

**In Good Company: Kaiser Permanente** Quotes Preston Maring Center for Corporate Citizenship January 2007

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For patients at 19 Kaiser Permanente medical centers in the organization's Northern California region, quivering lime Jell-O and gravy-laden instant potatoes are no longer synonymous with hospital meals. Ripe cherry tomatoes, juicy grapes, tart kiwis and other fresh produce purchased from local farmers are now filling patients' meal trays. It's all part of Kaiser Permanente's commitment to promoting healthy lifestyles as the foundation of healthy lives.

Launched this August, the in-patient food pilot incorporates sustainable, seasonal purchasing into the integrated health plan's food system by sourcing pesticide-free produce from small, often minority-owned farms in California. It is a complex plan that stems from the simple "what if" questions of Kaiser Permanente physician Dr. Preston Maring.

## Program began with a farmers' market

Dr. Maring is the associate physician-in-chief of Kaiser Permanente's Oakland Medical Center, who, in 2003, began a farmers' market at his Oakland facility. Since then, the markets have ballooned to more than 30 Kaiser Permanente locations in five states and the District of Columbia.

With the overwhelming success of the farmers' markets, Dr. Maring found the move toward sustainable purchasing natural. "It was a logical step to start exploring what our current in-patient food system was like and then try to envision with other colleagues what was possible, what changes we might be able to make."

In mid-2005, Dr. Maring helped establish a partnership between Kaiser Permanente and the non-profit Community Alliance with Family Farmers. Together they began to analyze Kaiser Permanente's inpatient food chain in its Northern California region. What they found were clear opportunities to make changes at the front-end of the food distribution system.

Fresh fruits and vegetables constitute about 10 percent of the 6,000 in-patient meals served daily by the region's 19 medical centers. It travels from a local distributor to the organization's central food commissary in South San Francisco, and then to each of the 19 medical centers. Dr. Maring soon found the system was not nearly as environmentally friendly as it could be. He says, "The produce distributor was just acting on whatever Kaiser Permanente ordered in the past. If our nutritionists ordered grapes out of season, he would fly them in from Chile; or, if we ordered asparagus in October, when it's seasonal in

spring, he would have to get it from South America." Essentially, about 100 tons of Kaiser Permanente's produce was coming from outside of California. And the rest was coming from the oversized farms Maring deems "agri-businesses." Dr. Maring began to ask those revolutionary "what ifs." "What if we targeted small family farmers who were growing food using sustainable agricultural techniques; what if we did it seasonally; and what if we did it locally?" he asked. "What could we change in terms of our supply chain?"

## A recipe for success

Since its in-patient food pilot program began on August 8, Kaiser Permanente has sourced about 40 tons of fruits and vegetables from small family farmers in California. As a result, patients are benefiting from the fresh, healthy food, and it has reinvigorated the livelihoods of some small farmers. The program is affordable, as well. The cost of purchasing from local farmers versus traditional procurement methods is "a manageable and insignificant increase" because the region mitigates the costs elsewhere — such as not shipping grapes from Chile during the off-season.

The ride has not all been easy, though. Dr. Maring explains, "We're learning that working with a small network of family farmers is more complicated for our food service than working with agri-business. It definitely takes some organizational energy. If you're counting on a delivery of cherry tomatoes to feed 4,000 of the 6,000 people today, and the single farmer's truck breaks down, you can imagine the disruption. When you work with corporate farming, you have all kinds of backup systems."

Dr. Maring credits creative and nimble nutritional services directors throughout the Northern California region for dealing with occasional bumps in the road. "They're the ones that have to learn to order their food seasonally; they're the ones that have to think local, think seasonal, change menus and get creative."

He continues, "What we've found is that people who are committed and really passionate about what they're doing in their jobs can double or triple their energy when they come to work...and I don't hear anybody complaining that it's more complicated. People who get excited about this just find new ways to use the farmers' markets or our in-patient food system as a jumping off point for creating new ideas."

There is certainly no shortage of those new ideas. Dr. Maring cites as examples a Kaiser Permanente employee who has begun teaching cooking classes to children at a local YMCA, others who have created community gardens, and those who have demonstrated cooking techniques using the farmers' market food at community events. These are just a few of the ways Kaiser Permanente employees are investing in their communities using the fresh, seasonal food concept the organization is embracing.

## A fruitful future

The pilot program is still in its early stages, and there is much room for growth. Dr. Maring speculates that few Kaiser Permanente patients actually know about the remarkable background of the produce on their trays. "When patients get a tray right now, they may not know that the cherry tomatoes they're getting in their salads come from Mr. Choua Vang, a Hmong farmer from Fresno, or that he farms on nine acres and that his family said because of his contract with Kaiser Permanente, he hopes to be able to buy his farm someday."

Publicizing the program more to its members is one of the Kaiser Permanente region's next endeavors, as is giving employees their own taste of the program. Dr. Maring says, "Employees are both proud of

Kaiser for embarking on this program and eagerly waiting for the program to expand to the cafeteria."

This may happen in the foreseeable future. While the program was originally slated to be a six-month pilot, Dr. Maring says everyone involved is expressing a desire to see the program continue next year. In fact, they are currently exploring ways to expand the program to other Kaiser Permanente regions, such as Southern California, and to new foods, such as beef and poultry.

Maring hopes other large institutions will sign on as well. He is already meeting with the nutritional services director of another large university system to discuss partnering with Kaiser and joining its supply chain. The larger the system, he says, the less operational risk for all involved.

At its broadest," he says, "I would like to see our program help connect urban demand for good, healthy food with local rural supply."

He also hopes the in-patient food program will move beyond the pilot stage in the Northern California region to become part of the larger organization's fabric. He explains, "It [is] totally consistent with what we're trying to do as a company anyway. We're helping support individuals in the community; we're supporting sustainable agriculture; we're supporting the purchase of locally grown foods, which reduces our corporate carbon footprint. It turns out that the food program encompasses a number of social missions."

"And," he doesn't hesitate to add, "It's tasty!"