must work within approved sources of market foods. The Indigenous garden at the UBC farm is not currently supplying the core foodservices, but there is potential that it can in the future.

Foodservice staff need training to prepare and handle traditional foods and Indigenous recipes. UBC has a strong and growing relationship with the Musqueam Nation, on whose territory their campus is situated, and hopes to work with them to connect to people in community to share knowledge about traditional foods with the foodservices team. UBC also began offering apprenticeships to Professional Cooks two years ago and hopes to create opportunities for Indigenous youth in this program.

What would help in the future:

- Targets set for traditional foods like those for local food would have impact on the main distributors.
- Foodservice providers need greater connections to potential distributors of traditional foods.
- Food safety inspectors need to learn more about the experiences of people serving traditional foods without safety incidents, which will help build respect for the traditional food supply chain.
- Emphasize the alignment of Truth and Reconciliation calls to post-secondary institutions with an expansion of traditional foods and Indigenous recipes in foodservices.

Okanagan College - Indigenous Professional Cook Program

A partnership made it possible to create an Indigenous Professional Cook Program, infused with 30% Indigenous knowledge, and learning to prepare Indigenous recipes.

A partnership between the Industry Training Authority, Okanagan College, and the Okanagan Training and Development Council resulted in a pilot Professional Cook Level 1 program, which infuses Indigenous culinary techniques and ingredients into the standard curriculum of Okanagan College's Culinary Arts Certificate program. Thirty percent of the knowledge in the program is Indigenous knowledge. Chef Andrew George, at the time an Industry Training Authority apprenticeship advisor, helped integrate Indigenous information and recipes into the Professional Cook Level 1 program outline. The program has been able to use traditional foods for demonstrations in the pilot, but not offer the foods for public consumption. The Indigenous Professional Cook Program Level 1 is now being offered in the Nicola Valley Institute of Technology. The pilot has been able to source a range of Indigenous recipes but continues to look for more. Okanagan College has connections with Indigenous foods restaurants such as the Red Fox Club, Kekuli Café and Spirit Ridge Lake Resort.

Challenges have included the availability and price of game meat and other wild ingredients, within a fixed program budget. The lack of network to find specialty distributors, as well as the speciality distributors challenges in providing a steady supply chain. Regulatory barriers prevent use of uninspected meat, including donated meat. Program staff also note that the variation of traditional foods between nations means that local food traditions may not resonate with Indigenous students from outside the region, though some principles are consistent (such as stewardship and connection to the land).

What would help in the future

- An online database of regional specialty distributors and Indigenous recipes.
- Training videos for traditional cooking methods.
- Some mechanism to address sustainability and consistency in supply chain.
- Program funding recognition that there are additional food costs to an Indigenous Culinary Program.
- Better connections to and promotion of Indigenous foodservice operations.
- Stronger connections with local Indigenous communities and First Nations in the area.
- A symposium of foodservice providers interested in increasing service of traditional foods and Indigenous recipes.

University of the Fraser Valley – Sto:lo Aboriginal Skills and Employment Training Culinary Arts program

Integrating Indigenous culture and food histories into culinary programs is a way to help get back some of what has been lost.

Through a partnership between the Sto:lo Nation, University of Fraser Valley (UFV) and Vancouver Community College (VCC), a 12-week, pre-trades training program at UFV and VCC provides pre-apprenticeship culinary training and related workplace certificates. The program sources traditional foods for functions and other specialty programming in partnership with Stó:lō nation. They have also developed partnerships with Indigenous foodservice businesses, such as Stó:lō Bannock.

The greatest challenge the program faces is the almost non-existent supply chain for traditional foods. Food Premise Regulation requires that food come from approved sources, so they are unable to incorporate donated, foraged or harvested foods into foodservice or the curriculum. Most specialty products such as game and wild mushrooms come at a premium cost. The program staff are also working to incorporate both broader pan-Canadian Indigenous food history as well as regional traditional foods and note that it is hard to capture both well.

What would help in the future

- A processing facility that can handle and supply traditional foods.
- A specialised distributor of traditional foods.
- Regulatory change to permit wild harvest to enter approved food supply chain, given proper documentation, storage and transport.
- Approach K-12 is taking is great – everyone is learning about indigenous histories. Post-Sec Culinary needs to take same approach
- Similar to the K-12 approach where Indigenous worldviews are incorporated into all lessons, Indigenous culinary curriculum should be offered to all students, giving everyone an opportunity to learn about traditional foods and Indigenous recipes.

