

REPORT 8 OF THE COUNCIL ON SCIENCE AND PUBLIC HEALTH (A-09)  
Sustainable Food  
(Resolution 405, A-08)  
(Reference Committee D)

EXECUTIVE SUMMARY

**Objective:** To address how medical schools, hospitals, and other health care facilities can model and encourage healthy eating in a manner that supports environmentally sustainable agricultural and food system practices. This report defines sustainability within the context of the overall food system and outlines areas requiring further attention.

**Methods:** Literature searches for articles published through February 2008 were conducted in the PubMed database using the search terms “sustainable food,” “sustainable agriculture,” and “organic food.” Articles were selected that focused on human health and on the role health professionals and health care institutions could play in regard to these issues. Web sites managed by federal agencies and applicable professional and grassroots organizations were also reviewed for relevant information. Additional articles were identified by reviewing the reference lists of pertinent publications.

**Results:** Sustainability refers to the capacity of being maintained indefinitely, in a manner that meets present needs without compromising the ability to meet future needs. It is a continual process of improvement that must constantly respond to the economic, ecological, and health inputs to the system. Food systems encompass food production, processing, packaging, labeling, distribution, access, and consumption. A sustainable food system includes sustainable agricultural practices (environmental stewardship, profitable farm incomes, and stable farm families and communities) as well as other practices within the entire food system that promote and preserve ecology (conservation of resources and genetic biodiversity), social values (just working conditions, humane treatment of animals, geographical and economic accessibility to food), health (nutritious food without potentially harmful contaminants), and economic viability (fair incomes for families and local economies). Organic, natural, and local foods are not necessarily healthy and/or sustainable, although healthy food should be both nutritious and sustainable. Using a “more/less” rather than “either/or” approach, local food is usually the most sustainable, being generally less resource intensive and less vulnerable to contamination, while providing fresher and less processed food and fostering healthier relationships between farmers and consumers. However, even eating more conventionally produced (i.e., nonorganic, nonlocal) fruits and vegetables in place of animal products improves the sustainability of the food system. Several organizations offer information, resources, and recommendations to help schools and health care facilities leverage their community and market leadership to adopt healthier, sustainable food policies and practices. Although more research is needed to clarify the best means of achieving a healthier food system, it is essential that it incorporate a systems approach.

**Conclusions:** Healthy diets are rich in fruits, vegetables, and whole grains, and low in unhealthy fats, sodium, and added sugars, but they also support environmental sustainability, economic viability, and human dignity and justice. Unhealthy food systems are not sustainable, and contribute to the very health problems the health care system is trying to solve – at extraordinary costs both economically and in terms of quality of life. It is essential that health care organizations become both models and advocates of healthy, sustainable food systems that promote wellness and that “first do no harm.”

# REPORT OF THE COUNCIL ON SCIENCE AND PUBLIC HEALTH

CSAPH Report 8-A-09

Subject: Sustainable Food  
(Resolution 405, A-08)

Presented by: Carolyn B. Robinowitz, MD, Chair

Referred to: Reference Committee D  
(James L. Milam, MD, Chair)

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1 Resolution 405 (A-08), "Sustainable Food," introduced by the American College of Preventive  
2 Medicine at the 2008 American Medical Association (AMA) Annual Meeting and referred to the  
3 Board of Trustees, asks:

4  
5 That our AMA Council on Science and Public Health (CSAPH) provide a report at the 2008  
6 Interim or 2009 Annual Meeting to determine whether and how our AMA should encourage  
7 medical schools, hospitals, offices, and other health care facilities to adopt policies and  
8 implement practices that increase the purchasing and serving of food that promotes health and  
9 prevents disease, while minimizing the use of nontherapeutic antibiotics, greenhouse gas  
10 emissions, Concentrated Animal Feeding Operation (CAFO) and other industrial agricultural  
11 food sources; and

12  
13 That the same CSAPH report address whether and how our AMA should call on physicians  
14 and other health care professionals to serve as role models and educators by participating in  
15 and promoting a healthier and more sustainable food system that improves eating habits,  
16 increases patient and public health, and supports the long-term social, economic, and  
17 environmental well-being of communities in the US and throughout the world.

