

Local Food Promotion Program (LFPP) Final Performance Report

The final performance report summarizes the outcome of your LFPP award objectives. As stated in the LFPP Terms and Conditions, you will not be eligible for future LFPP or Farmers Market Promotion Program grant funding unless all close-out procedures are completed, including satisfactory submission of this final performance report.

This final report will be made available to the public once it is approved by LFPP staff. Write the report in a way that promotes your project's accomplishments, as this document will serve as not only a learning tool, but a promotional tool to support local and regional food programs. Particularly, recipients are expected to provide both qualitative and quantitative results to convey the activities and accomplishments of the work.

The report is limited to 10 pages and is due **within 90 days** of the project's performance period end date, or sooner if the project is complete. Provide answers to each question, or answer "not applicable" where necessary. It is recommended that you email or fax your completed performance report to your assigned grant specialist to avoid delays:

LFPP Phone: 202-720-2731; Email: USDALFPPQuestions@ams.usda.gov; Fax: 202-720-0300

Should you need to mail your documents via hard copy, contact LFPP staff to obtain mailing instructions.

Report Date Range: <i>(e.g. September 30, 20XX-September 29, 20XX)</i>	October 1, 2015 – September 30, 2016
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Recipient Organization Name:	BNMC Inc.
Project Title as Stated on Grant Agreement:	Buffalo Niagara Medical Campus - Farm to Hospital
Grant Agreement Number: <i>(e.g. 14-LFPPX-XX-XXXX)</i>	15LFPPNY0038
Year Grant was Awarded:	2015
Project City/State:	Buffalo, NY
Total Awarded Budget:	\$25,000

LFPP staff may contact you to follow up for long-term success stories. Who may we contact?

Same Authorized Representative listed above (check if applicable).

Different individual: Name: _____; Email: _____; Phone: _____

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1. State the goals/objectives of your project as outlined in the grant narrative and/or approved by LFPP staff. If the goals/objectives from the narrative have changed from the grant narrative, please highlight those changes (e.g. “new objective”, “new contact”, “new consultant”, etc.). You may add additional goals/objectives if necessary. For each item below, qualitatively discuss the progress made and indicate the impact on the community, if any.

i. Goal/Objective 1: Build shared understanding of and commitment to local food procurement among members of the BNMC Procurement Council. Develop local food procurement targets/goals for Kaleida Health, Roswell Park Cancer Institute and State University of New York at Buffalo.

a. Progress Made:

- Initial learning and outreach to identify and engage the relevant primary project stakeholders included:
 - Project team tours of food commissary facilities, patient meal areas and cafeterias were conducted at University at Buffalo, Buffalo General Hospital (Kaleida) and Roswell Park Cancer Institute.
 - Relationships were built and dialogue started with the food service managers at each institution.
 - Project presentations and workshops were held with project partners, stakeholders and advisors: BNMC’s Procurement Council, University at Buffalo’s Food Lab and Roswell’s ENRG Employee Food Group.
 - Key informants were identified and multiple interviews were held using Healthcare Without Harm’s toolkit including: Sodexo Food Service Manager for Kaleida, Roswell Park’s Food Service Manager, Director of Roswellness Program and Director of UB’s Food Service. Through this key informant interview process other potential stakeholders and key informants were identified and follow up interviews were held.
 - Interview notes were transcribed and a theme analysis completed to help identify shared interests and goals related to local food procurement among member institutions.
- Research to learn about trends and progress in the farm to institution movement nationally included:
 - A research consultant was hired and wrote a white paper on academic literature related to local food procurement in the health care sector.
 - Best practices were identified and studied to understand implementation of local food procurement and staff / patient / community engagement strategies nationally. They were contacted directly when more detailed information was needed. Written case studies were created as well as a slide deck to help inform our initiative and to be included in the final report. The final selection of institutional best practices included: Fletcher Allen / University of Vermont Medical Center, Medical Academic and Scientific Community Organization / UMASS Amherst, Kaiser Permanente and Cleveland Clinic. Programmatic best practices identified and documented included: FairShare in Dane County, Wisconsin, Palomar Health Sustainability Manager creation, Indiana University Health “Garden on the Go”, Kaiser Permanente’s Healthy and Energy Efficient Vending, Health Care Without Harm’s Healthy Food in Health Care pledge, Dayton Children’s Hospital Healthier Beverages and Highland General Hospital Farm to Work.
- The project team attended seminars, workshops and webinars related to hospital food procurement hosted by organizations such as American Farmland Trust, FINE, FINYS, Healthcare Without Harm and others.

