

# FOOD IS YOUR BEST MEDICINE

**HAMODIA SPEAKS TO NUTRITION EXPERTS WHO DISCUSS THE SHIFT IN HOSPITAL DIETS**

*BY RHONA LEWIS*



If we want our bodies to stay healthy for life, we need to invest in them properly. The bad news is that we aren't providing our bodies with what they need.

“Many people lack healthy eating habits. Take the 40-year-old woman who has barely eaten a vegetable in her life. Iceberg lettuce? She's not sure how to prepare it,” says Nina Dahan, Nutrition Center coordinator at Maimonides Medical Center.

Yet someone who lacks proper nutrition is at serious risk of getting sick. “Many patients are in the hospital because of bad dietary choices,” comments Susan Levin, MS, RD, director of nutrition education at the Physicians Committee for Responsible Medicine (PCRM). On the flip side, correct nutritional choices may help prevent many diseases, including diabetes, heart disease and some forms of cancer.

#### A Shift in Perspective

The encouraging news is that hospitals are at the forefront of the battle for healthy eating by starting to serve healthier food. Ms. Levin explains that “the shift toward serving healthier food in hospitals comes from the premise that it is important to care for the whole patient, to have a holistic approach, and not to just patch him up” temporarily. A major component of this holistic healthy approach involves hospitals “making healthful eating a part of their service.”

What's behind the change? Society as a whole is moving toward more healthful choices. Juice and salad bars are sprouting up faster than mushrooms after a rainstorm. This year, Beverage Marketing Corp. reported a seismic shift in the beverage industry: for the first time bottled water beat carbonated soft drinks in sales volume. “Bottled water's emergence as the No. 1 beverage type clearly signals a fundamental change in what consumers want from their beverages,” said Michael Bellas, chief executive officer of the group.

This trend toward more healthful choices may be indirectly attributed to the financial impact of the Affordable Care Act (ACA). “The ACA didn't only make people more aware of the need for prevention. Since hospitals are not reimbursed for readmissions within 30 days, they are motivated to take steps that will effect permanent change [and ensure that patients are not readmitted],” says Ms. Levin. Furthermore, many hospitals are following the call of the American Medical Association (AMA) to provide plant-based meals and healthful beverages and to reduce processed meats, fats, sodium and sugar in the foods they provide to their patients.

## THE HEART OF A TAXI DRIVER

Just one fatty meal leads to your blood thickening and a rise in your clotting factors. Multiply this many times and you have a ticking time bomb.

“Introducing more plant-based foods and fiber leads to a reduction in heart disease risk — better cholesterol levels, improved blood pressure, lower inflammation markers,” says Nina Dahan of Maimonides Medical Center.

This is exactly what Motti\*, a 59-year-old taxi driver, found out after a heart attack that required stent surgery. Prior to his heart attack, all his meals were restaurant/fast food meals and he ate between customers. After his surgery, he consciously started eating healthy meals and exercising.

Healthy life choices came from the combination of a little more exercise, the introduction of home-made tuna sandwiches and a perusal of the hospital menus to choose options that would fit into his heart-healthy diet. And, yes, his stamina has improved tremendously since he implemented these lifestyle changes.

#### Meal by Meal

Patient education starts with healthful menu options at the hospital. “Patients tick off healthful choices and come to realize that they don't need to eat a hamburger; a veggie burger tastes just fine. The same with chili; you can easily make this popular dish with beans, corn and vegetables. Since the recipes are familiar, patients still get that comforting feeling,” explains Ms. Dahan.

However, with the shift away from red meat, there is concern that patients may not be eating enough protein. Ms. Levin clarifies that this is not a problem. “There's a misplaced fear that your diet lacks protein without meat. Eat a variety of plant-based foods and you'll get the amino acids that you need.”

In addition to concern regarding sufficient nutrients, each individual's preferences also play into this adjustment. “Since we're serving different communities, we have to cater to them, too. Someone who came from Shanghai two years ago won't buy into whole-wheat bread. Food is very personal, so we need to realize that people need a lot of support to make small changes,” says Ms. Dahan.

Ms. Dahan aims to make the healthy food changes realistic and satisfactory for all the patients, so that when they go home they can and will cook this way for themselves. For example, for those patients who need baby steps, whole-wheat pasta isn't a big jump from white pasta. Patients with more sophisticated palates, however, may enjoy sprouted red rice, farro, edamame and wakame.

Beyond the menus (which patients sometime take home for guidelines), patients are provided with the skills to make permanent changes to their eating habits. “It's a learning curve, but patients see it as a long-term investment in their health. We teach them techniques [to make it doable,] such as to cook in batches and freeze. Ultimately, eating well saves time spent on health concerns that arise from bad eating habits,” says Ms. Levin.

