

**SECTION I : Cover Page, Project Summary & Funding Request
2010 Sustainable Agriculture and Food Systems Competitive Grants Program**

Project Title: Stuck in the Middle: Examining the role of food supply chain middlemen
in farm to hospital initiatives

Proposal Category:

X Graduate Student Research Grant – Food & Society

Priority Area:

X Food and Society (F&S)

Topic(s) Addressed in Proposal:

X Building Regional Markets (F&S)

Principal Investigator (main contact)

Name: **Kendra Klein**

Title: **PhD Candidate**

Organization/University: **Department of Environmental Science, Policy and Management,
UC Berkeley**

Phone: **415-350-5957**

Email: **Kleinkec@yahoo.com**

Collaborators:

| <u>Name & Affiliation</u> | <u>Email</u> | <u>Telephone</u> |
|--------------------------------------------------------|---------------------------------|------------------|
| *Lena Brook, Physicians for Social Responsibility | <u>lena@sfbaypsr.org</u> | 415-601-0504 |
| * Lucia Sayre, Physicians for Social Responsibility | <u>luciasayre@sbcglobal.net</u> | 510-845-1819 |

Project Summary

This research focuses on the procurement of local, regional and sustainable food in farm-to-hospital initiatives. Specifically, it examines entrenched relationships between hospitals and Group Purchasing Organizations (GPOs) to address barriers that arise from GPO purchasing contracts and to develop a set of ‘lessons learned’ from hospitals that have successfully navigated GPO contracts to increase procurement of local, regional and sustainable food. One of the greatest challenges to farm-to-hospital initiatives is GPO contractual obligations that require 80 - 90 percent of hospital food procurement to come from broadline distributors like Sysco and US Foodservice, limiting the possibilities for developing regional food infrastructure. Currently, most farm-to-hospital procurement is part of the 10 to 20 percent of allowed ‘off-contract’ purchasing. Regional and sustainable procurement will remain a side note to the bulk of hospital food purchasing unless GPO contracts can be leveraged to increase regional sourcing or navigated to increase flexibility in purchasing.

Total funds requested from SAREP: \$5000

SECTION II - Project Narrative

A. RELEVANCE TO PRIORITY AREAS

This research addresses the goals of the 'Building Regional Markets' priority topic under the 'Food and Society' category. My research focuses on the procurement of local, regional and sustainable food in farm-to-hospital initiatives. Specifically, I examine entrenched relationships between hospitals and Group Purchasing Organizations (GPOs). The aim of my research is to address barriers to farm-to-hospital initiatives that arise from GPO purchasing contracts and to develop a set of 'lessons learned' from hospitals that have successfully navigated GPO contracts to increase procurement of local, regional and sustainable food.

I am conducting this research in collaboration with Health Care Without Harm (HCWH), a coalition of non-profit organizations that is spearheading the farm-to-hospital movement in the United States. In particular, I am working closely with San Francisco Bay Area Physicians for Social Responsibility (SF PSR), a member of the HCWH coalition.

Although this work is national in scope, it has direct relevance to California farmers and food systems. First, California hospitals will feature prominently, as they are among the leaders of the farm-to-hospital movement. Second, in large part the same GPOs are used by hospitals across the country, making nationwide research relevant to many different regions. Third, I will aggregate my data by region in order to ascertain regional similarities and differences.

Building regional food systems

Health care institutions are heavyweights in the food system, spending \$12 billion annually on food and beverages (HFM, online). As recognized by Sachs and Feenstra, health care institutions "have the potential to help develop 'mid-tier food value chains' by creating new purchasing structures and mechanisms and influencing their network of production, processing, and distribution institutions" (2008). Health care institutions also represent a crucial market for the 'farmers of the middle' (Kirschenmann, Stevenson et al. 2008), as they need a variety of differentiated farm products in significant quantities.

Over 300 hospitals nationwide have signed Health Care Without Harm's 'Healthy Food in Health Care Pledge,' recognizing that healthy food must be defined not only by nutritional quality, but by a food system that is economically viable, environmentally sustainable, and supportive of human dignity and justice (Harvie, Moore et al. 2008). These institutions are initiating policies and programs rooted in an ecological approach to food and health such as ending relationships with fast food enterprises, sourcing organic, local, and fair trade food, as well as purchasing grass-fed meat, cage-free eggs, and animal products produced without the use of antibiotics and hormones. They are hosting farmer's markets on hospital grounds and reducing waste by composting food scraps and switching to washable dishes.