- Community benefits were researched and explored as a method to increase local and healthy food procurement in Kaleida's hospitals (Roswell is exempt). The Community Health Needs Assessment for Kaleida was reviewed and will be explored as a method to help shift food purchasing to more locally sourced food items. As part of a new community outreach effort, the Roswellness team participated in a local health and food market (Market @ Moot) a few blocks from the Roswell campus in order to spread information to the adjacent, yet underserved Fruit Belt community.
- Training / learning opportunities with Roswell staff were conducted to prepare them for the creation of a vision / strategy for healthy food procurement and included:
 - Introductory workshop conducted with diverse Roswell stakeholders (Steering Committee) which included food service, operations, nursing, nutrition, marketing, education and research staff to learn about the farm to institution movement, its relationship to other sustainability initiatives on the campus, and discussion opportunities and challenges at Roswell.
 - Second learning workshop to introduce Roswell Steering Committee to Health Care Without Harm staff and approach, more deeply understand Roswell operations and strategic objectives in order to inform a draft plan for the healthy procurement strategy.
 - Visit to University of Vermont Medical Center (former Fletcher Allen) with Roswell Steering Committee members (including staff from Patient and Family experience, food service and nutrition) to meet food service leadership, nutrition and education staff, tour the facility, learn about UVM's sustainability efforts, food service operations, farmer relationship building and procurement strategies, and healthy retail facility design and operations.

b. Impact on Community:

- Community impacts cannot yet be measured on a quantitative basis. However, actions at Roswell (described above), as well as their actions to engage suppliers and local retailers demonstrate project momentum to engage the broader Buffalo and WNY community. New interest in the project from Kaleida leadership after seeing the momentum at Roswell will also help to move the project forward. The process with Roswell provides a framework for how we can move forward with the other institutions.

ii. Goal/Objective 2: Complete market research and analysis to determine demand for local agricultural products from BNMC member institutions to complement the supply-side market analysis completed by our partner, Field and Fork Network.

a. Progress Made:

- Quantitative information was extracted from the key informant interviews to help benchmark existing conditions for each project partner related to local food procurement.
- Tours of food commissaries were completed to help understand barriers related to local food procurement inside health care institutions which include: cooler space (currently excessive amount of freezer space, and shortage of cooler space), staff training (very few have knife skills for chopping fruits and vegetables, produce is purchased pre-cut), contract and union constraints and loading dock constraints.
- A short questionnaire was distributed to 127 campus staff at a health fair (BNMCfit) and analyzed to gauge demand for the food environment across the BNMC campus. There was overwhelming interest in more local and healthy food options on campus especially from staff at Roswell and Kaleida. 65% of respondents from Roswell and 52% of Kaleida

respondents expressed interest in more locally sourced foods on campus. 68% of Kaleida respondents and 60% of Roswell respondents would like to see a farmers market on campus.

- The campus needs assessment continues through meetings, interviews and workshops to determine member institutions capacity to source, process and prepare farm fresh goods as well as staff support needed for the transition, and specific patient needs that will inform the process.
- Roswell provided 18 months of purchasing data from local produce distributor within invoices that include product descriptions (sometimes including the source), number of cases and % of total spend / purchased for each product. The data was analyzed to get a general sense of the share of spending on local produce, dairy and meat-based products:
 - 6.3% of Boulevard purchases are currently locally sourced products
 - The source of 57% of the products purchased was not identifiable
 - The next largest share (over 33%) is products purchased within the USA suggesting opportunity to shift to local sources for those products.
 - This data only represents a share of Roswell's food service product purchases and more data will be collected in the next phase of work.
- A formal request has been submitted to Kaleida for more specific data and information related to purchases of produce in 2015, origins of produce items and contract language.

b. Impact on Community: No measurable impact reported to date.

iii. Goal/Objective 3: Identify and engage farmers/producers as well as distributors/third party processors that can connect local agricultural products with BNMC institutional markets.

a. Progress Made:

- Initiated outreach with Eden Valley Growers food hub to introduce the farm to hospital project and plan for visit to the distribution facility as a learning and relationship building opportunity for institutional stakeholders.
- Telephone meeting with the Seagate Alliance (regional GPO) was conducted to introduce the farm to hospital initiative. The results of the call were quite promising and discussions revolved around Seagate's 2017 strategic goal to increase its local portfolio. The BNMC project team would support this effort by acting as liaison between the GPO and local farmers and broader the farm to hospital initiative across the Western NY region. Next step is for the project team to meet with the new Food Service Director at Seagate.
- The team met with Vermont First, Sodexo's program for tracking locally sourced products in its portfolio and finding new opportunities for growth. The meeting helped the BNMC project team to understand both state and local policies and strategic planning efforts to engage suppliers in Vermont, and which tactics could be applied in New York State.