Coast Mountain College Culinary Diploma

Coast Mountain College sees that it has a role to play in helping communities to maintain traditions and pass knowledge on to the next generation.

Coast Mountain College has a new diploma program in development which will focus on Indigenous foods and customs. The new program incorporates safe transport and storage of wild harvested foods. This program builds on their experience in delivering a culinary program in several Indigenous communities (e.g. Masset, Moricetown, New Aiyansh, Hazelton, Kitkatla, among others) and which incorporated some Indigenous foods. The culinary programs have been able to use donated traditional foods for special events, such as eulachons, sea lion, and soapberries, but typically is reliant on market ingredients. When delivering the program on reserve, they have been able to source and use more traditional foods product.

Through relationships with Indigenous communities, Coast Mountain College has many contacts with harvesters, but regulatory barriers prevent them from using much of the wild sourced food. People are hesitant to share their best sources of places to gather, hunt or fish outside of their own family or community. There is potential for overharvesting if traditional foods become more popular and have market value.

What would help in the future

- First Nations shared processing facilities to make handling and storage safer.
- Education about proper food handling could lead to more opportunities to provide harvested foods to the public
- Regulatory changes to allow butcher shops to process game for service to the public.
- Options to integrate culled deer or other surplus food into supply chain.
- Support for networks of people active in hunting and foraging and Elders to make it easier to source product. Bring these people into institutions to share knowledge with foodservice staff and students.
- Bring awareness of local and traditional foods to a wider audience.

Health Facilities

Island Health: North Island Hospitals Indigenous Recipes

North Island Hospitals offer traditional foods as a recognition of their patients, the food that they desire, and what makes them comfortable.

The North Island Hospitals have been working on incorporating Indigenous recipes into their in-patient food service. They have done so using food from the main distributor for Island Health in their region; it is not possible to use donated food or specialty distributors. Patients select food from a menu of choices, and conversations are ongoing about how to ensure Indigenous patients are aware that Indigenous recipes are available.

It is in the mandate for the North Island Hospitals to serve traditional foods. As they tested recipes such as clam fritters, fish soup, salmon patties, appleberry crumble, and bannock, they found that some (such as the clam fritters) are too labour intensive to make from scratch on-site, but would happily purchase them if they were made commercially and frozen. Patients frequently request traditional foods which are not market available, such as seasonal foraged items like salal berries, salmon berries, and huckleberries. There are also requests for wild salmon rather than farmed. They have been working with an Environmental Health Officer to explore the possibility of having donated food cooked outside of the foodservices by an activities staff person and served with family sign off.

What would help in the future:

- Indigenous recipes which can be made with market-available foods translated into different quantities e.g. a soup recipe with details for 10, 50, 100 servings, including vegetable recipes
- Suggestions of market available vegetables that are appropriate as Indigenous foods
- Trial testing of recipes in long-term care

Northern Health: Northern Haida Gwaii Hospital Indigenous foods

Northern Haida Gwaii Hospital has been able to increase serving Indigenous foods by asking, learning and following Indigenous protocol regarding traditional foods and recipes.

Following substantial conversation with the community about how to serve Indigenous foods, the hospital in Masset began to cook food in their kitchens for in-patient meals. Many of the meals include salmon and halibut, donated to the hospital and processed through a Canadian Food Inspection Agency approved facility. Northern Health has created a policy to allow donated fish, which has made this possible.

However, these changes rely on the generosity of the community, but it has been frustrating not to be able to compensate the fishers, and that the fishers must be required to bring the food to a facility to be processed. Indigenous recipes are sacred and often protected knowledge, and the process of standardizing these recipes for use in the hospital system without appropriating and disrespecting them has been difficult. There needs to be flexibility within the food procurement system to allow for local food from the community; provincially sourced food is not local enough. Further expansion of programs like this need to take time to be led by community, as each community has different priorities, food systems, and relationships. New programs need to engage with Knowledge Keepers and traditional harvesters to better understand how these processes meet food safety requirements.