Along with their substantial purchasing power, health care institutions can contribute to public education on the benefits of local, regional and sustainable food. For example, farm-to-hospital initiatives often include displays in hospital cafeterias and fliers on patient trays on the benefits of organic, local, and other targeted purchasing choices. Moreover, this work is not just about

the farm going to the hospital and the networks through which its products travel, the hospital is also ‘going to the farm’ as physicians, nurses and dieticians begin to feel they have a stake in how food is produced, processed and distributed. Given the cognitive authority granted health care professionals in our society, this has implications for public health and agri-food norms and policy, for example in relation to pesticides, subsidies, and antibiotic use in livestock production.

Relevance to existing work

This work builds on the research of Sachs and Feenstra, *Emerging Local Food Purchasing Initiatives in Northern California Hospitals* (2008), which recognizes the need for more research on the supply chains and distribution networks that support hospital food service. They identify further understanding hospital purchasing contracts as a critical step toward increasing hospital procurement of regional and sustainable foods. The farm-to-school literature also calls for further analysis of institution food service contracts (e.g. Berkenkamp and Burtness 2008; Vogt and Kaiser 2008).

This research also builds on community and academic work on food value chains, for example that of the National Good Food Network (e.g. Cantrell 2010) and the Agriculture of the Middle initiative (Lyson, Stevenson et al. 2008). This work explores the possibility for institutional food procurement guided by values of sustainability and community to (re)develop regional food infrastructure and provide markets for mid-sized farmers, who are the most rapidly shrinking segment of the farming sector.

There is very little analysis of the role of Group Purchasing Organizations in health care (although, (Hovenkamp 2002; Sethi 2009), and none specifically in relation to GPOs and sustainable food procurement. This work will contribute to filling that gap.

B. RELEVANCE TO TARGET AUDIENCE

The target audience for this research is foodservice directors and other hospital staff involved in farm-to-hospital initiatives; hospitals contemplating sustainable food procurement strategies; Health Care Without Harm and its member organizations; regional food distributors and processors interested in supplying hospitals; as well as individuals and organizations involved in other types of farm-to-institution initiatives.

During a recent planning retreat, the HCWH regional organizers of the Healthier Food in Health Care campaign identified further understanding the role of GPO contracts as a key research need.

One of the greatest challenges to hospitals purchasing more local and regional food is contractual obligations. Most hospitals are required by their GPO contract to buy 80 to 90 percent of their food budget from a broadline distributor such as US Foodservice or Sysco. GPOs can limit hospitals’ freedom to exercise choice in buying food outside of their negotiated contracts (Sachs and Feenstra, 2008). Currently, most farm-to-hospital procurement is part of the 10 to 20 percent of allowed ‘off-contract’ purchasing. While this is an important step in the right direction, sustainable procurement will remain a side note to the bulk of hospital food purchasing unless GPO contracts can be leveraged to increase regional sourcing or navigated to increase flexibility in purchasing.

The following research goals were determined in collaboration with the SF PSR members of HCWH. In order to organize successful campaigns and provide beneficial technical assistance to hospital food service staff around GPO contracts, these questions will need to be answered.

Hospital food service staff will also benefit by having access to data on GPO contracts and purchasing strategies beyond their own. This work will be an iterative process whereby hospital food service staff will have the opportunity to offer input and help shape the questions that are asked.

Finally, regional distributors may be more likely to find ways to plug in to the hospital market through greater understanding of GPO purchasing systems.

C. GOALS AND OBJECTIVES

This research will draw on interview and survey data as well as literature reviews and document analysis to generate qualitative data on the role of Group Purchasing Organizations in health care food procurement in order to identify strategies to leverage those relationships to create positive change. Because this research will generate qualitative data, I have included an overview of the questions that will guide my inquiry rather than a list of measurable objectives necessary to achieve the desired outcome.

GPO Contract Basics

- What factors are at play when contracts come up for renewal?
- Can hospitals reduce the percentage of food required to be purchased on contract?
- Do kickbacks and other financial incentives motivate hospitals to remain locked into contracts?
 - o What about member-owned companies such as Premier in which member hospitals hold a direct financial stake?
- What circumstances would motivate a hospital- to change or decrease their contract? Are there any potential financial motivations or benefits?

Food Purchasing and GPOs

- Can food purchasing be negotiated separately from the larger hospital contract?
- Is having food under the GPO contract beneficial to hospitals? Why or why not?

