Organic food at a hospital kitchen

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The Norwegian government aims for 15 % organic food production and consumption within 2015 (LMD, 2009). One of the strategies for reaching the consumption goal is to introduce organic food in public catering. An ambitious public aim of organic consumption calls for strategies that involve several ministries and sectors, not only the Ministry of Agriculture and Food (LMD, 2009). Organic consumption should be acknowledged as a tool to achieve a more sustainable society. Public kitchens and caterers should be given possibilities to not only ensure an efficient production of meals, but also take actions in a broader environmental- and social engagement.

St. Olavs Hospital, Trondheim University Hospital - a pilot case

Bioforsk Organic Food and Farming coordinated a pilot project in the introduction of organic food in the public sector in Norway during 2002-06, when St.Olavs Hospital in Trondheim worked for and achieved a goal of 30 % organic food. The pilot project was funded by the Norwegian Agricultural Authority (SLF). Project funding was used for training and work related to development processes, not to support food purchase. Many papers, training manuals and a text book were produced, and many lectures were given about the activities already during the project period. Currently, many Norwegian municipalities are starting to introduce organic food in their kitchens, and hence the experiences learned at St.Olavs Hospital are very useful and attract much interest.

The objective of the project at St. Olav's Hospital was to introduce organic food of high quality and preferably locally produced. The target was that organic food should comprise at least 30 % by weight of the food served at the hospital at the end of the project period. The target was reached in 2006, and since then the hospital has continued with organic food at the same level. However, some products have been replaced by others. On average, the hospital offers 1100 patients 6 meals every day. In 2006, the share of organic food was 82 % of all rice used for porridge, 14 % of all flour, 27 % of all eggs, 14 % of all meat, 59 % of all milk, 7 % of all sour cream, 69 % of all cheese and 100 % of all potatoes used by the kitchen. In addition, locally grown organic vegetables were tested. In the further text, we will present the most important lessons learned from the project.
Discuss, decide and communicate why organic food is a good choice

At St. Olav’s hospital, two factors were important for the realization of the pilot project. Building a new hospital took place at the same time as the pilot project started. The question of how to organize the food production and serving in the new hospital led to discussions about different concepts of management. The kitchen chef had to fight severely to achieve that the new hospital got a proper kitchen at all, because it was suggested to use largely pre-cooked food to save costs. This fight increased the chef’s engagement about food quality in general, and his awareness of the importance of food for health and well-being. Hence, he was open to propose an introduction of organic food in the new hospital kitchen, and the project was realized. However, for a successful implementation, it is not enough to have one positive leader. All people active in the process of conversion to organic food must become involved.

To achieve support and loyalty to a decision about purchasing organic food in public institutions, it is essential to identify and express the reasons for this choice. At St. Olav’s Hospital, social responsibility especially for our common environment was emphasized. Producing organic food is a strategy for sustainability in agriculture, according to the four basic principles as stated by IFOAM (International Federation of Organic Agricultural Movements). There are reasons to claim that conversion to organic food will contribute to a better environment. It is important to discuss this issue and communicate the ideas to all decision-makers as well as to the kitchen staff. Knowledge is motivating and inspiring.

The other main reason that was emphasized at St. Olav’s Hospital was that the organic food would be of high quality, with nice taste and appearance, and also locally produced. These expectations had to be fulfilled if the kitchen should accept the extra costs for organic products. The organic food was expected to strengthen the kitchen’s food philosophy about cooking with high quality fresh ingredients, and serve the food fresh. In short, sustainability and high quality were the leading guidelines for all decisions about what kind of food products should be converted into organic.

Training and competence-building

Building competence and training the staff was a central activity in the project. Our initial assumption, that the degree of success of the project was dependent on the involvement of all actors, was confirmed. Information materials were produced for all staff, and every person employed by the kitchen during the project period participated in courses which lasted for two days, were arranged in a nice place outside the hospital and included a visit to an organic farm. Kitchen employees stated that this was the first time they were offered training outside the hospital, and that the courses were highly inspiring and made them proud to participate in
the process. By the training activities, the idea of converting to partly organic food in the hospital kitchen was well rooted. Similar experiences about the importance of discussions and knowledge building have been reported from several cases in other countries (Cottingham, 2007)

**Increased awareness about food quality**

When the project started there was a distinct lack of qualified local organic suppliers. The hospital kitchen wanted to buy organic potatoes and vegetables from local farms. However, when purchasing local organic potatoes they experienced that the quality varied a lot. In some batches, the potatoes darkened by cooking. It was also a problem to store peeled potatoes in water without additives to prevent darkening. To increase the product quality and solve a range of various practical problems, we worked hard to establish collaboration between all stakeholders from farm to fork. Farmers, processing industry and kitchen staff were gathered frequently to discuss problems and how to solve them (Solemdal and Kvalme, 2005; Birkeland and Solemdal, 2007). The work with potatoes included organizing of farmers, agronomical recommendations, quality assurance and further handling, and resulted in a separate project also funded by SLF where the potato producers got support to become organized and produce more efficiently according to the demands of their large customer.

It is a time consuming activity to develop supply chains for organic food to meet the needs of the public procurement market. It may be a hard test of one’s patience. All the stakeholders involved need to go through a learning process. Many small details can influence the product quality. A positive result, however, is that the stakeholders afterwards pay much more attention to food quality. This is a result that the hospital kitchen chef appreciates very much.

**Demand cause changes**

When St. Olavs Hospital calls for tenders for procuring food, they cooperate with the municipality of Trondheim. The hospital always makes a request for prices on organic food products. Together with The Norwegian Defence and some private caterers that also are purchasing organic food, they have experienced that joining forces have resulted in considerably improved supply for organic food. By repeatedly asking for organic food, the kitchen applies pressure on their traditional suppliers. These are big organizations with many administrative levels and many actors involved. It is a huge process to change attitudes in a large organization. Yet, experiences from the project indicate that individual persons with positive attitudes to organic food, who work committed over time, can influence traditional suppliers significantly.
Step-by-step

A partly conversion to organic food in a large public kitchen is a quite comprehensive exercise. Each step needs to be planned and many details have to be checked. In the start of our hospital project we got valuable help from experienced Danish consultants, who emphasized that small, but long-lasting steps are in the long run more efficient than a revolution on insufficient ground. At St. Olavs Hospital, all the decisions about organic food were done by the chef. He has the required overview to take good decisions based on purchase costs and quality.

Avoid a one-sided focus on price

Most public institutions have to work within the limits of a tight food budget. When introducing organic food, it is crucial to avoid a one-sided focus on price. Choices should always be based on joint assessments of quality and price. We should aim at a broader understanding of expenses and costs than the current one-track price focus. Most kitchens have a potential to save money by other strategies than to reduce the food costs, which in most Western societies nevertheless comprise only a small part of the total costs. Potential cost-saving areas are ready-made meals, waste, food ordering systems, leadership at the kitchen, how the work is organized and sickness absence among the staff. At St. Olavs Hospital, a new electronic food ordering system was established during the project period. The new system implies that every meal ordered from the wards to the kitchen is ordered to a particular patient. This change reduced the total amount of produced meals by 20 %, and made it possible to buy more expensive food within the same budget limits.

Conclusion

Introducing a considerable amount of organic food in a public kitchen calls for a careful planning. All kitchen staff should be involved in discussions and training activities. Achieving knowledge about organic production is motivating and inspiring and will lead to increased awareness about food quality in general. When several public kitchens in the same region are joining forces, suppliers will respond with larger assortment, better product quality, better availability and lower prices on organic food. Introducing organic food in public kitchens highly depends on enthusiasm from the kitchen chef.

References:


