

## 2008 ANA HOUSE OF DELEGATES

**SUBJECT:**                    **Healthy Food in Health Care  
Action Report**

**RELEVANT CORE ISSUE:**   **Patient Safety and Advocacy  
Workplace Health and Safety**

**INTRODUCED BY:**         **Bruce Humphreys, RN  
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**REFERRED TO:**

**EXECUTIVE SUMMARY:**

This report identifies the need to ensure that the food purchased for and served in hospitals and other health care settings supports healing, promotes health in all consumers especially our patients, and reduces and eliminates adverse impacts to both human and environmental health from food production practices. **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 food production and distribution practices which restore and promote ecological diversity, and human and environmental health.**

The nursing profession has a historical interest in ensuring that a patient's nutritional status supports recovery from illness, healing from surgical interventions and normal growth and development across the age continuum. The nursing profession supports a fundamental reform of the nation's current laws, regulations, rules, standards and policies regarding 1.) Farm and food policies; 2.) Presence of environmental contaminants such as mercury, persistent organic pollutants (POPs), polybrominated diphenyl ethers (PBDEs) and pesticide residues in food; 3.) Use of recombinant bovine growth hormone (rBGH), the synthetic hormone given to dairy cattle to increase milk production, and 4.) Use of non-essential hormones and antibiotics in agriculture and the production of meat, fish, milk and dairy products. In addition, the health care industry must commit to a preference policy for sustainable food purchasing as a method for supporting a local sustainable food system and ensuring the use of healthy food in health care.

**RECOMMENDATIONS:**

**WHEREAS**, in promoting wellness in individuals and communities, one essential component of a healthy lifestyle is a balanced, nutritious diet that incorporates a wide-spectrum of healthy foods,

**WHEREAS**, there is increasing concern in the United States that additives and contaminants being used in the production of food in this country and around the world are having adverse effects on humans and their health,

**WHEREAS**, industrial agriculture contributes to environmental degradation, the loss of farmland and the decline of rural communities and it relies on the application of high levels of synthetic fertilizers and toxic pesticides, herbicides, and fungicides, exposure to which can lead to elevated cancer risks and disruption of human reproductive, immune, endocrine and nervous systems,

**WHEREAS**, ANA has recently published (2007), *Principles of Environmental Health for Nursing Practice* encouraging nurses to incorporate such principles into their practice,

**WHEREAS**, the ANA House of Delegates (2004) has declared support for phasing-out the non-therapeutic use of medically important antibiotics as feed additives in livestock and poultry for “non-therapeutic” purposes and the use of fluoroquinolones in poultry,

**WHEREAS**, there has been demonstrated harm to animals from the use of recombinant bovine growth hormone (rBGH or rBST) and scientific concern regarding other environmental health issues,

**WHEREAS**, Consumer’s Union, the nation’s largest consumer advocacy group, has repeatedly asked the Food and Drug Administration (FDA) to reconsider its approval of rBGH in milk production and most of the industrialized countries of the world including Canada, New Zealand, Australia, Japan and all the countries of the European Union, have banned the use of rBGH in dairy production,

**WHEREAS**, patients, who under the doctrines of informed consent and right-to-know are familiar with their rights, expect to be informed of the risks and/or benefits of a medication or treatment, should have a similar right to be made aware of the contents of food or food products, including residual amounts of antibiotics, hormones, or other drugs that may constitute a potential risk for harm to human health,

**WHEREAS**, nurses and their employing health care systems can play an important leadership role in supporting healthy food systems by modeling and advocating for food that is healthier for their communities, as exemplified by the fact that over 100 hospitals already have signed a pledge to purchase more sustainably-raised food, and

**WHEREAS**, the American Public Health Association recognizes the urgency of transforming our food system to promote environmental sustainability, improve nutritional health, and ensure social justice,

**THEREFORE BE IT RESOLVED that the American Nurses Association:**

Support the development of national and state laws, regulations and policies that specifically reduce the use of rBGH or rBST in milk and dairy production in the United States,

Work collaboratively with other nursing organizations and hospital and healthcare organizations to eliminate purchasing milk and dairy products for use in the health care industry that contain artificial hormones such as recombinant bovine growth hormone (rBGH) and any other food containing inappropriate additives,

Educate nurses regarding the known and projected harmful effects of the use of food additives, rBGH, and other hormones and antibiotics in milk and dairy production and in agriculture,

Support the public's right to know through support of appropriate food labeling including country-of-origin and genetic modification, and of nutritional information for food served in institutions, restaurants, and fast food chains,

Advocate for local, state, national and international laws, regulations and policies that will support local, sustainable agricultural and dairy production practices and reduce the presence of environmental contaminants and additives in all food,

Encourage health care institutions to commit to a food preference policy for sustainable food purchasing that includes supporting local food systems, the purchasing and serving of nutritional foods that are grown according to organic or other methods that emphasize renewable resources, ecological diversity, and fair labor practices, and

Encourage nurses to serve as role models and educators by participating in and promoting nutritious foods from sustainable local food systems so as to improve eating habits, increase patient and public health, and support the long-term social, economic, and environmental well-being of workers, communities and global health.

**REPORT:**

In order to maintain a healthy lifestyle, one needs a balanced and nutritious diet. A healthy diet promotes healing, diminishes the effects of current illnesses, and combats future disease by supporting the immune system. Hospitals, as places of healing, should provide food that is healthy for patients, staff, and visitors and create ecologically-sound, economically-viable, and socially responsible food systems (HCWH, 2007).

At a 2006 Robert Wood Johnson conference, Harvie noted that “for approximately the last sixty years, we have experimented with an approach to agricultural production and the larger food system in which it is contained and the system has responded with antibiotic-resistant bacteria, morbidity and mortality

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from nutrition-related diseases, water and air pollution, and food marketing”. Increasingly food is being found to contain additives and contaminants that directly or indirectly have adverse effects on one’s health. Some of the contaminants in the food supply of particular concern in maintaining a safe, nutritious diet include:

- Agricultural antibiotics
- Recombinant bovine growth hormone (rBGH)
- Mercury
- Persistent organic pollutants (POPs)
- Polybrominated diphenyl ethers (PBDEs)
- Pesticides

Progressively more infectious organisms are developing into antibiotic-resistant strains. While healthcare practitioners have learned to reduce the indiscriminate use of antibiotics in treating infections, farmers have not learned to decrease the non-therapeutic use of antibiotics in animals. Instead, agriculture continues to use such antimicrobials to promote growth and/or to decrease potential infections (Huffling, 2006).

#### Recombinant Bovine Growth Hormone (rBGH)

In 1993, recombinant bovine growth hormone (rBGH), a Monsanto, genetically engineered synthetic hormone that increases milk production, was first introduced into the dairy and milk production industry in the United States. It has been demonstrated that dairy cows who receive rBGH often develop mastitis [at a significantly higher rate than cows not injected with the hormone](#), requiring the use of antibiotics to combat the infection, thus increasing the presence of antibiotics in the food chain. In addition, rBGH cows produce milk with greater levels of the insulin-like growth factor (IGF-I) that has been shown to statistically increase the risk for cancers such as prostate and pre-menopausal breast cancer (Harman et al, 2000; Hankinson et al, 1998).

When blood samples from participants in the Harvard-based *Nurses’ Health Study* were analyzed for an association between plasma IGF-I levels and consumption of specific foods, a positive correlation was identified between the nurses’ dairy intake and circulating IGF-I concentrations in pre-menopausal subjects (P=.001) (Holmes et al, 2002). At this time, it is unknown if the increased IGF-I levels found in the rBGH treated cows are directly linked to the increased levels of the growth factor in the nurses’ blood.

There is no doubt that rBGH increases the disease rates of cows and there is significant scientific data that it may be increasing antibiotic resistance and cancer rates in humans. In contrast to the FDA, scientists and healthcare professionals in Canada, the European Union and around the world have questioned the safety of rBGH. Most industrialized nations of the world have banned it based primarily upon its harm to cows and human health concerns. The Codex Alimentarius, the U.N.’s main food safety body, twice has voted that rBGH could not be declared safe for human consumption.

