



NOURISH
The future of food
in health care.

Food for health: Tackling food insecurity with leaders across the country with policy innovation

April 2022



On Friday April 29, 2022, Nourish Leadership gathered with 33 leaders from ten provinces and territories, coming from diverse roles in food and health systems. Participants heard from experts from dietetics, academia, community food organizations, and elsewhere about promising policy openings for an integrated health response to food insecurity.

This workshop was part of Nourish Leadership's continuing work to identify policy innovations in the health care system and connected areas. The first Food for Health workshop was in 2018, and invited health officials from provincial, territorial and Indigenous governments across the country to learn about innovative Canadian and international approaches to food in health care and discuss key policy-ready opportunities.

In September 2019, we hosted the second Food for Health policymaker workshop around the theme of institutions which model change in the wider community. This approach positions hospitals as "anchor institutions," which can make a big impact on local economies by acting on social determinants of health by strategically leveraging their procurement, hiring, investments, and capacity.

Read the [pan-Canadian policy scan](#) that resulted from Nourish Leadership's 2018 workshop, which inventories the health, agriculture and procurement policies that guide food in health care settings.

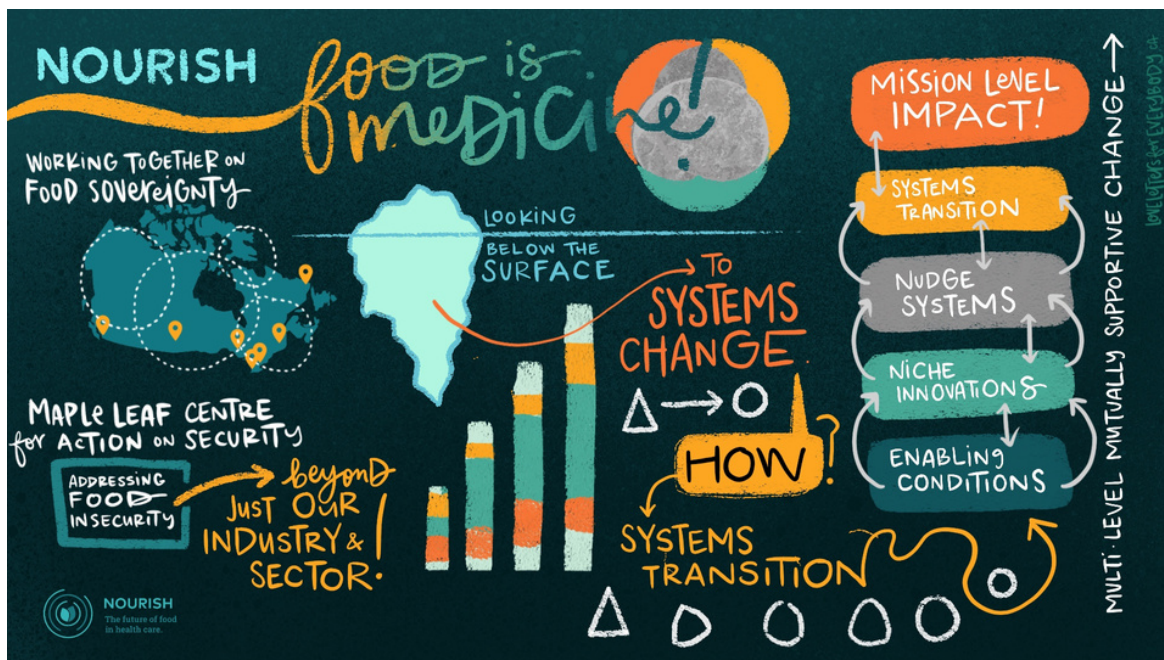
Nourish Leadership's mission is to catalyze and amplify health care leadership in community well-being, climate, equity and reconciliation. We believe that by exchanging ideas on policy and community initiatives, we can inspire actors across jurisdictions and fields of expertise to leverage the power of food in health care to nourish health for people and planet.

Read the report from our [2019 workshop](#), which shows that by aligning clinical resources to address social needs, hospitals address not only acute health care issues but also work with the community to build long-term health, reducing preventable costs and strengthening wellbeing.

HEALTH CARE'S ROLE IN ADDRESSING FOOD INSECURITY

Food insecurity has a direct impact on health outcomes, and is associated with poorer physical health, including chronic conditions such as cardiovascular disease, hypertension, and diabetes.

Those experiencing food insecurity also report poorer mental health, with an increased risk of anxiety, depression, and mood disorders. The latest data from Statistics Canada shows that 15.6% of those living in provinces experience food insecurity, and previous data shows higher numbers in the territories, up to 57.0% of those in Nunavut experiencing food insecurity. This compels health care leaders to work with various levels of government and other sectors to respond in an integrated way. By identifying potential policy changes, we can leverage the power of health care to work with diverse stakeholders in responding to the urgent challenge of food insecurity.



This illustration from graphic recorder [Corrina Keeling](#) highlights some of the goals and themes of the policy workshop.

WORKSHOP AGENDA

- Introduction: The role of health care in building food security, tracking signals of change across the country
- Policy innovation in Newfoundland and Labrador: Health Accord NL, importance of health and community collaborations and addressing social determinants of health
- Food security screening: Findings from research and implementation in community health settings in Toronto, Ontario
- Emerging opportunities to strengthen Indigenous food sovereignty in health care
- Breakout room discussions: Participants share learnings and perspectives from various provinces and territories on policy gaps and opportunities
- Report back with all participants

VOICES AT THE TABLE

Attendees participated using the [Chatham House Rule](#), meaning that while they could share what they heard in the meeting, they agreed not to identify the speaker or the speaker's affiliation. With this in mind, the 33 participants included:

- Provincial policy lead
- Senior policy analyst
- Public health nutritionist
- Community food organization director
- Provincial assistant deputy minister
- Provincial director of nutrition services
- Regional dietitians
- Senior policy advisor
- Chief economist
- Researcher
- Public health policymakers



SPEAKER SUMMARIES



Joshua Smee, CEO, Food First NL

KEY IDEAS:

- Importance of health and community collaborations in working on food security.
- Potential of Health Accord NL, a ten-year health transformation plan, for meaningful policy action on food insecurity.

Joshua Smee provided a community-perspective on tackling the wicked problem of food insecurity in Newfoundland and Labrador. Food First NL is a non-profit that uses an integrated approach consisting of raising awareness, strengthening partnerships, and catalyzing action to accomplish their vision for a “province where all people at all times, have physical and economic access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences for an active and healthy life” (Food First NL, n.d.). Smee describes this goal as ambitious, but one that can be accomplished through extensive and sustained policy change.

One example of such opportunities to bring food insecurity to the fore of the political agenda is the province's Health Accord report which is a 10-year health transformation plan that includes an examination of the social determinants of health, including food insecurity, and effective points of intervention. Of note in the Health Accord report is the call for a basic income, which was recommended twice, along with social prescribing, and income support reform.



Illustration with main ideas from Joshua Smee's presentation on policy opportunities in Newfoundland and Labrador.

Other opportunities to change policy include the Social and Economic and Well-Being Plan and review of the minimum wage and income support in the province. Smee concluded by emphasizing the importance of leveraging community partners, contributing to written submissions, and recognizing that advocating for change need not be risky or politicized - changing the tides of food insecurity is possible and the community is fertile ground for action.

FURTHER READING:

- [Food First NL](#)
- [Health Accord NL](#)
- [Download the slides](#)

**Food First NL's vision: a
"province where all people
at all times, have physical
and economic access to
sufficient, safe, and
nutritious food to meet their
dietary needs and food
preferences for an active
and healthy life."**

– FOOD FIRST NL



Dr. Enza Gucciardi, Graduate Program Director and Professor, Metropolitan University School of Nutrition & Vanita Pais, Clinical Dietitian and Certified Diabetes Educator, Sick Kids Hospital



KEY IDEAS:

- Food security is a key social determinant of health.
- Addressing food insecurity is integral to adequately helping patients manage diabetes.
- Food security screening can help clinicians identify patients experiencing food insecurity, and refer those patients and their families to food programs and other social supports.