b. Impact on Community: No measurable impact reported to date.

iv. Goal/Objective 4: Produce a final report/implementation plan with proposed solutions to identified barriers to local food procurement for participating member institutions.

a. Progress Made:

- A final planning report has been written and includes the following elements:
 - I. Introduction
 - Team
 - Project goals
 - Methodology / Work to date
 - Opportunities

- Challenges / barriers to implementation
- II. Context
 - Farm-to-Institution: a values-based supply chain model
 - Hospitals, GPO's and food service
 - Local agriculture and economic opportunity

- III. Best Practices
 - University of Vermont Medical Center
 - Cleveland Clinic
 - MASCO (Boston)
 - Kaiser Permanente
 - Innovative Interventions
 - Policy (Healthcare Without Harm)
 - Farm to Work
 - Fair Share CSA
 - Hospital gardens and markets
 - Healthy vending

- IV. Approach
 - BNMC: Mutual City and the Wellness Campus / District
 - Model
 - Demand for healthy food (healthy food survey)
 - Healthcare Without Harm partnership
 - Roswell Cancer Institute:
 - Work to date
 - Overview of food service / procurement
 - Baseline data and qualitative findings
 - Opportunities
 - Work plan / model strategy
 - Kaleida / Buffalo General
 - Work to date
 - Overview of food service / procurement
 - Opportunities

- V. Areas for Further Investigation
 - Product tracking
 - Group purchasing
 - Quantify costs of off-grade produce
 - Insurance benefits / fair-share employee benefits

b. Impact on Community: No measurable impact reported to date as the report is pending review by project team and participating organizations.

v. Goal/Objective 5: Share final report/recommendations as widely as possible – regionally, statewide and nationally.

a. Progress Made:

- The team intends to share the final report locally through BNMC channels as well as through national opportunities including, but not limited to:
 - Farm to Institution New England / 2017 Farm to Institution Summit
 - Farm to Institution New York State

b. Impact on Community: No measurable impact reported to date.

2. Quantify the overall impact of the project on the intended beneficiaries, if applicable, from the baseline date (the start of the award performance period, September 30, 2015). Include further explanation if necessary.
 - i. Number of direct jobs created: To date, the farm to hospital project has created 1 full time job. BNMC and Health Care Without Harm have agreed to jointly hire and fund a full time staff person to work on the implementation of a farm to hospital initiative, using the Health Care Without Harm framework, in Western New York and ultimately across the entire state. The full time staff person is predicted to come on board in January 2017. Given opportunities demonstrated through initial purchasing data and enthusiasm for healthy food projects at Roswell, the project team still anticipates that with project implementation 2 new direct jobs (for a total of 3) and 2 new indirect jobs will be created.
 - ii. Number of jobs retained: 3 direct jobs will be retained.
 - iii. Number of indirect jobs created: 2 indirect jobs will be created.
 - iv. Number of markets expanded: 1 food market at Roswell will be expanded to include a farmers market. Project planning is underway.
 - v. Number of new markets established: 0
 - vi. Market sales increased by \$insert dollars and increased by insert percentage%. Data not yet available. Please see section 11.a. above for opportunities for market sales increases based on data collected from staff surveys and local distributor purchasing data.
 - vii. Number of farmers/producers that have benefited from the project:
 - a. Percent Increase: Data not yet available.

3. Did you expand your customer base by reaching new populations such as new ethnic groups, additional low income/low access populations, new businesses, etc.? If so, how?
 - i. Roswell was connected to the Market @ Moot, a weekly summertime health and wellness market that provides fresh produce and health and wellness information and activities for the Fruit Belt. The Fruit Belt is a neighborhood with 2,000 low-income residents, adjacent to the medical campus and lacking access to healthy food sources. The Roswellness group participated by providing nutrition and educational materials at the market.
 - ii. The farm to hospital team engaged food business entrepreneurs to the Roswell team through meetings in order to build potential partnerships for healthy retail (e.g. fresh juice and salad café) on campus, and a Farm to Work fresh food delivery service. These projects are still in the planning stage.

4. Discuss your community partnerships.
 - i. Who are your community partners?
 Our community partners are the 9 member institutions on our 120-acre campus, which include almost 17,000 staff and over 1 million patients that visit the campus every year. We are also engaged with the four neighborhoods surrounding the campus and hope that by having more local and healthy food options on campus, the community will come eat here as well. This summer the team partnered with the Buffalo Federation of Neighborhood Centers / Moot Center to connect campus institutions to a weekly health and wellness market. In addition, the farm to hospital team has been engaged by Stones Buddies, a non-profit located within Women and Children's Hospital of Buffalo which will be moving to the BNMC campus and integrating gardens into their building to provide nutrition education opportunities for families and patients.

