



Innovation Workshop Report: Finding Healthcare's Patagonia Moment

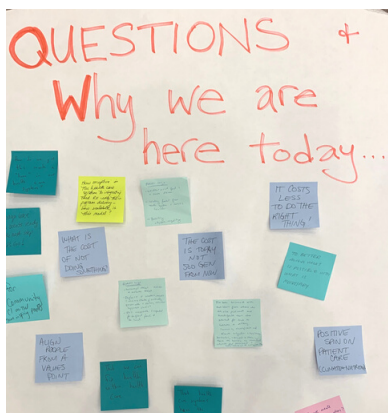
October 24-25, 2022
Toronto, Ontario

From October 24-25, 2022, Nourish gathered 30 leaders from across the country, including health care CEOs and executives, policy and academic experts, and leaders in philanthropy for the Nourish Innovation Workshop.

Meeting in Toronto/Tkaronto, participants had the opportunity to hear and contribute to discussions about how health care is innovating in three key areas: menus that reduce carbon emissions and are more plant-forward to address climate change, food prescriptions that improve access to healthy food, and using traditional food in health care as a critical way to support wellbeing for Indigenous communities.

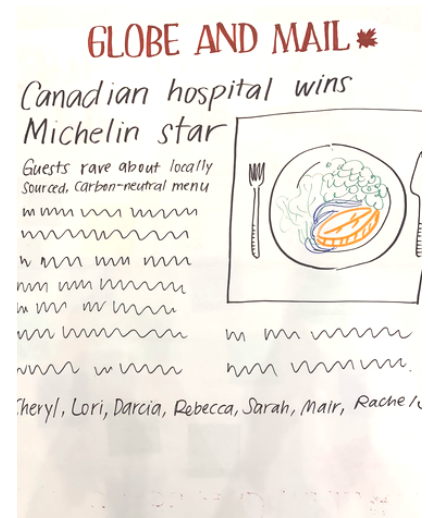
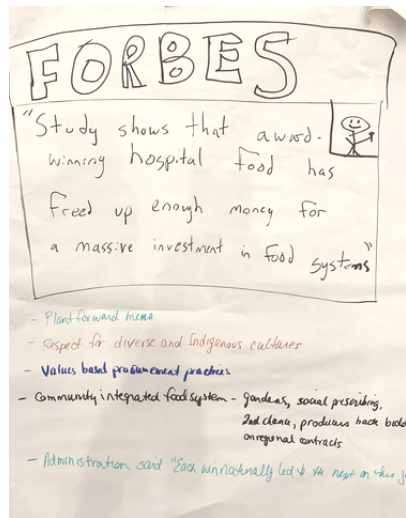
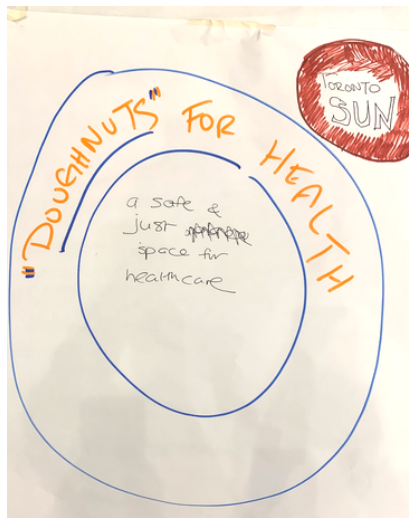
This event was presented in partnership with CASCADES, a multi-year, capacity-building initiative supporting Canada's healthcare community to transition toward a sustainable (net-zero, resilient) health system.

This summary provides workshop highlights, and a [detailed agenda is available here](#).



Patagonia's Yvan Choinard is trying to create a tipping point: so can health care

An overall framing for the workshop was helping leaders in the room to frame up health care's "Patagonia moment," an opportunity for bold leadership to build health for people and planet through food. Small breakout groups were challenged to imagine what the headline could be in five years from Nourish's work, and their brainstorming showed readiness for working in an intersectoral way to impact food security, food sustainability, and other areas.



The decision of Patagonia founder Yvon Chouinard to give the assets and the profits of his company to fight climate change is an excellent example of what it takes to create a tipping point. We don't know if Chouinard's bold move will turn out to be the incident that will turn the tide in corporate leadership on climate change, or if it is simply a much-needed building block that brings us one step closer. In either case, it does not diminish the powerful contribution he made to the process of transformation, which requires a lot of people to create small or big changes that, over time, accumulate and accelerate the speed at which tipping points occur.

That is one way to look at the mission of the participants of the Nourish network: to make whatever significant changes we can, within our zone of influence and with the time and resources we have, that add one more building block in a process of change and impact.



Community Wellbeing: Food Prescriptions

The issue

Food insecurity and malnutrition have a direct impact on health outcomes, and are 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.