18  
19 A recent CSAPH report on green initiatives and the health care community, presented at the 2008  
20 Interim Meeting, addressed sustainable food practices in the context of hospital food purchasing  
21 practices. This report expands on the topic to address how medical schools, hospitals, and other  
22 health care facilities can model and encourage healthy eating in a manner that supports  
23 environmentally sustainable agricultural and food system practices, which in turn may provide  
24 additional social, economic, and health benefits to their surrounding communities and beyond.

## 25 26 CURRENT AMA POLICY RELATED TO SUSTAINABLE FOOD

27  
28 The AMA currently has several policies that address environmentally friendly agricultural practices  
29 and encourage physicians to serve as educators and role models for healthy eating behaviors. These  
30 policies (AMA Policy Database):

- 31  
32 • Encourage health care facilities to purchase and serve food that promotes health and prevents  
33 disease (H-150.949 and D-150.989);  
34 • Oppose the nontherapeutic use of antimicrobials in agriculture (H-440.895);

- 1 • Support systematic safety assessments of genetically modified foods and continued research  
2 into the potential health and environmental impacts of genetically modified crops (H-  
3 480.958);
- 4 • Urge maximum feasible reductions of all forms of air pollution (H-135.998);
- 5 • Support alerting the public about the health hazards of environmental pollution and the need  
6 for expanded research and control measures (H-135.996);
- 7 • Encourage physicians to be spokespersons for environmental stewardship (H-135.973 and H-  
8 135.969); and
- 9 • Support the development and use of ecologically sustainable products, foods, and materials  
10 when possible, as well as community-wide adoption of “green” initiatives and activities by  
11 organizations, businesses, and health care entities (H-135.939).

## 12 13 METHODS

14  
15 Literature searches for articles published through February 2008 were conducted in the PubMed  
16 database using the search terms “sustainable food,” “sustainable agriculture,” and “organic food.”  
17 Articles were selected that focused on human health and on the role health professionals and health  
18 care institutions could play in regard to these issues. Web sites managed by federal agencies and  
19 applicable professional and grassroots organizations were also reviewed for relevant information.  
20 Additional articles were identified by reviewing the reference lists of pertinent publications.

## 21 22 BACKGROUND

23  
24 Nutrition, public health, and sustainable agriculture have typically been separate, nonoverlapping  
25 fields, as exemplified by the stark inconsistencies between US farm policy and the Dietary Guidelines  
26 for Americans.<sup>1</sup> The current US food system is highly industrialized, focusing on the production of  
27 animal products and federally subsidized commodity crops, such as corn and soybeans. This has  
28 resulted in a highly processed, calorie-dense food supply, instead of one rich in a variety of fruits,  
29 vegetables, and whole grains, as recommended by the Dietary Guidelines for Americans.<sup>2</sup> The poor  
30 quality diets supported by this system contribute to four of the six leading causes of death in the  
31 United States: heart disease, stroke, diabetes, and some cancers. Individuals of lower socioeconomic  
32 standing are more likely to consume these subsidized, highly processed foods, and are likewise at  
33 increased risk of related adverse health outcomes.<sup>3</sup>

34  
35 Beyond the issue of poor nutritional quality are methods of food production and distribution that have  
36 additional negative effects on human and environmental health.<sup>4</sup> These methods have contributed to  
37 the development of antibiotic resistance; air and water pollution; contamination of food and water  
38 with animal waste, pesticides, hormones, and other toxins; increased dependence on nonrenewable  
39 fossil fuels (including fertilizers)<sup>2,4</sup>; and a food system that is increasingly vulnerable to accidental or  
40 intentional contamination.<sup>3</sup> These methods of food production and distribution are inherent parts of  
41 the prevailing agricultural system, which is may be referred to as “conventional farming, modern  
42 agriculture, or industrial farming.”<sup>5</sup>

43  
44 Clinical approaches to addressing diet-related health concerns are costly and not sustainable.<sup>4</sup>  
45 Additionally, it is difficult for individuals to change their eating behaviors when many forces in the  
46 social, cultural, and physical environment do not support such change.<sup>4</sup> The public looks to the health  
47 care community to provide leadership in the best practices to promote health. Medical schools,  
48 hospitals, and other health care facilities are key participants in the food system with potentially  
49 significant roles to play in fostering greater awareness, improving purchasing practices, and  
50 promoting consumption of healthy and sustainable food.