What would help in the future:

- Take time in developing similar programs or related policies. Every community is different, every food system is different, and every community has different priorities, and people are at different levels of relationships. This cannot be rushed.
- Teach why it is important to incorporate traditional foods
- Engage with harvesters to understand their processes and how these are followed to ensure food safety
- Expand flexibility clauses in exclusivity distributor service contracts beyond 5%

Interior Health: Deni House Forest to Fork Program

Deni House, a residential care facility serves a traditional foods-inspired meal once a week.

Interior Health was hearing from community members in hospitals and care homes that the inability to access traditional foods was impacting their health recovery. In Williams Lake, where many of the requests originated, the local dietitian began to work with the community to develop a solution.

The intent for the program initially was to serve traditional foods, harvested locally with the support of Knowledge Keepers. The Food Premises Regulation required foods to be from approved sources, which are both expensive and typically not local traditionally harvested foods. The community has shifted to a menu of foods in consultation with Elders and Knowledge Keepers from all three local Nations. This includes blueberry soup, elk stew, salmon, deer meat and Saskatoon berries to name but a few as well as some common comfort foods from First Nations communities like bannock, yeast bread and cabbage pudding. Lillooet and Ashcroft are beginning their own processes towards sourcing traditional foods and recipes.

What would help in the future:

- Granting Health Authorities more power to approve food sources locally, allowing more traditional foods into the food supply chain.
- Institutions communicating with First Nations that there is a demand for producing traditional foods.

Stó:lō Elders Lodge

Residential care facility incorporates traditional food preparation into activities.

The Stó:lō Elders Lodge is a Fraser Health funded assisted living facility, designed for Stó:lō and other Indigenous Elders. Meals must be from approved sources, though the kitchen team continues to look for ways to incorporate more traditional foods and Indigenous recipes, including using produce from their garden.

The facility is held to a strict budget for food and is allocated \$7/day per person for food costs which must provide lunch and dinner. This budget limits the ability to purchase what commercial sources of traditional foods might be available. The Community wants to share food with lodge, but the Food Premises Regulation prevents the lodge from serving it. Family members can bring prepared food items in for residents, and this is how traditional foods are often provided.

Elders living in the lodge share traditional recipes and knowledge with the facility regularly, and activities include traditional fish preservation several times a year, with Elders working with the foodservice team.

What would help:

- Education on cultivating traditional foods within facility gardens
- Training for foodservice staff about preparing traditional foods and Indigenous recipes
- Education for dietitians and Environmental Health Officers about traditional foods
- A food traceability process linking harvesting to inspected processing facilities

PHSA Forensic Psychiatric Hospital

Forensic Psychiatric Hospital begins sourcing local, traditional foods.

The Provincial Health Services Authority Forensic Psychiatric Hospital is a secure facility in Coquitlam. The facility includes a full service kitchen, which receives menu advice from a patient advocacy group. Foodservices staff have been actively looking for ways to incorporate Indigenous recipes into the meals offered, understanding that many of their residents are Indigenous and wishing to provide food which is familiar and nutritious.

The facility has begun by arranging to purchase salmon from the Syilx / Okanagan Nation, and continues to seek Indigenous recipes and traditional food sources. The facility also has a garden and would be interested in guidance on what they could plant for use in Indigenous recipes. Indigenous residents in the facility are from many different nations, and while they are interested in profiling Coast Salish foods (the facility is on Kwikwetlem territory) they recognize Indigenous residents may be looking for a variety of traditional foods.

It took the Food and Nutrition Services Manager a long time to find a vendor from whom he could purchase wild salmon, despite many connections throughout foodservices. The kitchen staff are eager to learn and try new recipes, what they need most are connections to those who would teach them.

What would help:

- A network of traditional foods distributors
- Indigenous recipes and training to properly prepare them
- Education on traditional foods for First Nations within B.C.

Early Childhood Education

Nutsuma Lelum Child Day Care

The on-reserve Day Care provides children the opportunity to develop a taste for traditional foods and deepen their cultural connection.

The Nutsuma Lelum Child Daycare is located on the Stz'uminus First Nation reserve and is supported in part through the First Nations Health Authority Aboriginal Head Start on Reserve program. The program regularly serves traditional foods. The fisheries department will fish for the child care centre and provides cold storage, community hunters donate elk (which they have ground by a butcher with some added pork fat), or the centre picks and processes local berries and other

plants. They have also been able to access local clams, dried and smoked fish. Many of the children don't eat traditional foods at home, and some staff do not either, but the centre provides an encouraging space to try them.