Successful Cases

On-contract purchasing

- What factors have contributed to hospital success in purchasing regional and sustainable food through their GPO contract? Potential factors include type of product, size of hospital or health system, administrative buy-in, geographic region, GPO/broadline distributor relationship, and sourcing networks of vendors used (For example, some small food distributors are subsidiaries of prime vendors, which may facilitate on-contract purchasing of local food.)
- When a GPO begins sourcing 'local' or 'regional,' what distribution pathways are they using?
- A list of cases will be generated of hospitals that have successfully purchased regional or sustainable food through their GPO contract.

- One example is Fletcher Allen Health Care in Vermont, which currently sources arsenic and antibiotic-free chicken on-contract through their prime vendor, US Foodservice.

Off-contract purchasing

- What factors have contributed to hospital success in reducing the percentage of food required to be purchased on-contract?
- A list of successful cases will be generated.
 - One example is Sacred Heart Hospital in Eau Claire, Wisconsin, which significantly reduced the percentage of food purchased on-contract and shifted sourcing to a farmer cooperative that they helped create.

Leveraging GPO relationships

- When and why are hospitals motivated to work together to demand change from GPOs? HCWH regional coordinators have found that hospitals in some regions are willing to work together, while in others hospital competition prevents them from moving in this direction.
- What information do food service directors need to push GPOs toward local, regional and sustainable purchasing?
- Are some GPOs more amenable to local, regional and sustainable sourcing? If so, why?
- Are GPOs able to incorporate flexibility in sourcing, for example around seasonality of produce?
- What changes have been made in terms of product tracking and traceability as a result of hospital requests? (For example labeling local foods on electronic order forms.)
 - Are there language barriers? Do GPOs understand what hospitals mean by ‘local’ and ‘sustainable’? Are differences a result of GPO recalcitrance or misunderstanding about the criteria being asked for? Is greenwashing occurring?

D. METHODS & TIMETABLE

| | |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Jan 2011 | Survey. Health Care Without Harm is distributing a survey to the approximately 300 hospitals who have signed the Healthier Food in Health Care Pledge. Data will include statistics on participation, percentages of regional and sustainable food sourced, and distribution pathways used. |
| April 2011 - Jan 2012 | Semi-structured interviews. I will complete approximately 100 interviews of hospital food service staff, GPOs, and regional and broadline distributors involved in hospital supply chains. Many of the out-of-state interviews will be conducted by phone. Please see Appendix A for a list of potential interviewees. Document analysis. Reviews of trade journals and academic literature pertaining to regional food systems, food value chains, GPOs, broadline distributors and health care food purchasing. |
| Jan - March 2012 | Data analysis. Data will be aggregated by region as well as nationally. |
| Mar - April 2012 | Reports and publications. |

E. PRODUCTS

This research will be disseminated through both an academic article and a community-oriented report. The report will be posted on Health Care Without Harm's 'Healthy Food in Health Care' website and will be shared with hospital staff and nonprofit organizations through their 'Healthyfood' listserv. The goal of the report will be to help hospital food service staff and the HCWH organizers assisting them to better understand points of leverage in GPO purchasing contracts and to identify strategies to procure more local, regional and sustainable food.

F. EVALUATION

As stated above, this inquiry will be an iterative process that will incorporate hospital staff and HCWH organizer feedback to help shape the direction. Objectives will be met if both parties feel they are gaining the type of knowledge needed to better navigate GPO contracts and procurement of local, regional and sustainable food. The benefits of this research will be sustained through HCWH's ongoing Healthier Food in Health Care campaign. If possible, I will continue to collaborate with them on research needs.

G. CAPABILITIES OF INVESTIGATORS

Kendra Klein will act as principal investigator in this research. Lena Brook of San Francisco Bay Area Physicians for Social Responsibility will provide ongoing guidance and collaboration. Lucia Sayre of SF PSR and the national team of HCWH Healthier Food in Health Care coordinators will be consulted as needed.

Kendra Klein, Principal Investigator

I am a 5th year PhD Candidate in the Department of Environmental Science, Policy and Management at UC Berkeley. Located at the nexus of sustainable agriculture and public health, this research brings together my experience in the fields of sustainable food systems and environmental health. I was awarded *honorable mention* by the National Science Foundation for my proposed dissertation research, of which this is a part.

Please see the attached CV for more information.