- ii. How have they contributed to the overall results of the LFPP project?
To date the campus partners have provided information through presentations and workshops that have helped inform and guide the project going forward. Roswell has participated in community outreach. Stones Buddies has organized a diverse group of stakeholders committed to health care and healthy eating for children and families.
 - iii. How will they continue to contribute to your project's future activities, beyond the performance period of this LFPP grant?
We will continue to engage with our community partners beyond the grant period by getting ongoing feedback as well as working with them to garner ideas and support through their own staff and constituencies.
5. Did you use contractors to conduct the work? If so, how did their work contribute to the results of the LFPP project?
Contractors have made a significant contribution to the results achieved thus far. A research consultant provided in-depth case studies as well as an independent academic literature review to help inform the project and provide more depth to our presentations. A contractor was also engaged to manage relationship and partnership building, collect and analyze data and help to develop a strategy for the project going forward. Contractors with a great deal of experience in agriculture and the local food supply chain have also provided a breadth of knowledge and understanding when conducting key informant interviews, helping identify best practices and to connect us in with other related initiatives such as a food hub and farm to school initiative.
6. Have you publicized any results yet?*
- i. If yes, how did you publicize the results? An article about farm to hospital initiative featuring the training / visit to the University of Vermont (UVM) Medical Center with the Roswell committee was published.
 - ii. To whom did you publicize the results? The UVM article will be distributed to all campus partners, institution and staff through a campus-wide newsletter.
 - iii. How many stakeholders (i.e. people, entities) did you reach? 17,000 BNMC staff will receive the newsletter.
- *Send any publicity information (brochures, announcements, newsletters, etc.) electronically along with this report. Non-electronic promotional items should be digitally photographed and emailed with this report (do not send the actual item). SEE ATTACHED
7. Have you collected any feedback from your community and additional stakeholders about your work?
- i. If so, how did you collect the information? All presentations and workshops with Roswell and Kaleida were designed to provide opportunity for feedback to help further inform the project direction. Regular check-ins with the BNMC Procurement Council were also important for both gaining support for the work, as well as direction in how best to proceed to build relationships with suppliers as well as track purchases.
 - ii. What feedback was relayed (specific comments)? The feedback received to date helped us to identify key people, organizations and businesses that could help inform the project, build those partnerships and pointed us to best practices / case studies that we were not aware of. Our most recent presentation to the BNMC Procurement Council was the most positive in terms of enthusiasm and support for the work we are doing and has helped to demonstrate to all campus institutions that there is strong support for this initiative.

8. Budget Summary:

- i. As part of the LFPP closeout procedures, you are required to submit the SF-425 (Final Federal Financial Report). Check here if you have completed the SF-425 and are submitting it with this report:
- ii. Did the project generate any income? N/A
 - a. If yes, how much was generated and how was it used to further the objectives of the award? N/A

9. Lessons Learned:

- i. Summarize any lessons learned. Draw from positive experiences (e.g. good ideas that improved project efficiency or saved money) and negative experiences (e.g. what did not go well and what needs to be changed).
 - Find key leadership to be project champions. At the start of the planning process, it seemed logical to begin conversations with food service staff at the health care institutions. However, we did not make real progress until we were able to meet with executive staff that was less familiar or interested in food service and procurement, but instead more interested in how the farm to hospital initiative would support the broader mission of sustainable practices and innovation in health and wellness. Executive staff with vision was able to generate interest and find other key support staff that would help to achieve the project objectives.
 - Demonstrate the benefits to participation. Institutional leadership showed more enthusiasm for the work when they learned how local food procurement could help them to meet broader objectives such as sustainability goals, increase patient satisfaction rates, and even lower prices / cost savings of working with local producers during harvest seasons.
 - Demonstrate the impacts of participation. We learned the importance of connecting work on the campus to the broader farm to institution movement and that impact BNMC hospitals would have in creating a new way of working that has not only health and wellness benefits, but also broader economic benefits for Western NY and even New York State.
 - Teach through experience. Despite a number of presentations and workshops that included best practices and case studies, the training / learning trip to the University of Vermont Medical Center was very successful for providing direct contact to and learning from innovators in the movement, inspirational to see what a few years of commitment can yield, and a great team-building exercise that allowed relationships to strengthen and new kinds of discussions and ideas to take place when outside of the confines of day-to-day work on the campus.
 - Tracking local purchases is a challenge. We learned through the initiative that it is difficult to track produce beyond the distributor (due to current invoicing / tracking processes). This is an area where we would propose more focused work during the implementation phase.
- ii. If goals or outcome measures were not achieved, identify and share the lessons learned to help others expedite problem-solving:
 - Outreach and relationship building with farmers has been the most difficult objective. We learned that it is especially difficult to work with farmers during the growing and harvest seasons when they are most busy. Our latest approach was to reach out to a local food hub (Eden Valley Growers) that already has established relationships with