1    DEFINING SUSTAINABILITY

2  
3    “Sustainability” has become a widely used term in social, economic, ecological, agricultural and food  
4    production sectors, although its precise definition remains relatively unclear and variable.<sup>6</sup> In a  
5    general sense, sustainability refers to the capacity of being maintained indefinitely, in a manner that  
6    meets present needs without compromising the ability to meet future needs.<sup>6,7</sup> Sustainability refers to  
7    continual processes of improvement, as well as to the products of processes/practices.<sup>1</sup> As social,  
8    ecological, economic, and health inputs to a system continually change, so too must the system  
9    change in order to remain resilient and sustainable.<sup>6</sup>

10  
11   Sustainable agriculture refers to methods of producing food (and fibers such as cotton) in a manner  
12   that:

- 13
- 14       • Provides profitable farm incomes;
- 15       • Promotes environmental stewardship (protection and promotion of high soil quality; reduced  
16       dependence on nonrenewable fuels, synthetic fertilizers, and pesticides; and limiting adverse  
17       impacts on safety, and on wildlife, water quality, and other natural resources); and
- 18       • Promotes stable and prosperous farm families and communities.<sup>8</sup>
- 19

20   No one method or set of methods works for every farm, ranch, or community. However, collectively,  
21   these efforts contribute to improved sustainability not just in agriculture, but also in food systems and  
22   the public health.

23  
24   Sustainable food is defined within the context of the overall food system. Food systems encompass  
25   food production, processing, packaging, labeling, distribution (wholesaling, storage, transportation),  
26   access (grocers, restaurants, institutional food service, emergency food programs), and consumption  
27   (food purchasing, preparation, eating, and waste management).<sup>7</sup> A sustainable food system includes  
28   sustainable agricultural practices as well as other practices within the food system that promote and  
29   preserve the following:

- 30
- 31       • Ecology. Natural resources should be conserved, renewable, or enhanced in ways that limit  
32       and/or recycle wastes and preserve genetic biodiversity.
- 33       • Social values. Workers throughout the food system should be treated justly in terms of rights,  
34       pay, and work conditions. Animals should be treated humanely. Culturally acceptable foods  
35       should be accessible to all consumers in terms of location and affordability.
- 36       • Health. Food should be nutritious and contribute to a balanced diet, without potentially  
37       detrimental biological or chemical contaminants
- 38       • Economic viability. All food system activities should support livelihoods of families and  
39       contribute to local economic development, without concentrated economic control of large  
40       parts of the food system by any one entity.<sup>4,6</sup>
- 41

42   Local, state, federal, and international policies are central influences on the food system. These  
43   policies impact what and how food is grown, processed, labeled, and made available for  
44   consumption.<sup>6</sup> Agricultural, food, and nutrition policies affect the choices people and organizations  
45   have, and in turn the health of individuals, communities, and the environment.

46

## 1 DEFINING ORGANIC, NATURAL, AND LOCAL FOODS

2  
3 Organic, natural, and local foods are not necessarily one and the same. As described below, only  
4 organic food has a legal definition that distinguishes it, in at least some ways, from conventionally  
5 produced food. “Conventional” food has no formal definition; usually, it refers to foods grown using  
6 modern agriculture or industrial farming methods. These methods generally involve large-scale  
7 farms; single/row crops grown on the same land over several consecutive seasons; uniform high-yield  
8 hybrid crops (with limited biodiversity); extensive use of pesticides, fertilizers, and nonrenewable  
9 energy sources; high labor efficiency; and confined, concentrated livestock systems.<sup>5</sup>

10  
11 Foods that are labeled “organic” must be produced and processed in accordance with the US  
12 Department of Agriculture’s (USDA) National Organic Program standards.<sup>9</sup> These standards require  
13 foods be produced without genetic engineering, ionizing radiation, and synthetic substances. Crops  
14 must be raised without most conventional pesticides or petroleum- or sewage sludge-based fertilizers.  
15 Organic meat, poultry, eggs, and dairy products must be produced from animals fed organic feed,  
16 given outdoor access, and not given antibiotics or growth hormones. Organic actually refers to the  
17 process of the food production, rather than the end product.