“I focus on what the patient can eat, not on what is being taken away. I give him tips like using opaque jars for the cookies and storing vegetables at eye level in the refrigerator. And I motivate him by encouraging him to come up with the ideas on how to introduce more healthful options,” says Ms. Dahan.

Scan many hospitals and you'll spot more than just menu changes. “Hospitals are cutting off or not renewing contracts with fast-food outlets,” says Ms. Levin. This is really important in terms of educating the patients thoroughly regarding healthy eating. “Allowing fast-food cafeterias to operate in hospitals is sending the wrong message and amounts to negligence. People assume that if it's in a hospital it must be healthy.”

Long-distance runner Jessica Frost can attest to the positive changes occurring in hospitals. She is participating in a Baltimore-based study on aging that began with a three-day hospital stay for testing. “I was nervous about finding the healthful kinds of food that I'm used to eating,” admits Jessica, “but I was surprised. The menus offer a range of steamed vegetables. The cafeteria is stocked with a salad bar, fresh fruit and vegetables including jars of grain and bean salads. Even the reception area has reading material that gives guidelines on healthy life choices.”

#### Meeting the Challenge

Unfortunately, even once patients understand how to prepare and eat healthy food, there can still be impediments to healthy eating. Generally,

*Continued on page 15*

## HOSPITALS AREN'T WHERE YOU EXPECT TO FIND HEALTHY, CREATIVE FOOD. BUT WHY NOT? *by Sonia Rao*

Some of the children at the Verner Center for Early Learning came up with a Brussels sprouts dance. Others have asked for second helpings of asparagus.

Food and nutrition manager Genie Gunn is behind the magic at the Asheville, North Carolina, day-care center. Like many of her culinary peers in the health care industry, Gunn works to maximize flavor while minimizing factors such as fat and sodium content. It's a tough task when dealing with picky children, but she's up for it.

"I think real food can be exciting," Gunn said. "If you use real ingredients, you can bring out the flavors of those ingredients without adding a lot of extra sodium and sugar."

Hospitals, day cares and other health care centers have long endeavored to serve patients healthy food, but there has been a greater push for creativity in recent years. Culinary arts such as Gunn have strayed from the dreaded mashed potatoes and Jell-O cups of the past, opting instead for fresh and often locally grown produce. But breaking with the processed-food habit takes some work, so larger organizations are looking to help these chefs make the transition.

Premier, a health care improvement company, hosts a recipe competition at its national conference each year. Hospital chefs and food service workers across Premier's networks submit themed recipes in the months leading up to the conference, at which four finalists compete for the top award.

This year's theme was on-trend bowls, just broad enough to attract a variety of interpretations.

"We also have a little bit of a 'better for you' bent to it," said Joan Ralph, who heads food and nutrition services at Premier. The bowls had to be less than 800 calories, no more than 10 percent of which could come from fat. Of that fat, less than 3 grams could be saturated. The dishes were limited to less than 800 grams of sodium and chefs were expected to enhance the flavor, taste and appearance of their dishes. Given the volume of hospital patients and employees, the recipes also had to be able to be served on an institutional level.

The finalists weren't intimidated.

Maureen Brooker is used to limiting fats, sodium and sugar. She works as the executive chef at Adrian Dominican Sisters in Adrian, Michigan, and generally cooks for those in independent or assisted living situations. Brooker's official duty is to create menus and recipes, but she also engages with the people she serves and sometimes acts as a mentor. As such, it's her goal to make sure her meals align with their needs.

"Flavor's important," Brooker said. "You don't have to add fat to get good flavor. In place of salt, you can use fresh herbs or flavored oils."

The 430 Premier members who attended this year's Culinary Creations dinner, held recently at the Marriott Marquis in Washington, largely work in health care or higher education. After testing the four bowls, served in mini portions, and voting electronically, they deemed Matthew Cervay, executive chef of Pennsylvania's Geisinger Health System, the winner.

"I wanted to keep things fresh, flavorful and bright," he said of his winning dish.

Cervay built upon his Santa Fe breakfast bowl's farro base with black beans and fresh vegetables, with a fried egg on top. Cumin-seasoned pico de gallo and salsa verde gave the dish a zing, while avocado and sprinkled queso fresco added a creamy — and binding — touch. At roughly \$1.68 a serving, Cervay's recipe is also cost effective.

"I wanted to introduce it [with] a breakfast twist," he said. "Breakfast is really important, and hospitals especially, we usually have large salad bars so we have a variety of leafy greens."

The tricky part of serving healthier meals is in the logistics; hospitals' efforts must be matched by food suppliers.