growers, and build momentum from that connection. Now that we have also established a relationship with a regional GPO, we can have a specific platform and direction for approaching farmers with opportunity and demonstrating how they could benefit by participating in the initiative.

- iii. Describe any lessons learned in the administration of the project that might be helpful for others who would want to implement a similar project:
- The administration of the project went smoothly and reporting was not overly cumbersome. One challenging area was having to report on the numbers related to farm jobs and local purchasing when the grant is purely planning related. Therefore these numbers are highly speculative.
 - Having any knowledge sharing opportunities among grantees would be interesting to see how others are progressing and sharing both successes and challenges.

10. Future Work:

- i. How will you continue the work of this project beyond the performance period? In other words, how will you parlay the results of your project's work to benefit future community goals and initiatives? Include information about community impact and outreach, anticipated increases in markets and/or sales, estimated number of jobs retained/created, and any other information you'd like to share about the future of your project.
- The planning work that was conducted has helped to build a strong relationship with Roswell, and certainly has helped to capture the attention of senior leadership at Kaleida that will help to move the initiative forward. Our aim is to continue work with both Roswell and Kaleida to increase local food purchases to a target of 15% of total food purchases. General implementation goals (to be customized to the mission and objectives of each institution) are:
#1. Increase healthier food options for employees on the medical campus.
#2. Incentivize healthier food choices for employees.
#3. Support the healthier lifestyle choices for survivors through education and access.
 - We aim to meet the job creation goals outlined above in section 2.i. of 3 new direct jobs (BNMC / Health Care Without Harm project staff, 1 initiative project manager at each Roswell and Kaleida), and 2 indirect jobs created in the supplier sector (e.g. at food hub, GPO or other processor / distributor).
 - We will work with the regional GPO, Seagate Alliance, to broaden their local food portfolio, which will have impacts on the entire Western NY region.
- ii. Do you have any recommendations for future activities and, if applicable, an outline of next steps or additional research that might advance the project goals? BNMC intends to conduct work in the following areas in order to sustain project momentum and prepare the project team and lay the groundwork for implementation funding:
- I. Roswell Park Cancer Institute Strategic Planning**
Continue ongoing work with Roswell Cancer Institute's leadership team to facilitate the planning of a local food procurement strategy in support of their healthy communities and environment effort:

- Visioning workshop and additional meetings to support local food strategic plan development
- Planning support for project interventions (e.g. healthy vending, healthy retail, education program) and staff, patient and family engagement
- Marketing / media support to positioning Roswell and BNMC as institutional leaders for health and wellness in Buffalo and Western NY

II. Kaleida / Buffalo General Project Initiation

Intensify work with Kaleida / Buffalo General to develop a local food procurement strategy mirroring the Roswell process:

- Stakeholder / leadership meeting to introduce Farm to Hospital concept
- Support the creation of a steering committee
- Education / training through case study presentations or site visits

III. Supplier Consultation

Work with local suppliers to raise awareness and build momentum for the Farm to Hospital initiative:

- Identify and meet / interview local farmers / producers as well as distributors / third-party processors to promote the Initiative and better understand the local supply chain
- Conduct workshop or meetings with suppliers to identify supply-side opportunities and challenges to connect local agricultural products with BNMC institutional markets (e.g. tracking, distribution, scale)
- Collect sales / purchasing data to establish institutional local purchasing baseline
- Coordinate farm and processing point visits for hospital teams

IV. GPO Liaison

Build upon the collaboration recently initiated with the Seagate Alliance and Rochester Regional Health Alliance Joint Ventures Corporation (group purchasing organization) to increase the potential for more local food purchases across Western NY:

- Build awareness and support for Farm to Hospital initiatives
- Support the creation and growth of local food supply portfolios by facilitating partnerships between suppliers, distributors, local farms and institutional purchasers
- Identify opportunities and challenges in local sales / purchasing data collection and product tracking
- Provide project updates at BNMC Procurement Council meetings