The cost of traditional foods is high. The centre is often dependent on community members' ability to donate food they have harvested, which is increasingly limited as wild stocks shrink. Child Care Licensing Officers have also expressed concern about the serving of traditional foods, even when this is outside their jurisdiction, and the foods have been approved by Environmental Health Officers.

What would help in the future:

- Cultural competency training (including traditional foods) for Child Care Licensing and Environmental Health Officers
- Alignment of regulations around food service with the Indigenous Foods Guide
- Mechanism to integrate deer culls into donated wild game meat
- Province-wide working group of individuals with an interest in providing safe, non-market, traditional foods
- First Nations developed food safety training specific to working with non-market high-protein and other traditional foods from field/ocean to table

K-12 Education

Haida Gwaii: Local Food to School Program

The Local Food to School Program in Haida Gwaii is working towards reconnecting youth in schools to traditional food knowledge and local grown and harvested foods.

The Local Food to School Program grew out of a Farm to School Initiative which was more focused on facilitating connections between local farmers and schools. The Local Food to School Program works to increase access to traditional foods access for schools, as well as other organizations on-island that offer meals and food services. Haida people have historically grown a lot of food in gardens, and so much of the traditional foods include local food produced agriculturally, such as the Haida potato.

The program has worked to find ways to process seafood and local venison, following both cultural protocol and demonstrating how it meets food safety standards. It is important to the program that the food is authentic, so the people serving and creating the traditional foods needs are rooted in Haida culture or have a very strong understanding of it guided by community Knowledge Keepers. Food safety regulations have required donated seafood and meat to be processed in a facility, though the Department of Fisheries and Oceans has been willing to be more flexible if an educational workshop model was being used. The community has knowledgeable hunters, fishers and food processors and many have been willing to help. For example, Baru Farm (a Provincially certified meat facility) helped develop a food safety plan for hunted deer, which was eventually approved by the Environmental Health Officer. Shelly Crack, a community dietitian helped to line up the Western food safety plan with the Haida food safety plans for smoking fish. These parallel food systems were used alongside an Elder teaching a fish smoking workshop.

Though Knowledge Keepers have come into the school to teach about traditional foods, entering school institutions can be difficult for many, and it would be easier if more of this education could be done on the land and in community. Without enough Haida people involved in the program, there is a higher chance that the program will make cultural errors, and this is an ongoing concern.

What would help in the future:

- Alignment of food safety rules with Traditional Knowledge in other First Nations
- Reduction in administration required to take children onto land
- Create positions within School Districts who can focus on relationship building and connection with Indigenous communities

Haahuupayak Elementary, Port Alberni

Traditional foods incorporated into a healthy schools program.

Funded in part by a Healthy Schools B.C. First Nations School initiative, Haahuupayak Elementary has been bringing traditional foods into the school. Working with another First Nations school, they put together a health and wellness curriculum including traditional foods and culture.

The program has primarily used donated foods. For example, a seal was brought into the classroom and students learned about hunting techniques, traditional processing, and food preparation. The program also hosted a buffet with kids eating traditional foods with Elders and talking about them, building connections together, and to their culture.

One of the Indigenous leaders helping to facilitate the program homemade some traditional foods toys to contribute to the language nest program. These normalize traditional foods as part of play, and include eulachons, salmon and a toy smokehouse. Her focus is on introducing youth to traditional foods, so they can get a taste for them, and then will continue to eat them as adults.

What would help in the future:

- Access to wild places for harvesters
- Value placed on traditional foods so they will be protected
- Finding ways to grow and produce traditional foods locally and stop going into the bush to get them

Appendix E: Examples of shared stewardship initiatives

This appendix summarises three initiatives which present different approaches to implementing Indigenous peoples' harvesting rights as part of shared stewardship initiatives: the Gulf Islands National Park Reserve Clam Gardens, the Kluane National Park Reserve in the Yukon, and the Dasixox Tribal Park. B.C.'s *Together for Wildlife* draft strategy outlines the government's intention to create new opportunities to work collaboratively with Indigenous governments to effectively and efficiently deliver wildlife stewardship, which is in line with further initiatives like these.