#### Mercury

It is well documented that the main source of mercury in the human diet is fish consumption. Mercury is a heavy metal that as methylmercury can cross the placental and blood brain barriers (Myers, 2003) with over 62,000 newborns being exposed every year in the U.S. (Committee on the Toxicological Effects of Methylmercury, 2000). Guidelines have been established by the FDA and EPA for women and children on the consumption of fish with additional advisories being issued for fish from specific bodies of water (US-DHHS & EPA, 2004).

#### Persistent Organic Pollutants (POPS)

Persistent Organic Pollutants (POPs) are resistant to biodegradation and enter the food chain mainly through fish, but can be found in meat and dairy products. The National Academy of Sciences, recognizing that POPs are slowly metabolized and accumulate in body fat, recommends that females from birth through childbearing years minimize their POPs intake (Committee on the Implications of Dioxins in the Food Supply, 2003).

#### Polybrominated Diphenyl Ethers (PBDEs)

Polybrominated Diphenyl Ethers (PBDEs) are used as flame retardants in many different products such as clothing, construction materials and home goods. It is less clear about the health implications of PBDEs than POPs, but they are known to be bioaccumulative and enter the food chain in a manner similar to mercury and POPs (Birnbaum & Staskal, 2004). Some limited studies of mothers' breast milk and fatty tissue in the United States have shown levels 10 to 100 times greater than found in comparable European studies (Schechter et al, 2003).

#### Pesticides

Fruits and vegetables have been determined to transmit various levels of pesticide residue. Pesticides are believed to potentially cause such health problems as cancer, infertility, birth defects, neurological defects and respiratory conditions (Solomon, Ogunseitan, & Kirsch, 2000).

#### Safety of the Food Chain

The safety of the food chain has definitely been negatively impacted by a variety of additives and contaminants. While the science may not be clear in all cases, it is highly suspicious and causes grave concern. ANA has endorsed *The Precautionary Principle*, a consensus statement that advocates when an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically.

Proponents of food additives and contaminants in the food chain argue that there has to be absolute proof of human harm in order for any action to be taken. If we wait for definitive scientific proof of any issue, including the use of antibiotics, rBGH, POPs, PBDEs, or pesticides, we would be acting in a

similar manner to the individuals and groups that maintained the safety of tobacco for years beyond evidential studies indicating strong evidence of risk to human health.

Recently, the agriculture and dairy industries with support from Monsanto have been pressuring states that currently permit rBGH-free labeling on dairy products to prohibit such consumer-friendly labeling. The Nurses Work Group of Health Care Without Harm (2007) determined that accurate and complete labeling of foods should require the same standards and practices as the doctrines of *informed consent* and *right-to-know*. Just as consumers expect to be informed of the risks and/or benefits of a medication or treatment, they should be made aware of the contents of food or food products, including residual amounts of antibiotics, hormones, or other drugs that may constitute a potential risk for harm to human health.

Hospital food is big business – approximately \$12 billion a year (Healthcare Food Service Management, 2006). The health care industry must make sure that its food purchasing decisions and its food supply needs are accomplished in ways that address the basic nutritional needs of patients while ensuring that the system is green and safe from the way the food is grown, to its packaging, transporting, consuming, and disposal. Thus, the industry ultimately plays a critical role in the nation's and world's overall ecological health.

Already over 100 hospitals have taken Health Care Without Harm's *Healthy Food in Health Care Pledge* (2007). Hospitals can adopt overarching food procurement policies that provide nutritionally improved food for patients, staff, visitors, and the general public, and support and help create food systems that promote the well being of the whole community. This can be accomplished by a commitment to:

- Develop an overarching food policy and communicate it to all.
- Compost, divert and reduce food waste.
- Implement a stepwise program to identify and adopt sustainable food procurement beginning where fewer barriers exist and immediate steps can be taken.
- Establish a Multi-departmental Food Team that on an ongoing basis explores a new understanding of healthy food and how the hospital and staff can get involved.
- Contract with a GPO, distributor or food service provider that supports healthy food.
- Develop a program to promote and source from producers and processors that uphold the dignity of family, farmers, workers, and their communities and support sustainable and humane agriculture systems.
- Institute purchasing policies for meat and poultry raised without non-therapeutic antibiotics or hormones.
- Buy milk and dairy products produced without recombinant Bovine Growth Hormone.
- Set goals and explore new relationships designed to increase the purchase of locally-produced, fresh produce.
- Buy more certified organic food products or buy from producers who have reduced synthetic pesticide use.
- Buy coffee certified as free-trade.
- Host a farmers' market on hospital grounds.