Health care has a critical role to play through partnerships and programs to ensure patients are not discharged into the structural conditions that often do not support health and wellbeing. The current emergency food system is inadequate to address poor access to healthy and nutritious foods. Tackling the root causes of food insecurity includes: meeting the need for equitable and liveable incomes for everyone; addressing treaty and economic issues related to land access; acknowledging the systemic racism that is insidious across Canadian society, including the health system; and creating a sustainable food system.

What we discussed in person

While food insecurity is a complex problem, health care can take leadership in responding. To kickstart the workshop discussion **Stephanie Cook**, Executive Director of Nutrition and Food Services at the Saskatchewan Health Authority (SHA), shared about their multifaceted food strategies, including their Apple-A-Day food prescription program. Launched in October 2022, the SHA is trialing the program in three communities across the province, providing affordable, fresh produce to those living on low incomes.

This work is the most recent development in a long arc of food-related interventions that the SHA has undertaken to better serve their patients that has been building from their collaboration with Nourish starting in 2016.

Dr. Kate Mulligan, Senior Director, Canadian Institute for Social Prescribing built on this first presentation by challenging participants to think about food prescriptions like medical prescriptions: as necessary, cost-effective, long-term solutions.

Participants discussed the various expressions of food prescription programs, including the role of health care navigators, partnerships with local food producers, funding strategies, patient dignity, and the additional merits of food prescription programs as a climate-smart and preventative complement to pharmaceutical interventions, which could reduce healthcare's climate footprint.

Considerations going forward

These presentations led to reflections that while there is a huge opportunity for hospitals and health authorities in this sphere, multi-stakeholder action will be required. Additionally, it is important to work towards food sovereignty for communities, where people can have dignified access to foods that are not only nutritionally but also culturally appropriate.

According to Lisbeth Schorr, one of the most influential social policy thought leaders in the USA, "One of the reasons that efforts to address one part of a complex challenge at a time don't work is because they only focus on one part of that complex challenge." Responding to food insecurity therefore takes action across multiple sectors and various parts of the health care system.

Read more about food prescriptions in our innovation brief.

[Read brief](#)



Climate: Planetary Health Menus and Procurement

The issue

From community clinics to hospital ERs, health care professionals see the impact of climate change on both patients' physical and mental health on a daily basis, especially among the most vulnerable who are of advanced age, living with chronic conditions, or of low socioeconomic status. At the same time, health care is a considerable contributor to climate change, and 71% of emissions occur from the health care supply chain, including production, transport, and disposal of pharmaceuticals, chemicals, food, medical devices, and instruments.

Canadian health care institutions spend \$4 billion on food services annually but patient tray waste is 40-55%, representing a significant opportunity to improve food services in ways that reduce emissions and help mitigate the health impacts of climate change. Health care can take leadership by leveraging their buying power to purchase local and sustainable foods, reduce waste and improve waste management, and offer more plant-forward menus that reduce GHG.

What we discussed in person

From Vancouver Coastal Health (VCH), **Darcia Pope**, the Vice President of Innovation and Planetary Health and Chief Transformation Officer, presented on VCH's journey in moving beyond sustainability indicators to embed values such as planetary health in their organizational planning. "Building an integrated strategy and plan to address Planetary Health" is one of their key directions under the provision of "Exceptional Care." Alongside other values such as antiracism and Indigenous cultural safety, VCH regularly measures their success in terms of progress made across their values.

Dr. Andrea MacNeill, a surgical oncologist at the Vancouver General Hospital, as well as a Clinical Associate Professor and Medical Regional Director of Planetary Healthcare at the University of British Columbia, shared details on the research and plans underway for food transformation across the hospital. In addition to increasing plant-based options in the hospital cafeteria, research on patient feedback and food intake with trials of new plant-forward menus is underway, and will also measure changes in food waste and GHG.

Member of the National Food Policy Advisory Council and Nourish Advisor **Wendy Smith**, Contract Specialist with Mohawk Medbuy, shared about some of the work Nourish Innovators have been leading to advance values-based procurement in healthcare. She described a critical opportunity to have health care values clearly translated into purchasing evaluation criteria – a capacity and political will gap in the sector that needs ongoing attention.

Considerations going forward

This session showed the power of an organization-wide leadership mandate and having buy-in from all levels of health care staff to work towards the health of patients in a way that is mindful of environmental impact. A groundswell of this work is starting across the country, with health care innovators leading the way with low-carbon menus, using values-based procurement, and doing more onsite food production, but there are still significant opportunities for more enabling policy and measurement of the carbon footprint to drive change.