Gulf Island National Park Reserve: Clam Gardens

Prior to being removed from large parts of their lands, many coastal First Nations managed clam gardens as one of many sources of traditional foods. Within the Gulf Islands National Park Reserve are clam gardens which Hul'q'umi'num and WSÁNEĆ Nations would have managed within their territories, though since 2003 the gardens have been part of a national park. In 2014, the Gulf Islands National Park Reserve, in partnership with Hul'q'umi'num and WSÁNEĆ Nations, began restoring two clam gardens. The work of monitoring and restoring the gardens has been guided by Coast Salish knowledge holders and complemented by modern scientific methods. Coastal First Nations knowledge holders have shared that the act of harvesting clams keeps clam beaches productive, creating healthy bivalve habitat by turning over the beach sands and exposing these sediments to oxygen. If a beach is not worked, seaweed and dead clams accumulate on the surface and suffocate live clams.

The five year project was designed to help determine whether clam gardens can be used as an effective resource management tool within the park, and to enable Coast Salish peoples to engage with their ancestral territories and practice their traditional harvesting rights.⁴⁷ As this project closes, based on its success, there is an opportunity to continue Hul'q'umi'num and WSÁNEĆ Nations' access to the clam gardens, providing a regular source of traditional foods.

Kluane National Park Reserve: A expanded model of harvesting rights

The Kluane National Park and Reserve in the Yukon is managed cooperatively with the Champagne and Aishihik First Nations (CAFN) and Kluane First Nation (KFN). In 1943, the Canadian government designated this area as a game sanctuary to protect local wildlife, also banning First Nations from hunting and trapping as they had for thousands of years in the area. Decades later, the Canadian

⁴⁷ Parks Canada: Gulf Islands National Park Reserve – Clam garden restoration <https://www.pc.gc.ca/en/pn-np/B.C./gulf/nature/restoration-restoration/parcs-a-myes-clam-gardens>

government recognized formally that Champagne and Aishihik First Nations citizens (1993) and Kluane First Nation citizens (2003) have subsistence harvesting rights on their traditional lands in the park. These comprehensive agreements permit harvesting for all fish, wildlife and plants for all CAFN and KFN citizens, their families, and for ceremonial purposes. Further, these citizens have the right to share, trade, barter, or sell any edible fish, wildlife and plant products with each other and other Yukon First Nations for domestic purposes.⁴⁸

Dasiqox Tribal Park

In 2017, the Dasiqox Tribal Park Initiative was created, led by a Steering Committee made up of Xeni Gwet'in and Yunesit'in leadership. The park is located in traditional Tsilhqot'in territory, about 125 km southwest of Williams Lake, B.C..⁴⁹ Tribal parks may have varying structures, but the vision for this park is an area that allows the Tsilhqot'in to "protect the land and revitalize Indigenous culture, while also creating opportunities for sustainable economic development for their members and the broader community."⁵⁰ The 2018 *Community Vision and Managing Goals* Hunting, Fishing, Harvesting Plants and Animals within the Dasiqox Tribal Park states the following:⁵¹

- Harvesting plants and animals in DTP follows culturally appropriate methods including following Tsilhqot'in laws.
- Hunting pressure is reduced to restore sustainable local populations of preferred wild food animals, moose in particular, in preferred harvesting areas.
- Tsilhqot'in traditional laws are implemented and communicated to land users.
- Important seasonal habitats and preferred harvesting areas for sensitive species like moose (wintering areas) are protected with restricted access.
- Recreational areas are clearly marked and hunters or recreationists use designated areas only.

Chief Roger William of the Xeni Gwet'in described the difference between a provincial or national park and a tribal park as: "the purpose of a regular federal or provincial park is preservation, protection, conservation — which are admirable, laudable objectives that are a little bit 19th century. The purpose of a tribal park, by contrast, is sustainability of the ecosystems necessary to support the aboriginal or treaty rights."⁵²

⁴⁸ Parks Canada. Kluane National Park and Reserve: Harvesting - First Nations Rights and Responsibilities. Retrieved March 12, 2020, from <https://www.pc.gc.ca/en/pn-np/yt/kluane/activ/tradition/ii>