18  
19 The term “natural” is not regulated by the USDA, except when used to describe meat and poultry.  
20 The USDA requires meat and poultry products labeled “natural” to be free from any artificial  
21 ingredient or added color, and be only minimally processed, such that the raw product is not  
22 fundamentally altered. In addition, the label must explain the use of the term natural (e.g., no added  
23 colorings, no artificial ingredients, minimally processed).<sup>10</sup> Natural food is not necessarily organic or  
24 local.

25  
26 “Local” does not refer to any set distances between the food source and the consumer; rather, it is a  
27 relative term that encourages the consumption of foods produced nearest to the consumer. Locally  
28 produced food tends to be picked at peak ripeness (which generally improves the flavor and nutrient  
29 content), requires less fossil fuel to transport, and can foster healthier relationships between farmers,  
30 consumers, and the environment.<sup>6</sup> Locally grown foods are also usually less processed. Processed  
31 food products tend to be manufactured at a few key facilities that purchase their basic ingredients  
32 from around the country, or even around the globe, and in turn ship their products nationally and  
33 internationally. Not only does the production and distribution of such processed food use fossil fuels  
34 and generate emissions, but the plastic and paper packaging further depletes the environment of  
35 valuable natural resources.

36  
37 Organic, natural, and local foods are not necessarily healthy, in that they may still be high in calories,  
38 saturated fat, sodium, and/or added sugars (e.g., whole milk, cheese, or cookies), or highly processed  
39 (e.g., organic white flour, chips, instant meals). Organic foods are not necessarily sustainable; in fact,  
40 many organic foods (like many conventionally grown foods) sold in the United States are from  
41 countries such as China or Argentina, and are therefore picked unripe (if fresh, not frozen), packaged,  
42 and transported over long distances. This can result in lower nutritional quality (compared to ripe  
43 fruit), further depletion of fossil fuels, and increased air pollution from emissions. Furthermore,  
44 organic, natural, and local foods are still at risk of contamination from microscopic organisms (e.g.,  
45 due to contaminated water or unsanitary processing facilities).

## 46 HEALTHY FOOD IS NUTRITIOUS AND SUSTAINABLE

47  
48  
49 The Dietary Guidelines for Americans recommend 4 1/2 cups (9 servings) of fruits and vegetables  
50 daily for adults consuming the 2,000 calorie reference diet; they also recommend limiting  
51 consumption of saturated fats, sodium, and added sugars.<sup>11</sup> However, the United States would need

1 to increase its fruit and vegetable production by approximately 13 million acres to produce sufficient  
2 quantities of fruits and vegetables for the entire population to meet these recommendations.<sup>12</sup> A  
3 recent report estimates that 86% of the land currently being used for fruit and vegetable production in  
4 the United States is threatened by development.<sup>13</sup> Clearly, US farm and zoning policies are not  
5 sufficient to support the public health. Optimal public health requires a good, healthy food supply,  
6 but the United States cannot have a good, healthy food supply without a sustainable food system.<sup>1</sup>  
7

8 Locally produced and organic foods are considered part of a healthy, sustainable food system for  
9 many reasons. They reduce the use of fuel, decrease the need for packaging and resultant waste  
10 disposal, preserve farmland, and/or support a greater diversity of crops. The related reduced fuel  
11 emissions contribute to cleaner air and in turn lower the incidence of asthma attacks and other  
12 respiratory problems. Organic meat production helps reduce the development of antibiotic resistance,  
13 as well as air and water pollution. Organic and local foods can have improved nutrient profiles: ripe  
14 produce, and some organic produce, contain peak amounts of micronutrients and phytochemicals, and  
15 pasture-raised, grass-fed animals produce leaner beef, and meat and milk with higher levels of  
16 beneficial essential fatty acids such as omega-3s.<sup>6</sup> Some people also believe local and organic foods  
17 taste better, which may encourage increased consumption of fruits, vegetables, and lean meat, while  
18 also decreasing exposure to pesticides and hormones. Shorter supply chains in local food systems  
19 also lessen their vulnerability to food contamination.<sup>6</sup>  
20