Dr. Enza Gucciardi, a professor at the Toronto Metropolitan University's Centre for Studies in Food Security, and Vanita Pais, a registered dietitian at SickKids Hospital, provided a practical and on-the-ground perspective of food security action in a clinical setting. Gucciardi and Pais conducted a study to evaluate the implementation of a screening tool that is administered by dietitians to assess household food insecurity among children and families with type 1 or type 2 diabetes at SickKids Hospital.

The study results found that 40.5% of participants experienced food insecurity. Importantly, of those who did, 75% appreciated being able to openly discuss their concerns but only if they felt they had a comfortable and trusting relationship with the clinician. Barriers to use of the food insecurity screening tool included fear of stigmatization by patients, and on the clinician side by time constraints. Currently, systematic screening of patients for food insecurity is not common in clinical practice, however, as the prevalence of food insecurity in households with a child with diabetes is much higher compared to the average Canadian household, the study highlights the strategies to better support families challenged by food insecurity.

Food insecurity is a key social determinant of health, and can "undermine an individual's ability to consume healthy foods that are recommended for diabetes management."

– ENZA GUCCIARDI
& VANITA PAIS

Screening for food insecurity in the clinical setting is a practical way for those in health care to better understand their patients' realities and therefore integral to building a realistic care plan. As an emerging practice, there is great potential for food insecurity screening to become a standard part of patient intake procedures in a wider variety of settings. Recognizing that food insecurity is a poverty issue, this research points to the need for policies which support families with additional financial support.

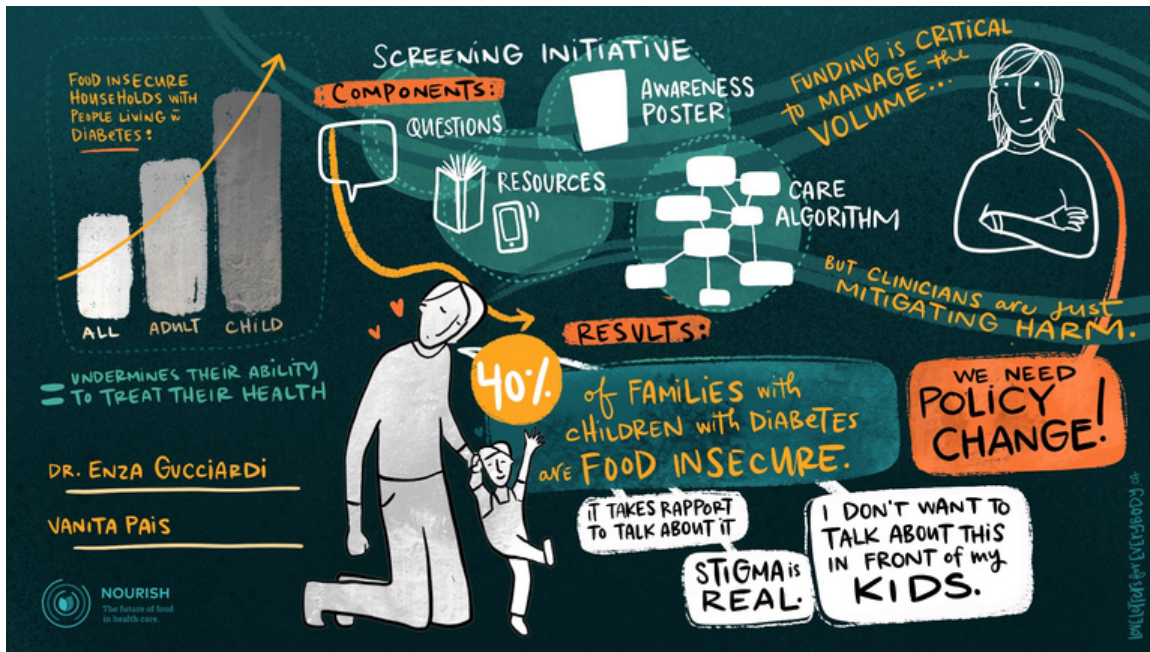


Illustration with main ideas from the Toronto presentation on food security screening and potential for application elsewhere in Canada.

