

Vermont Folklife Center
Audio Log VFC2014-0005 AU2014-1003

Project: Archie Green Project
Interviewer: Andy Kolovos
Interviewee: Diane Imrie
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Time	Content	Keyword 1
START - 00:00:55	Introductions.	Introduction
00:00:55-00:03:19	Raised outside Montreal, went to agricultural campus of McGill to study nutrition. Was interested in fitness/nutrition. Moved to VT 1995, began in environmental services department, then became and has been Director of Nutrition at Fletcher Allen since 1996. It's a very different place now. "I'm just a foodie at heart, passionate about food, anything food." Vacationed in VT in summers. "I just adore VT. It's got a great food scene, it's good in so many ways for lifestyle." Still visits Canada but not familiar with restaurants there anymore. From Anglophone family, husband from Francophone family. Not a strong connection to music in her family.	childhood, family, education, nutrition, career
00:03:19-00:03:36	Andy plugs recorder in to charge.	Interruption
00:03:36-00:12:53	Always interested in hospital food service but didn't want to do clinical. Worked in long term care as food service manager, short restaurant stint, "That was not for me." Definitely wanted to stay in healthcare: "The combination of food service and healthcare is really a nice niche for me." Since beginning w/Fletcher Allen, core job functions still the same, but what	Career, hospital feeding program, Fletcher Allen, room service

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	<p>has changed is how we do them. 2006: Switched from traditional way of feeding patients with set time and only possibility of choosing the foods, to room service model. With diet order from physician, can choose from 30 entrees and call when they are ready to order. 3 models for this: Seattle was first, then Texas, and New Jersey. New Jersey acted as main model because similar in size, shared all models and policies. Executive chef from hotel background frustrated by food being returned, wanted to deliver higher quality product. Negotiated vendor arrangement, CEO of Fletcher Allen advocated program. "It was a big culture change here." Had to train over 1,000 nurses. Patients were going to own their own food choices. First months were rough, but side benefit allowed staff to be much more proud of the work that they do. Patients were happier, raised staff moral, took a load off nursing. All around a positive change, would never go back. Saved about 20% of food waste, linked to sustainability initiatives. Savings from that went to buying better food. Diane + 4 managers had skills in place to launch the new program.</p>	
00:12:53-00:17:05	<p>2006 began working with Healthcare Without Harm, Fletcher Allen was one of their first case studies on compost and food waste. Fletcher Allen signed Healthy Food and Healthcare Pledge as first or second in country, to improve health of patients, community, and environment. It was a marketing tool but also a platform for our employees to explain changes. Mission taken very seriously. Didn't ask for permission for all changes, but it worked. Strong moral association to improve peoples' health. CEO, a passionate foodie, new a good thing when she saw it, so encouraged the initiative to move forward, were never chastised for taking the next step. 2005, VT governor held summit on obesity, national cultural crisis on obesity. When solutions were presented in Fletcher Allen, seemed like the right thing. This may not be Vermont-based, but it seemed the movement was ready for leadership.</p>	Healthcare Without Harm, Healthy Food and Healthcare Pledge, obesity

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00:17:05-00:24:32	<p>2008 formed Sustainability Council at Fletcher Allen, group of leaders. An opportunity to get endorsement for 3-year plan to reduce non-therapeutic antibiotics in the food supply. Though not necessary, helpful to have endorsement. Included poultry, dairy, beef, pork, and eggs. Had annual goals and a comprehensive plan to find new products. "We succeeded in pork and beef, pretty well in eggs. Chicken we're still at it six years later, still not finished. It's a very hard product to source in an affordable way in a way that meets our standards. Finished that plan but since 2011 have broad annual plan to include organic food, no GMOs, waste reduction. Chose antibiotics first because MRSA was a big problem at that time and cost hospitals extra \$70,000 for a patient's stay. If reduced that cost, could spend more on food. May not have made that connection then, but wanted to make a change. Not sure if we impacted peoples' health, patients might only eat a few meals at the hospital, but some employees eat with the hospital 40 years for 10 meals a week. "So if we're impacting health in a positive way it's really probably employees" eating less meats with non-therapeutic antibiotics. There's also the environmental and public health impact from farms that use antibiotics, so we felt taking a slice out of the issue was going in the right direction. Individual health, community health, and environmental impact considered with any purchasing decision and initiative. Non-therapeutic antibiotic initiative brought team (management team, purchasing person Scott) together to tackle individual problems with a comprehensive evaluation and analysis of food sources, helped team learn together and was a great catalyst in that way. "It's all about health." The Pledge is the hospital's mission, "it's just the way we do business." We still have cookies and scones, and people challenge us for still providing desserts.</p>	Sustainability, non-therapeutic antibiotics, GMOs, organic, health
00:24:32-00:29:48	<p>In pledge, is a component to work directly with farmers, and everyone on management team supported farmers markets and knew farmers</p>	Farmers, local, community, cost

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	<p>personally so it wasn't a huge leap to source locally. There was a carbon footprint question, which was really about relationship building and being proud of what you serve. We started with the beef, realizing they could source most of it locally. At some point there was a tipping point with our distributors when they began looking for new products for the hospital. We started with three direct farmers, and now probably 12 steady farmers. We sit with them once a year in winter to review purchases, learn about the farms, and build relationships. "We bring them in for lunch and it's the best lunch of the year." They're part of our community, and it doesn't work every time but it's interesting to get to know those folks. The hospital controls its own food service, self-operated. Do have national contracts, do 2 million meals a year, have 4 hospital locations, and can negotiate to spend on better products. "As a team, we are very very focused on food costs. We meet every 2 weeks, and it's everybody's job to bring something to that meeting." Might bring in new vendors to those meetings. It's diligent attention to cost. "We're not right for every farmer, we are expecting a decent deal, but we don't negotiate that hard with our farmers unless there's a product that everybody has." Grains before were hard to find, but now they are everywhere. "We can't usually cater to small farms, but we normally go for larger farms just for the volume.</p>	
00:29:48-00:34:13	<p>We had our annual food plan, in Dec. 2011 at end of 3 year antibiotic plan, developed new plan. We all have input into it and different areas we like to work on. Began experimenting with reaching out to different people and groups, and farmers reached out to us. Started to measure in 2010 how much spending locally/meeting sustainability criteria, in 2011 got award for 2010 purchases. Keeping records gave us slightly competitive edge to be better the next year. 2013 spent just over \$1.5 million in Vermont +30, which is definition of farm to plate. Helped support 24 jobs in Vermont. Represents 32-36% of our spending. Mostly interested farmers would be</p>	<p>Local, sustainability, records, Vermont + 30, farm to plate, jobs, GMO, chicken</p>

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	connections, but every now and then would be a cold call. This year out of the blue we got a lead to buy whole chickens with GMO-free feed, it's a great match. 2011 did big renovation in one of our cafes, 2009 did Harvest Café, 2011 did Main St. Chef that supplies most of bulk production offered to develop menu based on pulled chicken, and she did it for that café.	
00:34:13-00:36:03	Some meetings more productive than others, but we make change in small steps. Found a distributor to find a cheese producer that would do a run just for the hospital so they could say they had cheese using RBST-free milk. We count on small successes, but sometimes there are setbacks. Our beef program has been one of the most solid, easy things, but this year one of the producers closed. That's a big deal, hundreds of thousands of dollars for us that right now we're having trouble sourcing locally. We take that really to heart because we are a little competitive but we also want to be serving really good food. Have to now go back and rework where that beef is coming from.	Change, cheese, milk, beef
00:36:03-00:37:16	Began outreach to producers with basic research. Some local distributors were helpful, Black River Produce and Rhineheart Foods in particular. Still happens where someone will drop a sample off unannounced, and we're really busy so it's hard to catch us. If we like the sample, we'll bring the vendor in. We don't just buy something for taste, we want to know the details of sourcing and environmental impact of producers. Makes decision process longer but makes job interesting.	Black River Produce, Rhineheart Foods, taste
00:37:16-00:40:13	Our focus is on homemade and from scratch foods whenever possible and practical, but we also serve 150gallons of soup a day so we're not making homemade stock for all of that; we make homemade stock for patients on clear liquid because that's a priority. Making things in-house based on staff, quality of homemade versus store-bought, if homemade really is better then we need to do that but if there's a really good purchased product and we like the ingredients, sourcing, it's better than what we can make, then we	Homemade, soup, stock, pot roast, meat, beef, processed food