21 It is important to note that conventionally produced fruits and vegetables are still strongly associated  
22 with reduction of chronic disease risks (most diet-disease studies do not differentiate between organic  
23 and conventional produce). Likewise, production of conventional fruits and vegetables uses far less  
24 fossil fuel and water than does the production of meat. Reducing the portion sizes of meat (pork and  
25 beef) and the frequency of meat consumption limits health risks and can also contribute to a  
26 sustainable food system. The Food and Agriculture Organization of the United Nations estimates that  
27 livestock alone contributes 18% of all greenhouse gas emissions.<sup>14</sup> Similarly, water use is greater for  
28 meat production: 6 gallons of water are needed to produce one serving of lettuce, 49 gallons to  
29 produce an 8-oz glass of milk, and 2,600 gallons to produce one serving of steak.<sup>15</sup>  
30

31 The development of food systems that are sustainable involves continually improving strategies that  
32 emphasize “more/less” rather than “either/or.” For example, a sustainable food system is more  
33 localized rather than less, it is more environmentally sustainable rather than less, and there are more  
34 relationships among individual people in the food system rather than less.<sup>1</sup> In other words, members  
35 of a food system, such as health care institutions, can “triage” their food supply in the context of the  
36 food system: 1) Can the food be sourced locally? 2) If not, can a local substitute be used? 3) If not,  
37 can a more distant food source be obtained that includes the same environmental, social, and  
38 economic characteristics preferred in the local food?<sup>1</sup>  
39

#### 40 HOW HEALTH CARE INSTITUTIONS CAN TAKE A LEADERSHIP ROLE IN PROMOTING 41 HEALTHY AND SUSTAINABLE FOOD SYSTEMS 42

43 Communities look to medical schools, hospitals, and other health care facilities as leaders in  
44 achieving and maintaining optimal health, which includes not just the absence of disease but also the  
45 promotion of physical, mental, and social well being.<sup>16</sup> While the connections between diet and  
46 health have long been recognized by the health care community,<sup>4</sup> it is imperative to lead by example.  
47 Health care organizations are substantial components of the food system, with the total health care  
48 market for food and beverages estimated at \$12 billion annually.<sup>4</sup>  
49

50 Several organizations offer information and resources to schools, universities, and health care  
51 facilities to help them leverage their community and market leadership to adopt healthier food

1 purchasing policies and practices. These include the Green Guide for Health Care™ (GGHC), the  
 2 Institute for Agriculture and Trade Policy (IATF), Yale’s Sustainable Food Project, the American  
 3 Dietetic Association, and the Health Care Without Harm coalition. The GGHC is a voluntary, self-  
 4 certifying metric toolkit of best practices that covers multiple facets of environmental sustainability,  
 5 not just food systems.<sup>17</sup> Health Care Without Harm likewise covers a range of issues involving the  
 6 environment, and provides a more extensive array of resources and information that may be  
 7 particularly helpful for organizations that are just beginning to explore their role in a sustainable food  
 8 system.<sup>18</sup>

9  
 10 Health Care Without Harm is an international coalition of 473 organizations in more than 50  
 11 countries, whose mission is to “to transform the health care sector worldwide, without compromising  
 12 patient safety or care, so that it is ecologically sustainable and no longer a source of harm to public  
 13 health and the environment.”<sup>19</sup> One of the coalition’s key goals is to “encourage food purchasing  
 14 systems that support sustainable food production and distribution, and provide healthy food on-site at  
 15 health care facilities.”<sup>19</sup> Central to this goal is the Healthy Food in Health Care Pledge,<sup>20</sup> which  
 16 outlines key commitments that health care organizations should make to “first, do no harm” by  
 17 realizing that wise use of food, and its responsible production and distribution, is actually preventive  
 18 medicine that protects the health of patients, staff, and communities (Appendix). To date, at least 165  
 19 health care facilities in the United States have signed this pledge.<sup>20</sup>

20  
 21 Recognizing that a sustainable food system is a process, and that different organizations will have  
 22 different capacities to change in different locales, Health Care Without Harm offers a full menu of  
 23 options for organizations to choose from, with specific how-to suggestions, background information,  
 24 policy statements, sample procurement policies, and examples of case-studies from organizations that  
 25 have successfully implemented healthy food practices. Key recommendations include:

- 26 • Start a conversation within your organization about healthy food (e.g., form a “food team”)
- 27 • Contract with a group purchasing organization, distributor, or food service provider that
- 28 supports healthy food
- 29 • Implement purchasing policies for meat and poultry raised without nontherapeutic antibiotics
- 30 • Model local, nutritious, sustainable food at conferences, meetings, and workshops
- 31 • Buy milk produced without recombinant bovine growth hormone (rBGH or rBST)
- 32 • Buy organic and other certified food (e.g., Food Alliance Certified, Protected Harvest,
- 33 Certified Humane, Fair Trade)
- 34 • Consider establishing an overarching food policy
- 35 • Buy food from local producers
- 36 • Become a fast food-free zone
- 37 • Limit use of vending machines and replace unhealthy snacks with healthy choices
- 38 • Host a farmers’ market on hospital grounds
- 39 • Create hospital gardens to grow fresh produce and flowers
- 40 • Compost, divert, and reduce food waste
- 41 • Buy certified coffee<sup>21</sup>

42  
 43  
 44 **AREAS REQUIRING FURTHER ATTENTION**

45  
 46 Health care professionals tend to focus on health outcomes in individuals rather than in systems.<sup>3</sup>  
 47 However, hospitals, medical schools, and other health care facilities are part of a food system that has  
 48 the potential to both benefit and harm individual health directly and indirectly.<sup>3</sup> While support of  
 49 sustainable food practices is not “high-tech” or procedure oriented, it promises significant  
 50 improvements in health and economic costs to a health care system that is overburdened by diseases

1 caused, at least in part, by an unhealthy food system. More research is needed to clarify the best  
2 means of achieving a healthier food system (e.g., whether subsidizing a variety of organically  
3 produced fruits and vegetables will increase their consumption and decrease consumption of highly  
4 refined food products),<sup>3</sup> but it is essential that the research and resultant policies and practices  
5 incorporate a systems approach.<sup>1,4</sup> For example, instead of asking whether genetically engineered  
6 food is good or bad, a better question may be: does genetic modification help grow enough food in a  
7 sustainable fashion?<sup>4</sup>

8  
9 More attention also needs to be paid to the economic and regulatory policies that encourage the  
10 production of unhealthy, nonsustainable food at low immediate financial cost to consumers, at the  
11 expense of poorer health outcomes that cost far more to treat with medications and procedures than  
12 investments (at societal and personal levels) in healthy food. The US Farm Bill, which covers the  
13 bulk of federal agricultural and food policies (e.g., nutrition education, food assistance programs,  
14 conservation programs, agricultural trade), is one example of an issue with which members of the  
15 health care system should be more involved.

16  
17 Educational efforts likewise should recognize that the development of healthy food systems involves  
18 continually improving strategies that emphasize “more/less” rather than “either/or.” This may be  
19 particularly helpful when a lack of financial resources or geographic access is an issue. While  
20 healthier, more sustainable food is often more expensive than highly refined and processed foods, this  
21 tends to be more apparent when evaluating price per calorie<sup>4</sup> than price per serving of food. For  
22 example, a bowl of homemade oatmeal costs far less than a fast food breakfast sandwich, and a single  
23 apple or orange is often comparable in price, or even less expensive, than a bag of chips or a candy  
24 bar. Even on a per calorie basis, soft drinks are more expensive than tap water. A meal of pasta,  
25 jarred spaghetti sauce, steamed frozen broccoli, lettuce and carrot salad, and tap water is healthier,  
26 more ecologically sustainable, and cheaper than a carry-out pizza dinner with soft drinks. The first  
27 meal is “more” sustainable and healthy – not perfect, but better than the alternative meal.  
28 Convenience, taste, access, and cooking skill are also factors in people’s food choices that deserve  
29 more attention in efforts to promote a more sustainable food system.

30  
31 To foster determination and dissemination of best practices, and to clarify areas where challenges  
32 remain, efforts by health care organizations to improve food systems should be well-documented and  
33 shared with the health care community and the public, both in a quantitative and qualitative fashion.  
34 Research that outlines the costs, cost savings, and any changes in short- or long-term health outcomes  
35 is also essential. Again, these issues are best framed within a systems approach.