FURTHER READING:

- Vitale, M., Dorado, L., Pais, V., Sidani, S., & Gucciardi, E. (2019). [Food Insecurity Screening Among Families of Children With Diabetes](#). *Diabetes spectrum* : a publication of the American Diabetes Association, 32(4), 338–348. <https://doi.org/10.2337/ds18-0083>
- [Food insecurity screening toolkit for clinicians](#)
- [Download the slides](#)



Mair Greenfield, Indigenous Program Manager, Nourish Leadership

KEY IDEAS:

- For Indigenous communities, food security is inseparable from food sovereignty.
- The food served in health care settings can be a way to honour Indigenous foodways and perspectives about health and wellness.
- Working towards reconciliation and antiracism in health care are lifelong journeys, but one way those in health can learn more is through the Food is Our Medicine online course.

For Indigenous communities, food security is inseparable from food sovereignty, and to adequately address one we must address the other. Mair Greenfield, Indigenous Program Manager at Nourish Leadership, shared about Indigenous beliefs and practices that are crucial to the sustainability of our food systems and the way we approach food insecurity in Indigenous communities. This included the 7 Grandfather Teachings of wisdom, love, respect, bravery, humility, honesty and truth, as well as the practice of two-eyed seeing, seeing through both Western and Indigenous perspectives.

Mair engaged participants in a reflective exercise, prompting the audience to consider the circumstances for those in remote Northern communities: expensive produce that must be flown in; limited health care access; trauma from residential schools and how this surfaces in situations that may seem harmless at face value; country food and the systemic barriers surrounding the push to make "wild" game more accessible; among others. The challenges surrounding Indigenous communities and their fight for food sovereignty and cultural understanding or mindfulness is clear, and health care has a clear role to play in addressing these issues, starting with the hospital tray.

For Indigenous communities, policies to address food security must also address food sovereignty.

Mair also highlighted the ground-breaking policy and work at the Meno Ya Win Health Centre in Sioux Lookout in Ontario. The Meno Ya Win Health Centre provides Traditional Healing, Medicines, Foods and Supports that embodies cultural humility in health care settings within the community and for the community.

Action stems from a solid understanding of the colonial and neocolonial circumstances surrounding Indigenous peoples; a step towards awareness-raising and further education can start with Nourish's Food is Our Medicine online course which emphasizes ways to decolonize the food system.



Illustration with the themes from Mair Greenfield's presentation on food security and food sovereignty for Indigenous communities.

FURTHER READING:

- Video: [Why Hospital Food Matters for Reconciliation](#)
- Nourish's [Food is Our Medicine](#) online course
- [Download the slides](#)

THANK YOU AND RECONNECTING SOON TO CONTINUE CONVERSATIONS

Nourish would like to thank all of the workshop participants for sharing with us both their valuable time and information about what is emerging across the country. Nourish is excited to continue hosting these sharing and learning opportunities for health and food policymakers to exchange about policy gaps and opportunities around food for health. We invite you to share this workshop summary with colleagues and we look forward to connecting soon and continuing discussions around innovation to nourish health for people and planet.

SPECIAL THANKS

Our funders:

- [Arrell Family Foundation](#)
- [Maple Leaf Centre for Food Security](#)
- [McConnell Foundation](#)

Our workshop collaborators:

- Adalia Yang, summaries of each presenter
- Emily Balderston, discussion group facilitator
- Jenn Thornhill Verma, discussion group facilitator
- Jennifer Reynolds, discussion group facilitator and workshop organizer
- Mair Greenfield, discussion group facilitator
- Rachel Cheng, discussion group facilitator and workshop organizer
- Robin Speedie, discussion group facilitator

Our workshop speakers:

- Enza Gucciardi, Toronto Metropolitan University
- Joshua Smee, Food First NL
- Jennifer Reynolds, Nourish Leadership
- Mair Greenfield, Nourish Leadership
- Mark Cabaj, Here to There Consulting
- Merryn Maynard, Feed Opportunity Centre for Food Security
- Vanita Pais, SickKids Hospital