- Create hospital gardens to grow fresh produce and flowers as well as provide exercise opportunities and meditation space.
- Become a fast-food free zone.
- Limit use of vending machines and replace unhealthy snacks with healthy choices in them.
- Model the use of local, nutritious, sustainable food at conferences, meetings and workshops.
- Implement the Green Guide for Healthcare ([www.gghc.org](http://www.gghc.org)) within the hospital.

Hospitals must improve their food purchasing choices to reflect a broader understanding of healthy food. Increased public awareness about food quality and demands for “healthy food” programs in their hospitals have resulted in more appropriate food decisions occurring in some hospitals. Through innovative programs such as establishing reliable procurement of locally produced food, hospitals are returning economic benefits to their local citizens and communities. And, through education to staff and patients about the relationship between health and how our food is produced and distributed, hospitals are modeling strong leadership for healthy communities and ecosystems.

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#### **ADDITIONAL REFERENCES:**

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#### **Past House Actions:**

2006: Nursing Practice, Chemical Exposure and Right-to-Know  
2004: Environmental Health Principles in Nursing Practice  
2004: Inappropriate Use of Antimicrobials in Agriculture  
1997: Reduction of Health Care Production of Toxic Pollution

#### **Relates to ANA Strategic Goals: (Please Check One)**

##### **I. Professional Practice Excellence**

ANA successfully champions professional nursing excellence through standards, code of ethics, credentialing and professional development.

**II.     Healthcare & Public Policy**

ANA is an acknowledged leader in the formulation of effective healthcare and public policy as they affect workplace issues related to nursing and the adequate supply of nurses.

**X III.     Knowledge & Research**

The nursing healthcare community looks to ANA as the recognized source for accurate, comprehensive health policy information.

**IV.     Unification**

ANA has a structure that facilitates unification and advancement of the profession.

**V.     Workforce & Workplace Advocacy**

Nurses are recognized as essential providers and valued decision makers in all practice settings.

**VI.     does not relate to ANA Goals**

**Relates to ANA Core Issues:**

**Appropriate Nurse Staffing**

**Nursing Shortage**

**Workplace Rights**

**X     Workplace Health & Safety**

**X     Patient Safety & Advocacy**

**2006 ANA HOUSE OF DELEGATES**

**SUBJECT OF PROPOSAL: Healthy Food in Health Care**

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**Proposed Implementation Activities: (Action Reports Only)**

1. Incorporate into ANA's chemical policy initiatives a focus on support for laws, regulations and policies that will support less toxic agricultural and dairy production practices and reduce the presence of environmental contaminants and additives in all food.
2. Work with the ICN in ensuring that similar legislation, regulations and policies are adopted worldwide.
3. Work collaboratively with Health Care Without Harm and Practice Greenhealth (formerly H2E) in reaching out to hospitals and registered nurses.
4. Assist the states in developing model legislation to reduce the use of rBGH in milk and dairy production in the United States and to provide for appropriate labeling for rBGH and other additives and contaminants in food and milk and dairy products.
5. Collaborate with AONE on identifying and distributing model food preference policy language for sustainable food purchasing to nursing administrators and CEOs in hospitals and other healthcare facilities.
6. Develop continuing education programs for nurses regarding the known and projected harmful effects of the use of food additives, rBGH, and other hormones and antibiotics in milk and dairy production and in agriculture.
7. Collaborate with other nursing organizations and hospital and healthcare organizations to eliminate purchasing milk and dairy products for use in the health care industry that contain

artificial hormones such as recombinant bovine growth hormone (rBGH) and any other food containing inappropriate additives.

8. Encourage nurses to become environmental health activists and to incorporate ANA's *Principles of Environmental Health for Nursing Practice* into their day-to-day practice and to become active in such organizations as Health Care Without Harm (HCWH) and Practice Greenhealth, formerly H2E.