



Nutrition in Healthcare Leadership Team

Serving Less Meat, Better Meat in Hospitals

About Us

The Nutrition in Healthcare Leadership Team (NHLT) is a subcommittee of the San Diego County Childhood Obesity Initiative (Initiative), a project facilitated by Community Health Improvement Partners. The NHLT is comprised of food service, sustainability, community benefits, and government affairs professionals from the healthcare sector representing 17 local hospitals. These healthcare professionals are dedicated to promoting optimal health in San Diego County by serving fresh, healthy, affordable foods and beverages produced in a manner that supports the local economy, environment, and community. Recognizing growing concerns about antibiotic resistance, health and our current food system, the NHLT set “making healthy foods the standard [in healthcare]” as one of its key goals, and has prioritized reducing meat purchases and increasing the proportion of sustainable, antibiotic-free meat they serve.

Problem Statement

Americans consume far more meat than the current USDA recommendations and more than twice the global average.^{1,2} Overall, the United States produces 58% more chicken and red meat than the USDA’s total recommended intake.³ This overproduction and overconsumption contributes not only to poor dietary habits associated with increased rates of chronic disease, but other public health threats.

Approximately 80% of the antibiotics consumed in the US are used in animal meat production and half of these antibiotics belong to classes used in human medicine.⁵ These antibiotics are primarily used for non-therapeutic purposes to promote faster growth and compensate for poor living conditions.^{4,5} The widespread overuse of antibiotics is rapidly contributing to antibiotic resistance, and several strains of bacteria are now resistant to all available antibiotics.⁶ The Centers for Disease Control identify antibiotic resistance as a major global health concern.⁵ In the U.S. alone, antibiotic resistance results in approximately 23,000 annual deaths.⁷

Industrial meat production practices that focus on the quick growth of cheap, large-scale animal protein present a number of other concerns. More than one-third of all the corn produced in the U.S. is used in animal meat production,⁸ although ruminants like cows cannot properly digest corn. This practice fattens cattle at an accelerated speed, but causes a myriad of health problems and uses large quantities of land, water, fertilizers, and pesticides. Common practices such as manure lagoons also contribute to air and water pollution. The U.N. Food and Agriculture Organization determined that worldwide meat production is responsible for 18% of the planet’s greenhouse gas emissions—more than all of the world’s cars, trains, planes, and boats combined.⁹ In addition to environmental concerns, animal husbandry practices more in line with animals’ natural eating practices have been found to promote healthier product. For example, grass-fed and finished beef offer leaner meat and some evidence suggest it contains higher rates of Omega-3 fatty acids, than typical grain-fed beef.¹⁰

In the face of growing human and environmental health concerns, many hospitals are beginning to consider the quantity and production methods used in the meat they serve.^{4,5} Yet, existing supply chains are not currently equipped to accommodate the increasing demand for better quality meat.² Key obstacles still need to be addressed to shift meat production practices in the U.S. toward ones that better support health.

Solution

As of early 2014, a quarter of California hospitals participate in the Health Care Without Harm (HCWH) *Healthy Food in Health Care* program.¹¹ A survey of these institutions revealed that 78% have a Balanced Menus: Less Meat, Better Meat program in place and 48% purchase antibiotic-free meat and poultry.² In addition, hospitals and institutions are creating new policies to phase out the purchase of meat raised with non-therapeutic antibiotics. For example, in 2013, the Academic Senate at the University of California at San Francisco passed a phase-out resolution and called on all University of California campuses to do the same.⁴

Locally, the NHLT has identified several strategies and resources to reduce meat purchases and make better meat more readily available. NHLT members are partnering with California’s *Healthy Food in Health Care* program to create new supply chain connections and participate in a large-scale buy of grass-fed beef raised without antibiotics. The NHLT has developed a three-tiered plan for shifting their purchasing practices and leveraging hospitals’ purchasing power to make better meat more affordable and available.

Tier	Definition	Priority
Tier 1	Antibiotic-free meat	<i>Step 1:</i> Purchase meat and poultry options raised without antibiotics. These products are raised without antibiotics, but production practices may still include those that are industrial (e.g., feedlots, corn fed beef, etc.). These products may cost slightly more than conventional products.
Tier 2	Antibiotic-free and sustainable (e.g., no growth hormones, grass-fed) meat	<i>Step 2:</i> Purchase sustainable meat and poultry options raised without antibiotics. These products are raised without antibiotics and produced using methods that are healthy for farmers and farm workers, consumers, animals, and the land. These products may be identified by a third-party certification, such as Certified Human Raised and Handled, USDA Certified Organic, Animal Welfare Approved, American Grass-fed, etc. These products may cost significantly more than conventional products and be limited in availability.
Tier 3	Antibiotic-free, sustainable and local* meat	<i>Step 3:</i> Purchase local, sustainable meat and poultry options raised without antibiotics. These products include those that align with Tier 2 and are grown within the boundaries of the NHLT’s three-tiered local definition. These products offer the best health, environmental, and economic benefits. These products may cost significantly more than conventionally produced product. Product volumes, processing, and supply chains may not yet exist to make these items available to individual consumers and institutions.