Stacia Clinton, director of the Healthy Food in Health Care program at



the advocacy group Health Care Without Harm, used to be a dietitian and noticed that the food served at hospitals often conflicted with what she recommended to her patients. Many hospitals model their food service after fast-food restaurants, she said, and this "cookie cutter" approach leads to a dependency on highly processed foods.

"What we're aiming to do is pull hospitals back into their mission-driven interest of serving the community where they're situated," Clinton said.

This could mean drawing up new contracts or switching suppliers, she said. Tricky, but possible.

"Some hospitals are prioritizing purchasing seasonally, and they're getting

products that are freshest or most nutritious at that time," Clinton said. "The easiest way to control the nutritional composition is to prepare from scratch. Chef competitions like this one challenge chefs to pull out their culinary skills and apply it to hospitals with therapeutic diets."

Hospitals need not give up established recipes altogether — a complete menu overhaul might take some time, given the scale of such institutions — because they can instead source better ingredients with similar flavors, Cervay added.

It's about "really taking stuff that people already like, looking at it a little differently and figuring out how we can source better ingredients," he said. "In doing so, it'll reduce the fat, calories and sodium, overall. It takes a little bit of effort and focus."

In choosing the base for her bibimbap bowl, Gunn was drawn to the sprouted red rice sold by InHarvest. Gunn noted that a bowl can be topped with practically anything available in a kitchen. She opted for a protein-heavy combination of edamame, egg and tofu, complemented by pickled vegetables and Asian-inspired sauces.

"The idea of using tofu and edamame ... as the protein rather than meat in the center is something we're certainly all aware of right now," Gunn said. "Leaner proteins — a little less steak in the center of the plate, so to speak."

These ingredients, particularly the edamame, aren't always cheap. "In hospitals, we're not there to make money, but we need to cover our costs," Cervay said. "It is hard."

The passage of the Affordable Care Act might have played an indirect role in hospitals' recent efforts. As part of the IRS regulation for non-profit hospital community benefit, Clinton said, the ACA allows hospitals to use funding for preventive care, which could include dietary efforts. Before the ACA's passage, funds were often restricted to charitable care only. The GOP's health care bill would likely revert to this model, Clinton said, limiting the money hospitals could put toward innovative efforts.

"The Affordable Care Act expedited the uptake of looking at food as a way to improve patient health and therefore improve the financial stability of hospitals through their reimbursement rates," Clinton said. "That was a transformative change, because essentially what the Affordable Care Act did was incentivize hospitals to keep people healthier in the community."

Many of the people crafting menus have been to culinary school, giving them a foundation in crafting appealing meals. Jacques Wilson, who created a wakame salmon bowl for the competition, attended culinary school and worked at hotels and resorts for decades. He decided to switch to health care in 2002 because he wanted to make a difference and is now the executive chef at El Camino Hospital in Mountain View, California.

"I think health care led the charge," Wilson said of the push for nutritious meals.

Recognizing that long-term dietary choices are ultimately up to the patient, Cervay added that it's important to show them how appetizing simple meals can be.

"Food is medicine," he said. "If you eat right and give your body what you need, you feel better." (*The Washington Post*)

Continued from page 13

healthy food is seen as more expensive and more difficult to obtain and prepare.

Ms. Levin and Ms. Dahan debunk these misconceptions. “The right food doesn’t need to be costly. It’s only in modern times that we’ve come to see plant-based foods as expensive. In earlier times, it was always the poorer who subsisted on these.” Beans and grains are inexpensive, and by cooking with these cheaper ingredients you can actually spend less per meal. “An additional benefit is that you get the nutrients you need with fewer calories. After all, most of us get as many, if not more, calories than what we need,” Ms. Levin points out.

However, if you have a low income or rely on public transportation, it becomes more difficult to obtain non-processed foods. The Supplemental Nutrition Assistance Program (SNAP) helps to stretch the food budget and

buy healthy food; however, most farmers’ markets — good local sources of fresh produce — won’t accept SNAP. Ms. Levin offers a sensible suggestion to work around both the cost and transportation issues: “Fruits and vegetables don’t need to be fresh. Canned and frozen are less expensive and they are also good.”

Finally, plant-based foods are actually easier to prepare than meat, both in a hospital and in the home. “Assuming that the hospitals are preparing the food and not using heat-and-serve food, the preparation for food that follows the AMA directives won’t be more complicated. In fact, it’s probably easier because strict standards surround the handling of meat,” specifies Ms. Dahan. With a little guidance from a dietician, a dish of chili based on red beans shouldn’t take any longer to prepare than the traditional dish. She clarifies further that kosher shouldn’t be a challenge at all because there are so many options available. ■

## THIS HOSPITAL GROWS ITS OWN FOOD, THEN SERVES IT TO PATIENTS *By Monique O. Madan*

One by one, Thi Squire plucks ruby heirloom tomatoes off the vine and picks dark wine-colored lettuce leaves from the soil.