Lena Brook

Lena Brook is Senior Program Associate at the San Francisco Bay Area chapter of Physicians for Social Responsibility. She serves as the Northern California coordinator of Health Care Without Harm's *Healthy Food in Health Care* campaign, working to harness the power of the California health care sector to redefine the meaning of hospital food and accelerate the transition to a sustainable, community-based food system. Prior to joining SFPSR in July 2006, Ms. Brook directed a variety of environmental health and justice projects in California, including chemical policy reform, clean, safe and affordable drinking water, and Precautionary Principle implementation. Most recently, she served as the Associate Director of Clean Water Action and Clean Water Fund's California office. Ms. Brook was a founding Board Member of Urban Sprouts, a garden-learning organization serving low-income middle and high school students in San Francisco and since 2008, has served as a Fellow with the Roots of Change Fund. In 2009, she launched a parent advocacy campaign to reform school food programs at the San Francisco Unified School District. Ms. Brook holds a Master's degree from the Yale School of Forestry and Environmental Studies and a Bachelor of Arts in Anthropology from UC Berkeley.

H. BUDGET

| Category | Funds Requested |
|---------------------------------------------------------------------------------------------------------------------------|------------------------|
| <i>Local travel:</i> Interviews at Northern California hospitals | \$350 |
| <i>Conference:</i> Association of American Geographers, accepted to 'Regional Food Systems' Panel, April 2011, Seattle WA | \$700 |
| <i>Conference:</i> Agriculture, Food and Human Values, June 2011, Missoula, MT | \$700 |
| <i>Phone:</i> Many out-of-state interviews will be conducted by phone | \$250 |
| Stipend | \$3000 |
| Total Funds Requested | \$5000 |

Statement of Financial Need

Thus far I have funded my research through student loans and working as a Graduate Student Instructor and Graduate Student Researcher. I am single and do not own property, nor do I have financial support from family. I received a \$10,000 scholarship for sustainable agriculture research from Annie's, Inc. during the 2010/2011 academic year, \$7,000 of which I have reserved for out-of-state travel pertaining to this research. I do not currently have any other outside funding. A UC SAREP grant would be invaluable in allowing me to complete this research.

SECTION III : Literature Cited, CV and Letters of Support**A. LITERATURE CITED**

- Berkenkamp, J. and D. Burtness (2008). "Farm to School in Minnesota: A Survey of School Foodservice Leaders." Minnesota School Nutrition Association and the Institute for Agriculture and Trade Policy, Minneapolis, MN.
- Cantrell, P. (2010). Sysco's Journey From Supply Chain to Value Chain: 2008-2009 Final Report, Wallace Center, Winrock International.
- Harvie, J., D. Moore, et al. (2008). Menu of Change: Healthy Food in Health Care, Health Care Without Harm.
- Hovenkamp, H. (2002). "Competitive Effects Of Group Purchasing Organizations'(GPO) Purchasing and Product Selection Practices in The Health Care Industry." Health Industry Group Purchasing Association (HIGPA), Washington, DC.
- Kirschenmann, F., S. Stevenson, et al. (2008). "Why worry about agriculture of the middle." Food and the mid-level farm: renewing an agriculture of the middle: 1.
- Lyson, T. A., G. W. Stevenson, et al. (2008). Food and the mid-level farm: Renewing an agriculture of the middle, The MIT Press.
- Sethi, S. P. (2009). Group purchasing organizations: an undisclosed scandal in the US healthcare industry, Palgrave Macmillan.
- Vogt, R. A. and L. L. Kaiser (2008). "Still a time to act: A review of institutional marketing of regionally-grown food." Agriculture and Human Values 25(2): 241-255.

B. CURRICULUM VITAE – KENDRA KLEIN

Education

PhD Candidate, UC Berkeley, Department of Environmental Science, Policy & Management
Dissertation --: We Are the Environment We Eat: Ecological Public Health and the Farm to Hospital Movement

Bachelor of Philosophy, graduated *Magna Cum Laude*, May 2000, Miami University, Oxford, OH
Major: Interdisciplinary Studies *Focus*: Environmental Studies
Senior Thesis: Cultivating the Seeds of an Ecological Consciousness: An Integration of Pedagogical Innovations

Publications

Klein, Kendra and David Winickoff (2010). Organic regulation across the Atlantic: Emergence, divergence, convergence. Forthcoming in *Environmental Politics*.

Winickoff, David and Kendra Klein (2010). Food Labels and the Environment: Towards Harmonization of US and EU Organic Regulation. Forthcoming in *Cooperating in Managing Biosafety and Biodiversity in a Global World: California, the United States and the European Union*. Eds. David Vogel and Johan Swinnen.