*See NHLT’s *Local Produce in Health Care* document



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Strategies for making less meat, better meat a reality in healthcare:

Strategy	Rationale	Resources
Menu Planning	Reducing the amount of meat used in planning meals to meet USDA recommendations would free up 50% more funding to put towards purchasing a higher quality product.	See resources below.
Cost Shifting	Over time, linking meat sourcing costs with other areas of business such as a wellness program could bring the cost closer to existing levels.	See resources below.
Collective Purchasing Power	By utilizing collective purchasing power and focusing on a standardized set of product specifications, such as fat content, case weight and price, the prices of Tier 2 and 3 products can be brought closer to those of industrially produced items and help shift the food system toward healthier product.	To get involved with collective purchasing efforts, contact JuliAnna Arnett with Community Health Improvement Partners at jarnett@sdchip.org or 858-609-7962.

Resources

For balanced menus, statements, articles, surveys, tracking tools, brochures, marketing and educational materials as well as healthy cooking resources, see the HCWH Balanced Menus Implementation page:

<http://www.healthyfoodinhealthcare.org/balancedmenus.implementation.php>

For infographics and a short video about antibiotic resistance in the food supply, see the Center for Science in Public Interest:

<https://www.cspinet.org/foodsafety/abr.html>

¹ Food and Agriculture Organization of the United Nations. "World Agriculture: Towards 2015/2030" (2013). 3.3.1, Table 3.10. Retrieved from <http://www.fao.org/docrep/005/y4252e/y4252e05b.htm>.

² Barclay, Eliza. "A Nation of Meat Eaters: See How it All Adds Up." (June 27, 2012). National Public Radio: The Salt. Retrieved from <http://www.npr.org/blogs/thesalt/2012/06/27/155527365/visualizing-a-nation-of-meat-eaters>. For USDA recommendations, see United States Department of Agriculture, Center for Nutrition Policy and Promotion. (2010). U.S. 2010 Dietary Guidelines. Retrieved from <http://www.cnpp.usda.gov/Publications/DietaryGuidelines/2010/PolicyDoc/PolicyDoc.pdf>.

³ Lagasse L, Neff R. Johns Hopkins School of Public Health: Center For a Livable Future. (April 12, 2010). Balanced Menus: A Pilot Evaluation of Implementation in Four San Francisco Bay Area Hospitals. Retrieved from http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-a-livable-future/pdf/research/clf_reports/BMC_Report_Final.pdf.

⁴ Thottathil, Sapna, and Lucia Sayre. "Hospitals Protecting Antibiotics for Human Medicine." (October 4, 2013). *San Francisco Bay Area Physicians for Social Responsibility*. Retrieved from <http://sfbaypsr.org/hospitals-protecting-antibiotics-for-human-medicine-from-agricultural-policy-to-sustainable-procurement/>.

⁵ Health Care Without Harm. "Antibiotic Resistance and Agricultural Overuse of Antibiotics: What Health Care Food Systems Can Do." (2005). Retrieved from http://www.noharm.org/lib/downloads/food/Antibiotic_Resistance.pdf.

⁶ Infectious Diseases Society of America. "Bad Bugs, No Drugs: As Antibiotic Discovery Stagnates...A Public Health Crisis Brews." (July 7, 2004). Retrieved from http://www.idsociety.org/uploadedfiles/idsa/policy_and_advocacy/current_topics_and_issues/antimicrobial_resistance/10x20/images/bad%20bugs%20no%20drugs.pdf.

⁷ Centers for Disease Control. "Antibiotic Resistance Threats in the United States, 2013." (2013). Retrieved from <http://www.cdc.gov/drugresistance/threat-report-2013/>.

⁸ Foley, Jonathan. "It's Time to Rethink America's Corn System." (March 5, 2013). *Scientific American*. Retrieved from <http://www.scientificamerican.com/article/time-to-rethink-corn/>.

⁹ Bryan Walsh. "Meat: Making Global Warming Worse." (September 10, 2008). *Time Magazine*. Retrieved from <http://content.time.com/time/health/article/0,8599,1839995,00.html>, citing the Food and Agriculture Organization of the United Nations. "Livestock's Long Shadow: Environmental Issues and Options" (Rome, 2006), retrieved from <http://www.fao.org/docrep/010/a0701e/a0701e00.HTM>.

¹⁰ Aubrey, Allison. "The Truth About Grass-Fed Beef." (April 8, 2010). National Public Radio. <http://www.npr.org/2010/04/08/125722082/the-truth-about-grass-fed-beef>, citing studies by the Union of Concerned Scientists and *Nutrition Journal*: Daley C, Abbott A, Doyle P, Nader G, Larson S. A Review of Fatty Acid Profiles and Antioxidant Content in Grass-Fed and Grain-Fed Beef. *Nutrition Journal* 2010, 9:10 doi:10.1186/1475-2891-9-10. Retrieved from <http://www.nutritionj.com/content/9/1/10>.

¹¹ California Healthy Food in Healthcare. "Harnessing the purchasing power and expertise of the health care sector to build a sustainable food system." (2013). Retrieved from http://sfbaypsr.org/wordpress/wp-content/uploads/2012/07/California_Report_Final.pdf.