[Read brief](#)



Equity: Traditional Food as Medicine

The issue

Indigenous communities experience significant health inequalities with a higher prevalence of conditions such as diabetes, obesity, and heart disease, compared to non-Indigenous adults. This inequality is part of an Indigenous Health Gap, and there is increasing recognition that in order to close the gap and make the promise of reconciliation a reality, health care leadership must work alongside Indigenous communities.

A powerful action that health care can take is to build culturally sensitive menus, which by taking into account past trauma from residential schools and colonization, can instead highlight foods that are integral to Indigenous perspectives on health and wellbeing. Not only does this work towards better health outcomes, this can also strengthen Indigenous food sovereignty.

What we discussed in person

At the workshop, we heard from **Heather Brown**, CEO of Labrador Grenfell Health, and **Roxanne Notley**, the Food Security Coordinator at NunatuKavut Community Council. Roxanne spoke about the importance of caribou in Labrador for Inuit communities, and how she is working with partners such as **Joshua Smees**, CEO of Food First NL, to increase access to traditional foods in the region. Joshua went on to explain this work with Roxanne has emerged from their partnership fostered by their participation in the Nourish Anchor Cohort, with the goal of increasing traditional foods on health care menus. To achieve this, it will also involve changing regulations around access to wild game and building capacity for food processing.



The challenge of accessing wild game and traditional foods was echoed by **Laura Salmon**, Director of First Nations Health Programs at the Yukon Hospital Corporation. As a nutritionist and health program director, Laura gave firsthand experience of how her organization has worked with local hunters, hunting outfitters, and meat processors over the past 25 years to offer wild game to patients.

Considerations going forward

Increasing access to traditional foods looks different in each part of Turtle Island, and all solutions must be co-created with the First Nations, Métis, or Inuit communities in the area. In addition to developing menus and working on regulatory barriers, health care can take leadership by cultivating cultural humility and understanding of Indigenous perspectives. One way to do so is through Nourish's [Food is Our Medicine online course](#), which equips health care professionals to better understand the complex relationships between Indigenous foodways, reconciliation, healing, and health care.

This session was an important reminder that the external transformation of systems requires inner transformation of systems actors. This involves engaging with our understandings, relationships, and intentions behind strategies, policies, and programs - and being willing to dismantle and restructure them - in order to provide more traditional foods in health care.

Read more in our brief on Traditional Food as Medicine.

[Read brief](#)



1. Shared at a Tamarack Institute event in Vancouver, 2014.

Insights for the Future

As the day wrapped, participants were sent home with a few key reflections to sustain the sometimes slow and iterative work of systems change framed up by Mark Cabaj from Here to There, a strategic consultant on developmental evaluation to Nourish:

"Programmatic interventions help people beat the odds; systemic interventions aim to change their odds."

This quote paraphrased by Mark Cabaj from Karen Pittman (CEO of the Forum on Youth Investment) reminds us that while programmatic interventions are easier to understand, design, and fund – and generate more immediate, tangible, albeit, more impacts for a smaller number of people – getting to broad, deep, and durable change require us to take on the more challenging, grinding, intensive, and long-term work of changing the systems that keep complex, problematic situations in place. If we want needle-moving impact, we need to be in the game of systems change.

The enough versus feasible paradox.

Much of the discussion throughout the two days reflected a deep tension or paradox common to most ambitious change efforts: the "enough versus feasible" paradox (2). Thomas Homer-Dixon explains that what is sufficient to overcome the challenges we face may feel unfeasible, and what is feasible may not be enough. Mark Cabaj reflected that "This leaves all would-be change-makers with the adaptive challenge that demands creative thinking and response: How do we simultaneously tackle the entrenched structural and institutional problems in our health care and food systems while also employing strategies that make a difference in the short term, give people a sense of hope, and helps us to sustain a self-refueling process of social innovation and change?"

Build a "good enough" vision and head clumsily off in the right direction.

The approaches employed by the health care and food system innovators described throughout the two days together reflect what strategists call 'emergent' and/or 'umbrella' strategies. Brenda Zimmerman, one of North America's best thinkers on how to innovate in health care, observed that the most productive approach, based on dozens of case studies, was to build a 'good-enough vision' of what we want to see, establish a set of 'minimum specifications' to guide our efforts, put together a several starting point initiatives that represent our 'opening moves'. Then, it's a relentlessly iterative, longer-term process of trial and error, learning and evolution in strategy and progressively greater impact. Mark Cabaj concluded: "Clumsy is ok – even unavoidable – if it's directionally correct."

But there is also one clear reminder for us all, that one participant left on a sticky note:

We are the ones we've been waiting for.



1. Shared at a Tamarack Institute event in Vancouver (2014).
 2. Inspired by Dixon, T.H. (2022). "Commanding Hope: The Power We Have to Renew a World in Peril." Vintage Canada.