⁴⁹ <https://dasiqox.org/>

⁵⁰ <https://dasiqox.org/about-us/our-story/>

⁵¹ 2018 *Community Vision and Managing Goals* Hunting, Fishing, Harvesting Plants and Animals

⁵² <https://www.nationalobserver.com/2016/03/31/news/how-B.C.%E2%80%99s-first-nations-are-taking-charge-tribal-parks>



B.C. Food Expenditures in Health Care 2019/20



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Feed BC

Feed BC is a provincial government initiative led by the Ministry of Agriculture, Food and Fisheries, to encourage, inspire and support a shift to more B.C. food and beverages in hospitals, long-term care facilities, public post-secondary institutions, and other government-supported facilities. Feed BC:

- Supports jobs and businesses for farmers, fishers, ranchers, food and beverage processors and communities;
- Builds the provincial food supply;
- Connects patients, residents, students and clients to local food; and
- Supports economic development in all regions of the province.

Feed BC is a collaborative effort between government ministries, health authorities, post-secondary institutions, other government facilities and industry partners, including farmers, fishers, ranchers, processors, distributors, group purchasing organizations and foodservice management companies. Together, Feed BC partners are creating new, long-term opportunities for B.C. producers and processors.

Foodservices in Health Care

In B.C., five regional health authorities and the Provincial Health Services Authority are responsible for food service in 170 hospital and care facilities. Health authorities purchase both B.C. and non-B.C. food and beverages for the millions of meals they provide each year. While procuring B.C. food is a priority for health authorities, protecting the health and safety of vulnerable patients and residents is paramount. All food, including B.C. produced and processed food, must comply with the highest standards for nutrition, allergens and traceability.

The institutional food supply chain is complex. Typically, health authorities do not have direct

B.C. Food Definition

In health care, B.C. food is defined as a final product produced and/or processed within the borders of B.C.

B.C. produced foods are raw food products that are grown, caught, harvested or raised within the borders of B.C.

B.C. processed food includes a food that has undergone a value-added activity (physical alteration, extension of shelf-life or combining ingredients to make a new product) in a commercial food manufacturing facility located in B.C. for the purpose of sales and distribution.

Effect of the COVID-19 Pandemic on B.C. Food Expenditures

This report tracks food expenditures from April 1, 2019 to March 31, 2020. Any impact of the COVID-19 pandemic on B.C. food purchases would largely be reflected in next year's report (2020/21).

relationships with local producers or processors. They work with large, national group purchasing organizations and broadline distributors, if they operate the foodservices themselves. They also work with food service management companies, if they contract for all or part of their foodservice operations.

Health authorities have been working for several years to increase their use of B.C. foods. The Ministry of Health directed health authorities to track and report their B.C. food expenditures beginning in 2018/19. As well, the Ministry has directed health authorities to seek opportunities with their group purchasing organizations, broadline distributors and contracted food service companies to procure more B.C. produced and processed food. The Ministries of Health and Agriculture, Food and Fisheries are working closely together to support health authorities with this initiative.

This is the second annual report that tracks health authority expenditures on B.C. food, for the year from April 1, 2019 to March 31, 2020. The report shows that the health authorities made considerable progress this year. There were many successes in B.C. food procurement in 2019/20 to celebrate:

- In 2019/20, the provincial total was 30.8%, up from 27.3% in 2018/19. This represents an increase of \$3.5 million in purchases of B.C. produced or processed food since 2018/19.
- Most health authorities increased their percentage of B.C. food expenditures over the past year, with some significant increases.
- Health authorities made many switches from non-B.C. to B.C. produced or processed food or beverages including beef, chicken, eggs, juice and frozen berries.

It takes time to make procurement shifts, and health authorities are continuing to work closely with their purchasers and distributors to source more B.C. produced and processed food. Price and availability of food products suitable for health care food service remain the greatest barriers to increasing their B.C. food expenditures.

The following tables summarize the results of the 2019/20 B.C. Food Expenditures in Health Care Report:¹

2019/20 Results

Health Authority	2019/20	2018/19	Number of Facilities
Vancouver Coastal Health/Providence Health Care	33.1%	26.2%	33
Fraser Health	29.0%	27.7%	20
Interior Health	35.5%	30.9%	55
Island Health	29.9%	27.2%	29
Northern Health	22.4%	23.1%	27
Provincial Health Services Authority	32.7%	26.1%	6
Provincial Total/Total Number of Facilities	30.8%	27.3%	170

¹ The data within each table has not been independently verified by each health authority.