Honors

Honorable Mention, National Science Foundation, Graduate Research Fellowship Program
Annie's Homegrown Sustainable Agriculture Scholarship Recipient

Teaching Experience

Lecturer, San Francisco State University (summer '08, '09, '10)

Environmental Problems and Solutions, Geography/Environmental Studies 600, upper division
An exploration of environmental issues at global, state and local levels with attention to social, economic and political context. Ecological concepts of interconnection, diversity, and material and energy flows are used to frame topics such as climate change; agriculture; consumption; transportation; and water use. Solutions examined include policy, individual action, business practice, and innovation.

Graduate Student Instructor, University of California, Berkeley

Sociology of Natural Resources, ESPM 155, upper division, (fall semester '10)
Sociological perspective on the relationship between societies and wildland resource management; social definition of natural resources, identification of publics, social organization of resource use, public involvement, and social impact analysis.

Environmental Health and Development, ESPM 167 / PH 160, upper division, (spring semester '10)
An exploration of the health effects of environmental alterations caused by development programs and other human activities in both developing and developed regions. Topics include water management; population change; toxics; energy development; air pollution; climate change; chemical use; basics of epidemiology and toxicology.

Environmental Philosophy and Ethics, ESPM 161, upper division, (fall semesters '08, '09)
A critical analysis of human environments as physical, social-economic, and technocultural ecosystems with emphasis on the role of ideologies, beliefs, attitudes, and behavior. An examination of contemporary environmental literature and the philosophies embodied therein.

Bioethics and Society, ESPM 162, upper division, (spring semesters '07, '08)
An exploration of the ethical dilemmas arising from recent advances in the biological sciences: genetic engineering, sociobiology, health care delivery, behavior modification, patients' rights, social vs. private control of research.

Food Systems Experience

- Intern, Health Care Without Harm, Berkeley, CA (7/10 – present)**
Engaged in collaborative research in relation to the nationwide ‘Healthier Food in Health Care’ campaign aimed at increasing health care institution procurement of sustainably-produced food.
- Intern, Pie Ranch, Pescadero, CA (7/09 – 8/09)**
Learned sustainable farming methods with a broad range of crops and livestock, led educational activities. Pie Ranch is a working farm and educational nonprofit focused on social justice goals of educating urban youth on the source of their food and sustainable food systems.
- Volunteer, Food Systems Action Team, Oakland HOPE Collaborative, Oakland, CA (08/07 – 08/08)**
Volunteered with community members and grassroots organizations on local food system-related programs and policies to create sustainable changes to improve the health and wellness of Oakland residents.
- Graduate Student Researcher, University of California, Berkeley (summer ’07 and ’08)**
2008 – Researched the development of organic food standards in the US and EU and the politics of cross-Atlantic harmonization of organic standards.
2007 - Researched the dilemmas and opportunities biofuels pose for developing countries, particularly those grown from food crops.
- Farm and Garden Teacher/Guest Teacher, Children’s Day School, San Francisco, CA (6/05 - 4/06)**
Developed and taught environmental and garden curriculum for students ages 5-12, responsible for maintenance and care of ½ acre organic garden and farm, including 6 chickens and 2 sheep.
- Organic Farm Apprentice, Kona, Hawaii (2/05-6/05) (4/06-6/06)**
Learned organic farming methods and techniques on three market farms.
- Volunteer, GMO-Free Hawaii, Kona, Hawaii (4/06 – 6/06)**
Conducted research on the impact of GMO papayas on organic farmers on the Big Island.

Professional Experience

- Community Organizer/Program Associate, Breast Cancer Action, San Francisco, CA (3/02 – 11/04)**
Coordinated national network of activists, developed informational materials and web pages, wrote national monthly e-newsletter (distribution: 4,500), organized trainings and workshops, conducted legislative advocacy, represented BCA on advocacy coalitions, spoke at conferences and college classes, assisted with hiring.
- Coalition Member, Bay Area Working Group on the Precautionary Principle, SF, CA (10/02-11/04)**
Conducted legislative and grassroots advocacy with representatives of Bay Area environmental health non-profits to pass the nation’s first ‘precautionary principle’ legislation in both San Francisco and Berkeley, co-wrote the coalition’s website www.takingprecaution.org
- Bilingual Resource Specialist, Madison West High School, Madison, WI (8/01-2/02)**
Interpreted English-Spanish, assisted with classroom instruction, served as a community liaison between school and families, monitored educational development of ESL students
- International Development Intern, Friends of Pasac Segundo, Xela, Guatemala (3/01-5/01)**
Interned at a community-based non-profit in a rural Mayan community, addressed health and education needs through fundraising, grant writing, and community organizing