The ingredients are destined to be tossed in a kale salad sprinkled with beets and baby carrots; fresh mint leaves will be mixed into fruit-infused water that is served to patients at Homestead Hospital.

“Why do we do this? There’s tons of data that says if you eat more fruits and vegetables you are less likely to get sick, regardless of the ailment,” said Squire, who works as the garden’s manager for the hospital, which is an extension of Baptist Health Systems. Squire said Homestead Hospital is one of just a few medical centers in the nation that have the ability to grow their own food.

“A lot of hospitals have partnerships with local farms, but very few have a farm on their actual campus,” she said. “One reason is because not many hospitals have the actual land.”

About three years ago, Baptist set aside 10 acres of unused land adjacent to the hospital. The goal was to create educational programs that would give patients access to organic, sustainable foods. Squire leads the efforts in providing meals to patients with serious illnesses and putting on workshops for staff, students and the community on how to cook with natural, non-processed foods.

“The goal is that they don’t show up at the hospital and get admitted for their chronic disease to begin with. We don’t really want people to show up just to get an organic meal, but instead have them go home with knowledge; that they can learn how to go home and make a dish low in sugar and salt and actually enjoy it,” Squire said.

Dubbed Grow2Heal, the garden is in its start-up phase and operating on about a quarter of an acre. It gathers about 10 student volunteers a month from local high schools and colleges and puts together about 2,500 meals during harvest peak times, typically November through May.

“We anticipate that when the garden is farmed out on all 10 acres, we’d be able to serve approximately 100,000 meals a year,” said Jennifer Pages, a spokeswoman for Homestead Hospital.

The farm also has a greenhouse, a new beehive to harvest honey and a sunflower garden where the blossoms are placed in patients’ rooms.

The parcel of land has produced dozens of fruit and vegetable varieties including radishes, bananas, red oak lettuce, cucumbers, collard greens, Swiss chard, squash, watermelon, black-eyed peas, kidney beans and green beans. Squire also grows herbs such as lemongrass, rosemary, French sorrel and oregano.

Claudia Marquez, a 23-year-old Florida International University graduate student and volunteer at Grow2Heal, says the unique farm-to-table experience is a creative solution to the ongoing challenges with chronic disease management and preventive healthcare.

“I gained the cooking skills to be confident in dishes I never knew I can make from simple fruits and vegetables,” Marquez said. “I was able to see what I planted come to life and how to incorporate what I learned at home. I really have seen major changes in my eating habits, which is the goal for those that come across the garden at Baptist.”

One of the hospital’s main field trip programs is called “Grow Your Lunch,” in which visitors plant seeds, harvest fruits and vegetables, and cook their own lunch under Squire’s guidance. The food is also used to educate the community through health fairs, cooking demonstrations, wellness workshops and support groups.

Julia Lemus, a guest services representative at Mariners Hospital in Tavernier — another extension of Baptist — says the garden has had a far-reaching impact.

“It’s priceless. Who thought a hospital would be at the forefront of trying to keep you away from the hospital by focusing on preventive care like fixing how you eat?” Lemus said.

It has also had an impact on Lemus since she participated in one of the hospital’s workshops, the Homestead resident said, boasting about the Japanese pumpkin soup she made. “I learned how to read food labels and that I don’t have to spend two or three hours in the kitchen. All this because of a simple garden at a local hospital.”

The hospital spends \$150,000 a year to operate the farm, Squire said. “It’s not an immediate cost saver for our cafeteria. That’s not the mission, even when we do end up operating on the full 10 acres. The savings is quantified by better quality products and giving our community access to them.”

But it’s easier said than done.

“If you’re low income, you’re less likely to have a car, and if you don’t have a car — and because Miami-Dade has such poor public transportation — it becomes extremely difficult to get your hands on non-processed foods,” Squire said. “And if you live near one of few farm stands, and live in one of the few pedestrian-friendly pockets of the county, chances are that stand doesn’t accept food stamps.”

In 2015, more than 710,500 people — almost 30 percent of the county’s population — were on food stamps, compared to 295,500 people in Broward County, according to the most recent data from the Supplemental Nutrition Assistance Program.

That’s why the goal isn’t to have a full-service cafeteria that serves up food made with ingredients from the garden, but rather a farmers market that accepts food stamps, Squire said.

“We are doing it not so much for feeding them fresh organic food when they’re here in the hospital,” she said, “but we really want folks in our community to eat healthily and have a healthy lifestyle so they avoid those diseases so they don’t have to check in to our hospital to begin with.” (TNS)