Vancouver Coastal Health / Providence Health Care (VCH/PHC)

CATEGORY	% B.C.: WITHIN CATEGORY	% B.C.: OF TOTAL SPEND
Baked Goods	65.4%	3.7%
Beverages	17.4%	2.2%
Dairy	80.6%	10.5%
Produce	36.3%	5.8%
Grocery	2.8%	0.6%
Protein	34.7%	10.3%
TOTAL		33.1%

Successes & Challenges

- For 2019/20, VCH/PHC surpassed the aspirational goal of 30% B.C. food spend (33.1%, up from 26.2% in 2018/19). This was partly due to a switch to a B.C. supplier of liquid and cooked eggs.
- VCH/PHC is also now using B.C. processed diced beef, beef strips and sugar portions, and some B.C. processed juice in some sites.
- VCH/PHC has trialed some other B.C. products this year and continues to look for B.C. products that meet the health authority's price, nutrition, food service and patient satisfaction requirements, such as a suitable breakfast turkey or chicken sausage.

Fraser Health

CATEGORY	% B.C.: WITHIN CATEGORY	% B.C.: OF TOTAL SPEND
Baked Goods	70.7%	5.1%
Beverages	15.3%	1.3%
Dairy	75.9%	9.8%
Produce	30.1%	4.1%
Grocery	6.0%	1.9%
Protein	25.5%	6.9%
TOTAL		29.0%

Success & Challenges

- In 2019/20, Fraser Health increased its B.C. purchases to 29.0%, up from 27.7% in 2018/19.
- Fraser Health shifted some of its purchasing to local suppliers for egg products (scrambled egg mix and hard-boiled eggs) and juices.
- Some sites are also now using B.C. processed diced beef, beef strips and sugar portions.
- Some sites switched to a B.C. processor of concentrated fruit juices, which had a significant positive impact on B.C. food expenditures. These sites also switched to a B.C. supplier of poultry.
- Fraser Health continues to look for a coffee supplier that meets the health authority price and equipment needs.

Interior Health

CATEGORY	% B.C.: WITHIN CATEGORY	% B.C.: OF TOTAL SPEND
Baked Goods	62.6%	5.1%
Beverages	41.6%	3.7%
Dairy	39.7%	6.0%
Produce	29.2%	4.3%
Grocery	2.4%	0.7%
Protein	64.7%	15.7%
TOTAL		35.5%

Success & Challenges

- In 2019/20, Interior Health increased its B.C. purchases from 30.9% in 2018/19 to 35.5%. This increase was due in part to the introduction of their Healthy Choice Menu in January 2020, which incorporates local ingredients where possible, including entrees produced in Interior Health's production kitchens.
- Interior Health began working on two switches to a B.C. producer/processor for frozen vegetables (six varieties) and for sugar (packets and bulk). Any switches will be reflected in next year's report and will have a significant positive effect on their B.C. food spend.
- Interior Health explored options for a B.C. supplier of individually wrapped muffins. The health authority could not find a product that met size and price needs.

Island Health

CATEGORY	% B.C.: WITHIN CATEGORY	% B.C.: OF TOTAL SPEND
Baked Goods	57.4%	3.0%
Beverages	9.1%	1.0%
Dairy	43.7%	7.0%
Produce	33.8%	6.1%
Grocery	4.0%	0.9%
Protein	42.8%	12.0%
TOTAL		29.9%

Success & Challenges

- In 2019/20, Island Health had success in increasing their B.C. food expenditures with the support of their group purchasing organization, distributors and food service management companies (29.9%, up from 27.2% in 2018/19).
- Examples of B.C. food include stew beef processed locally; sliced bread, English muffins and buns baked in Langley; shell eggs from Abbotsford and fresh and frozen blueberries from the Fraser Valley.
- In Summer 2019, working with a local distributor and processor, Island Health implemented a pilot project to serve Island grown vegetables to residents in five long-term care facilities. Island Health created new recipes featuring Island-grown vegetables: potatoes, carrots, beets, zucchini and cabbage.
- Food service at the two large Victoria hospitals made gains by switching to some products from a local meat processor.
- Island Health also switched to a juice concentrate from a B.C. supplier for long-term care facilities in Victoria.
- The health authority has been challenged with finding B.C. products such as ready-made meals that are culturally diverse, and cheese suitable for health care food service.