Lectures & Presentations

- *We Are the Environment We Eat: Ecological Public Health and the Farm to Hospital Movement*, Association of American Geographers Annual Conference, Washington DC, 4/16/10
- *Beyond Nutritionism: An Ecological Approach to Food, Farming and Health*, GEOG 198-10, UC Berkeley, 3/31/10
- *Food Labels and the Environment: Development and Harmonization of Organic Standards in the US and EU*, with Prof. David Winickoff, California-EU Biodiversity and Biosafety Regulatory Cooperation Workshop, sponsored by IGS Center on Institutions and Governance at UC Berkeley, Dec 11-12, 2008
- *Food Consumption as an Ethical Sphere*, ESPM 162, UC Berkeley, 4/30/08 and 4/30/09
- *Breast Cancer Politics: Moving from Illness to Activism*, Breast Cancer Recovery Foundation Sharing the Knowledge Conference, Madison, WI, 4/04

C. LETTERS OF SUPPORT

Please see letters attached to email from:

Lena Brook, Senior Program Associate, San Francisco Bay Area Physicians for Social Responsibility

David Winickoff, Associate Professor, UC Berkeley

APPENDIX A: INTERVIEW GUIDE

This is a list of potential sources which will be vetted by Health Care Without Harm.

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Hospitals, Health Care Systems, and HMOs</p> <p>Hospitals and health care systems will be selected based on the following criteria: institution size, geographic location, management structure, GPO and broadline distributors used, existing supply network structure and type of innovation in supply network. Farm-to-hospital activity in the Southeast and Southwest is minimal, hence my focus on the West Coast, Midwest, and East Coast.</p> | |
| <p>West Coast</p> <p>Kaiser Permanente (CA, HI, OR) Catholic Healthcare West (CA) John Muir Health System (CA) San Francisco Veterans Affairs Medical Center (CA) Stanford University Medical Center (CA) Dominican Hospital (CA) Santa Rosa Memorial Hospital (CA) UCSF Medical Center (CA) St. Joseph’s Health Systems (CA) Cascade Healthcare Community (OR) Good Shepherd Medical Center (OR) Swedish Medical Center (WA) Tacoma General Hospital (WA) MultiCare Health System (WA) University of Washington Medical Center (WA)</p> <p>Midwest</p> <p>Sacred Heart Hospital (WI) Aurora Health Care (WI) Waukesha Memorial Hospital (WI) St. Luke’s Hospital (MN) Hennepin County Medical Center (MN)</p> | <p>Midwest cont’d</p> <p>Children’s Hospitals and Clinics of Minnesota (MN) Advocate Health Care (IL) Allen Memorial Hospital (IA) Bartels Lutheran Home (IA) Cleveland Clinic (OH) Cancer Treatment Centers of America (IL, OK) Bexar County Community Health Collaborative (TX)</p> <p>East Coast</p> <p>LifeBridge Health Centers (MD) Covenant Health Systems (MA, ME, NH, VA, PA) Mercy Medical Center (MD) National Institutes of Health (MD) Union Hospital of Cecil County (MD) Fletcher Allen Health Care (VT) Brattleboro Memorial Hospital (VT) Memorial Sloan-Kettering Cancer Center (NY) Fairview Hospital (MA) Metro West Medical Center (MA) Duke University Medical Center (NC)</p> |

| Supply Chain Actors | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>National</p> <p><i>Group Purchasing Organizations</i></p> <p>Novation MedAssets Premier Amerinet</p> <p><i>Broadline Distributors</i></p> <p>U.S. Foodservice Food Services of America Sysco Gordon</p> <p><i>Food Service Providers</i></p> <p>Bon Apetite Sodexo Aramark</p> <p>West Coast</p> <p>San Francisco Specialty Fresh Point (Subsidiary of SYSCO) Pacific Produce Bay Cities Produce Thumb's Up Distributing</p> | <p>West Coast cont'd</p> <p>Lee Ray-Tarantino Grower's Collaborative Sonoma County Growers Exchange Sonoma Direct Charlie's Produce Wholesale</p> <p>Midwest</p> <p>Vick's Produce Caito Foods Sherwood Food Distributors Hawkeye Food Service Distribution Omega II Food Distribution Castellini Company</p> <p>East Coast</p> <p>Red Tomato Hearn Kirkwood Capital Seaboard Coastal Sunbelt The Great Gourmet Keany Produce ProFish Tuscarora Organic Growers Coop</p> |