## 36 37 SUMMARY AND CONCLUSION

38  
39 Healthy food is part of a sustainable food system, in which food is defined not only by its nutrient  
40 content, but also by how and where it is raised, grown, processed, and distributed. Public health  
41 dietary guidelines, as well as dietary recommendations targeting individuals for secondary and  
42 tertiary prevention, cannot be met without a greater emphasis on sustainable agriculture and food  
43 production as part of a larger food system. The health care community has a highly visible leadership  
44 role to play in the promotion of health and wellness policies, which should “first do no harm.”  
45 Healthy diets are rich in fruits, vegetables, and whole grains, and low in unhealthy fats, sodium, and  
46 added sugars, but they also limit the depletion of nonrenewable resources; air, water, and soil  
47 pollution; the development of antibiotic-resistant bacteria; and the risk of food contamination.  
48 Unhealthy food systems are not sustainable, and contribute to the very health problems the health care  
49 system is trying to solve – at extraordinary costs both economically and in terms of quality of life. It  
50 is essential that health care organizations become both models and advocates of food systems that  
51 promote optimal health.

1 RECOMMENDATIONS

2  
3 The Council on Science and Public Health recommends that the following statements be adopted in  
4 lieu of Resolution 405 (A-08) and that the remainder of this report be filed:

- 5  
6 1. That our American Medical Association (AMA) support practices and policies in  
7 medical schools, hospitals, and other health care facilities that support and model a  
8 healthy and ecologically sustainable food system, which provides food and beverages  
9 of naturally high nutritional quality. (New HOD Policy)
- 10  
11 2. That our AMA encourage the development of a healthier food system through the US  
12 Farm Bill and other federal legislation. (Directive to Take Action)
- 13  
14 3. That our AMA consider working with other health care and public health  
15 organizations to educate the health care community and the public about the  
16 importance of healthy and ecologically sustainable food systems. (Directive to Take  
17 Action)

Fiscal Note: \$ 1000

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APPENDIX – The Healthy Food in Health Care Pledge, from Health Care Without Harm<sup>20</sup>

This Healthy Food in Health Care Pledge is a framework that outlines steps to be taken by the health care industry to improve the health of patients, communities and the environment.

As a responsible provider of health care services, we are committed to the health of our patients, our staff, and the local and global community. We are aware that food production and distribution methods can have adverse impacts on public environmental health. As a result, we recognize that for the consumers who eat it, the workers who produce it, and the ecosystems that sustain us, healthy food must be defined not only by nutritional quality, but equally by a food system that is economically viable, environmentally sustainable, and supportive of human dignity and justice. We are committed to the goal of providing local, nutritious and sustainable food.

Specifically, we are committed to the following healthy food in health care measures for our institution. We pledge to:

**Increase** our offering of fruit and vegetables, nutritionally dense and minimally processed, unrefined foods and reduce unhealthy (trans and saturated) fats and sweetened foods.

**Implement** a stepwise program to identify and adopt sustainable food procurement. Begin where fewer barriers exist and immediate steps can be taken, such as the adoption of rBGH free milk, fair trade coffee, or selections of organic and/or local fresh produce in the cafeteria.

**Work** with local farmers, community-based organizations and food suppliers to increase the availability of fresh, locally-produced food.

**Encourage** our vendors and/or food management companies to supply us with food that is produced in systems that, among other attributes, eliminate the use of toxic pesticides, prohibit the use of hormones and non-therapeutic antibiotics, support farmer and farm worker health and welfare, and use ecologically protective and restorative agriculture.

**Communicate** to our Group Purchasing Organizations our interest in foods whose source and production practices (i.e. protect biodiversity, antibiotic and hormone use, local, pesticide use, etc) are identified, so that we may have informed consent and choice about the foods we purchase.

**Develop** a program to promote and source from producers and processors which uphold the dignity of family, farmers, workers and their communities and support sustainable and humane agriculture systems.

**Educate** and communicate within our system and with our patients and community about our nutritious, socially just and ecologically sustainable healthy food practices and procedures.

**Minimize** and beneficially reuse food waste and support the use of food packaging and products that are ecologically protective.

**Report** annually on implementation of this Pledge.