Northern Health

CATEGORY	% B.C.: WITHIN CATEGORY	% B.C.: OF TOTAL SPEND
Baked Goods	51.0%	4.3%
Beverages	19.4%	1.3%
Dairy	46.1%	5.2%
Produce	19.5%	4.7%
Grocery	4.5%	0.8%
Protein	19.3%	6.1%
TOTAL		22.4%

Success & Challenges

- Northern Health faces challenges in finding and purchasing B.C. produced or processed foods largely due to its unique geography. Sites in the northeast use a broadline distributor in Edmonton; sites in the rest of the health authority use a broadline distributor in Kelowna.
- Northern Health's purchase of B.C. food and beverages declined slightly from 23.1% in 2018/19 to 22.4% in 2019/20. This change can be attributed, in part, to another priority to reduce food waste, which saw a decrease in milk and bread on meal trays, both of which are B.C. foods.
- In 2019/20, Northern Health began working on a collaboration with Interior Health to purchase select frozen entrees produced by Interior Health production kitchens rather than sourcing these entrees from a non-B.C. company. These entrees are used where on-site preparation is not possible. This collaboration will have an increasingly positive impact on Northern Health's B.C. food percentages and will be reflected in next year's report.
- Northern Health continues to look for a B.C. supplier of muffin batter suitable for health care. Northern Health investigated a muffin batter from a B.C. food processor including extensive testing with patients and residents, however the food processor recently announced that they will be moving production out of B.C.

Provincial Health Services Authority

CATEGORY	% B.C.: WITHIN CATEGORY	% B.C.: OF TOTAL SPEND
Baked Goods	63.5%	5.0%
Beverages	25.5%	2.0%
Dairy	71.9%	10.1%
Produce	38.3%	5.6%
Grocery	7.7%	2.3%
Protein	30.0%	7.5%
TOTAL		32.7%

Successes & Challenges

- For 2019/20, Provincial Health Services Authority (PHSA) surpassed the aspirational goal of 30% B.C. food spend (32.7%, up from 26.1% in 2018/19).
- In 2019/20, Forensic Psychiatric Hospital began working on procuring B.C.-caught and B.C.-processed sockeye and chinook salmon through Sylix, also known as the Okanagan Nation Alliance. This switch will be reflected in next year's report.
- This year PHSA completed its switch in some facilities to a B.C. processor of concentrated fruit juices, which had a significant impact on its B.C. food expenditures.
- PHSA also switched in some facilities to a B.C. supplier of raw meat products, including poultry and diced meats.
- PHSA continues to look for a B.C. coffee supplier that meets the health authority price and equipment needs.
- PHSA continues to look for B.C. products that meet its price, nutrition and institutional food service requirements.

Conclusion

By encouraging, inspiring and supporting a shift towards more B.C. foods and beverages in B.C. government institutions and facilities, Feed BC supports jobs and businesses for farmers, fishers, ranchers, food processors and their communities. Feed BC builds the provincial food supply and provides patients, residents, students and clients with more access to a variety of quality B.C. foods. The Ministry of Health has directed health authorities to track B.C. food expenditures and seek opportunities to procure more B.C. produced and processed food that meet their price, nutrition and institutional food service requirements; however food budgets have not changed. Containing costs, while also providing nutritious and diet-specific food products to patients and residents is an imperative for health authorities. To support Feed BC, health authorities have allowed for the purchase of some B.C. products even when it is priced higher than similar non-B.C. food.

The results achieved over the past year are impressive. Most health authorities increased their B.C. food expenditures, with some significant increases. Feed BC's aspirational target of 30% B.C. food expenditures has been exceeded provincially, and by three health authorities.

Health authorities recognize the economic and community benefits of local food procurement and are committed to increasing their use of B.C. produced and processed foods. However, health authorities need foods that meet their nutrition, price, patient satisfaction and food service requirements. The Ministry of Agriculture, Food and Fisheries is continuing to work with producers, processors, group purchasing organizations food distributors and food service management companies to source and develop more B.C. products that meet the specific needs of health authorities.