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	<p>buy it. Example is pot roast, our last beef product that is no local. For patients with dysphasia who have trouble swallowing. Meat is perfect for them, not worth the safety risk in changing that dish. \$1.5 million includes locally produced processed foods: yoghurt, popcorn, crackers. If it's available locally and it's a good product we buy it. Goes for all products available. Not everything is made in Vermont. Buy from about 70 different producers in VT.</p>	
00:40:13-00:47:17	<p>Originally worked with Mark Boyden from Fairfax, VT, did a farm visit which we like to do especially with protein sources. Interested in cow/feed sourcing. He was open to us learning, hosted group of hospital staff to tour farm, learn about his business. Had been buying from him for a while, asked him to grass-feed and grass-finish. He tried it one year. Hopefully because of us, but we hope that our farmers influence us in ways we prepared food, and we influence them in health concerns with farming. If we don't declare intentions, they wouldn't know. Hopefully this has a trickle effect in their community. Raises beef cattle, sends them out to Black River Produce in new meat processing facility (possibly, don't remember). Black River not a slaughterhouse, but a processor. Goes to BR second, and BR distributes. Mark decided distributing his own meat wasn't right for him. It was fine when he did, it was organized, but it was better for his business model to have a distributor. A lot to take on to make cuts, run deliveries, plus running a farm. Makes sense as farm gets bigger. Wake Robin (long-term care) does order whole and half pigs, but at our volume it's not the right thing for us. Wake Robin does it in part as team education. Fletcher Allen working with Boyden since 2008/9. About 50% meat in hospital from him, but hopefully more soon since other producer no longer available. Processing has opened up market especially for pork as slaughterhouses got bigger.</p>	<p>Mark Boyden, Fairfax, beef, cow, grass-feed, grass-finish, Black River Produce, Wake Robin,</p>
00:47:17-00:56:33	<p>"Off the truck": from national distributor. If there's a distinct advantage to buying something locally, we will, but "local is not our first criteria. People</p>	<p>Local, health, recall, seasonal, fruit</p>

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	<p>always say local and assume it's healthy; health is our first criteria." Any money spent locally helps support those producers, which I believe has a long run health impact if they are more financially viable. If they're producing in environmentally responsible way, helps health of community. "Local relationships allow us to serve a product that we know." If there's a local recall, unlike a national recall, department of health and department of agriculture here together in the same morning to support us. The value of local is how it supports health. Fruit also big local product, only in end of June we can't get local apples. Used to buy some local and non-local apples, but now just local apples and got customers used to not having granny smiths in the winter. Pulled tomatoes off of sandwiches in winter, otherwise we pay a fortune, and customers don't really miss them. We think about pesky details to reduce costs, have healthier products. We're sensitive to know we are making decisions for other people. If we get a complaint, it's my job to be making those decisions. Please tell me if you think we're wrong, but in the end it is our decision. In the end, the nutrition department decides what to do using customer feedback. Taking fryers out wasn't that hard. People realized, "It's a hospital, we probably shouldn't have that all the time." But illogical things people will call us on. It's a very visible world, on display daily for our customers. Less labor in taking tomatoes away, no complaints. On patient menu, have seasonal fruit, vegetable, dessert, muffin, that's how we work things in. In fall, apple crisp and blueberry crisp went away. Because menu is printed only once a year, we have to choose options to maintain healthy options such as canned tomatoes, fruit in winter, "It's better to eat fruit than not." Frozen local blueberries all winter long.</p>	
00:56:33-01:02:06	<p>Milk was always locally supplied. Much from Hood originally, but had to find rBST-free products – a huge undertaking. Shifted to organic milk in production of made foods from in-state supplier Kimball Brook. Other products come from Hood, only get pledge from farmer saying they don't</p>	<p>Milk, rBST, Kimball Brook, Hood, budget</p>

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	<p>use rBST. First met Cheryl from Kimball Brook at Vermont Fresh Network matchmaker event, signing up for mini meetings between producers and buyers. Thought we scared her off with so many questions, mostly because we were learning about organic. This was before she was bottling, exploring the business. Offered to buy some from producers to explore open business relations with flexible products/portions/prices. Have done this with frozen fruits and vegetables too. If we sit with a farmer, who knows where the questions will go. We are very curious, which is why we don't fit all producers if they aren't into that relationship. We like to know what's going on, and I hope our producers don't feel like it's prying. They don't seem to. We can help problem-solve with them occasionally. If possible, would purchase all milk organically. Currently a budget challenge.</p>	
01:02:06-01:05:22	<p>Just 10-15 products that we want organic for antibiotic/GMO reasons, and organic guarantees those things. Milk, eggs, soy, oils, top concerns for organic. A new oil company, Full Sun Oils, used hospital as buyer lined up to kick start their business. "When they're ready we're ready." Sunflower and canola oil. Wanted 20 pounds of oil. Not a great cost difference to buy their oil. We are not a big bucket of money, we still need to find savings when we change purchasing. This is now systematized. Keep rough tally to track money saving, so we know bigger decisions have a money cushion. \$500 is not a bid deal, but \$3-8,000 is big to keep track of for future budget decisions.</p>	Organic, antibiotic, GMO, oil, Full Sun Oils, budget
01:05:22-01:08:37	<p>By VT law, healthcare institutions are supposed to buy pasteurized eggs. We buy liquid and pasteurized eggs in the shell. About 70% of our liquid eggs are organic, a big decision. Egg whites and low-cholesterol eggs are not organic. Shell eggs are not organic and pasteurized, can't find a national source. Did a test, bought many hardboiled eggs that shell is off in bag. People really like peeling their eggs, feel like it makes it a real egg, they like it. Slight variation just like eggs at home, more recognizable than egg with</p>	Eggs, pasteurized, shell, hard boiled,

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	no shell. No eggs from VT currently, we've shared numbers but no one is pasteurizing. A few deaths in nursing home from typical eggs caused rule for pasteurized eggs. Don't buy pasteurized or myself, but it's just me and my husband.	
01:08:37-01:11:36	At one time pulled all pork off menu because couldn't get good pork, has large environmental impact .Still don't have bacon by the slice. 3 years ago started getting local pork product, moved it back onto menu, it's delicious. Both raw and sausage, from Vt Smoke and Cure and VT Smokehouse. A lot from Vermont Family Farm, in Hinesburg. Champlain Orchards, Butterworks Yoghurt plus their grains and dried beans from them, Vermont Bean Crafters for local dried bean cooked and frozen, god for not having BPA in lining. Local farms for veggies, frozen vegetables. Some beverages, milk. Ice cream (gelato) from Leonardo's, no Ben and Jerry's. Little ice creams sent up to patients are regular ice cream, it's very expensive.	Pork, Vermont Smoke and Cure, Vermont Smokehouse, Vermont Family Farm, Champlain Orchards, Butterworks, Vermont Bean Crafters, local, Leonardo's
01:11:36-01:20:18	In this job for 18 years. The last few years I have been working in community more, and with solid management team allows me to step out more. Have 2 community gardens on site. A gardener and dietician pair to run it, participants sign up and get a plot for the year, work with gardener and dietician once a week, and learn how to cook, Integrated Pest Management, nutrition, garden, design healthy meals. Also working with VYCC in program called Healthcare Shares. Last year brought 25 patients at Colchester Family Practice a farm share every week. Huge level of engagement at pick-up sites from staff. Ran recipe demo for everything in the share. This year doing 150 shares at 4 primary care sites. Awesome to bring healthy food to primary care sites. When a patient hears about local food from doctor, it's a pretty strong message. This year working on Garden Atrium on rooftop garden. To west of garden is indoor space set aside for food, building Garden Atrium Café there. Kicking it up a notch, trying to make it zero waste, making stretch goals for that café, hoping to open it in	Future, community, conclusion, VYCC, farm share, primary care, Colchester Family Practice, Garden Atrium, team, change, food system, garden, dietician, goals, engagement, health

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	<p>June. Want to continue to be role models for the country. People come to us from all over, we have to find a way to keep ahead of the curve so people keep wanting to come and learn. Job is both exhausting and fulfilling. Allows our staff to show off, give tours for people to learn about the hospital's model. Employee engagement, creating a space where employees can do work they are proud of. Food is medicine and a community health project in the community farm share. Currently grant funded, but hopefully one day insurance funded. Doing IRB-approved study of patient health and this project to have data to see if impact is being made by doing this. Many unanticipated benefits. Example, older woman decided to come further away from home to pick up food from her doctors' office because it makes her feel good, engage with people. A great model. One study that just going, not even buying anything from local farmers market, improves health just through the engagement. Showing up is not the only benefit you get. The whole story is about my team. "When you think about the food system it is so complex, and if one person were driving the bus by themselves it would not be successful." It takes a village to change, and we declared in 2006 we would change the food system. It's a never-ending task because as you learn more your evolve more in your program. That's why we all come to work - we're not done, lots to do. END.</p>	