



**Nourish: The Future of  
Food in Health Care**

**Phase 1 Developmental Evaluation  
(2016 - 2019)**

**This summary report follows the activity of Nourish from Fall 2015 to Spring 2019.**

The strategy development for Nourish began in the fall of 2015. The recruitment for the leadership cohort began in June 2016, and the Nourish cohort convened over video conference for the first time in December 2016. The cohort came together as a community of practice for two years, culminating in the *Food for Health* Symposium in May 2019. The intent of this evaluation is to help the program staff, lead partners and project advisors examine how the initiative took shape, determine what systems effects were observed, and assess signs of progress towards longer-term objectives.

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# What the Evaluation Explores

The developmental evaluation explores four inter-related aspects of the Nourish initiative. Nourish's first three years (including preparation and recruitment for the Innovator cohort) focused on laying the foundation for systemic, long-term change. Efforts and resources were heavily focused on the Innovator program and the related Individual and Collaborative Projects, with a secondary focus on Network development and Narrative shifting, and emerging work on Policy.



**Innovator Program**  
Developing leaders,  
showcasing ideas & projects



**Projects**  
Individual and  
collaborative initiatives



**Network & Narrative**  
New allies,  
partnerships, strategic  
communications



**Policy**  
Policy change,  
cross-stakeholder  
convening

## Why developmental evaluation?

The unique nature of innovation — with its focus on exploration — can make traditional approaches to evaluation difficult. Often, evaluation is built around a linear logical approach which works effectively when the problem is well understood. The challenge for evaluators, and for problem solvers, is that not all problems are bounded, have optimal solutions, or occur within stable parameters. These kinds of problems — called complex, or 'wicked' — are difficult to define.

**Developmental evaluation** is a specific approach to evaluation that is ideally suited for innovative situations. Initiatives that are innovative are often in a state of continuous development and adaptation, and furthermore, they are frequently unfolding in changing and unpredictable environments. Developmental evaluation is suitable in such situations because it supports the process of innovation in ways that enable exploration and development. The outcome of a successful developmental evaluation process is 'informed change' in what is being implemented and evaluated.

## Sources of this developmental evaluation

This development update draws from a variety of different sources and viewpoints on the progress of the program:

- **Developmental updates:** Surveys by Innovators done approximately every 6 months.
- **Team reflections:** Observations and analysis by Nourish team who systematically track the Nourish program including partnership activity, Innovator actions, and projects.
- **Advisory group:** Nourish has an advisory group that convened regularly to provide observations and reflections.
- **External interviews:** Ten interviews with external stakeholders were done: 5 in 2018 and 5 in 2019. 'External stakeholders' are people who had some knowledge of and connection to Nourish, but not a close involvement.



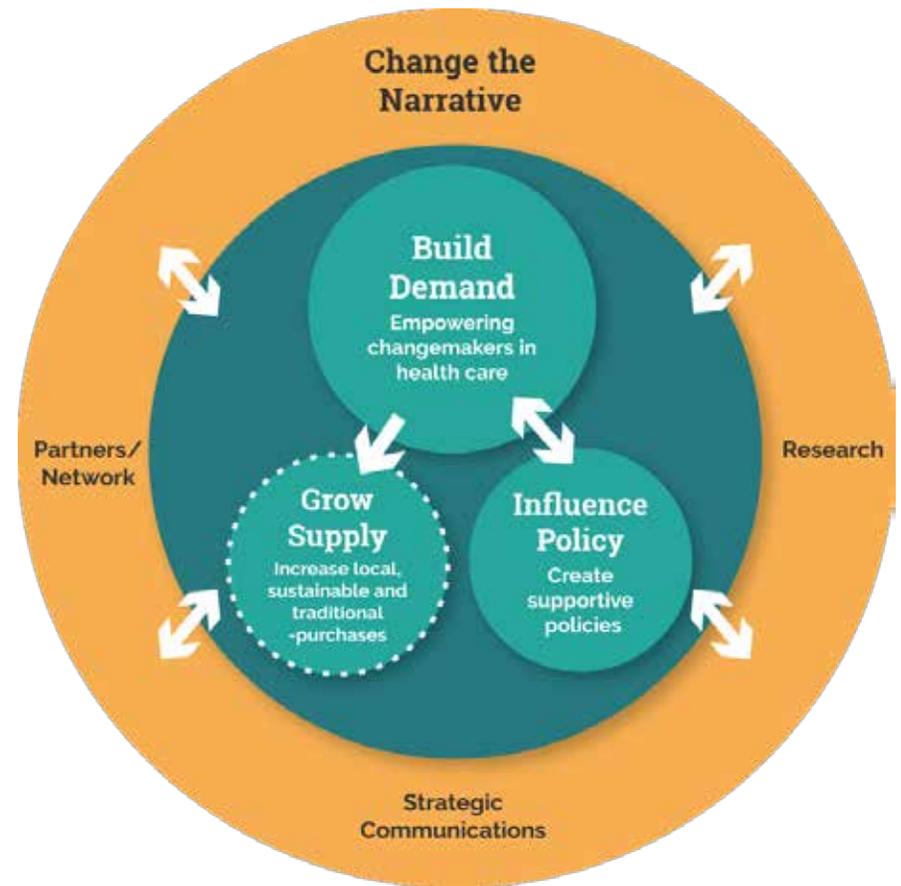
# Nourish Theory of Change

The backbone of Nourish's work is to **create a future where food is valued as fundamental to health and healing**. Core to this has been a leadership program designed for a cohort of Innovators who make decisions about food procurement, menus, and programming in their healthcare organizations. We aim to **support these systems leaders** in their work, helping to advance local, sustainable, and traditional foods to a more central place in healthcare. Through this changed demand, we expect the supply of these foods to grow, and for new and strengthened relationships to be created with a greater diversity of suppliers.

We also aim to **influence the creation of a policy environment** that supports food for health initiatives, and are working to **change the dominant narrative to one that values the interconnections between the food system and health system — and between the health of people and planet**.

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Following the review of Nourish activity to date, the Nourish theory of change remains relatively stable. It shifted early on to establish 'Changing the Narrative' as a circle that encompasses all the other work, and to note that building partnerships, conducting research, and composing strategic communications are each specific aspects of narrative shifting.





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## **Summary of Key Learnings from Nourish so far**

# Summary of Seven Key Learnings

The Nourish team of staff, contractors, advisors and Innovators has spent three years working at the intersection of food and healthcare. Seven key insights have been pulled out, with more details and additional learnings in the remainder of the report:

## **1 Food matters to patients. It is fundamental to healing, a key social determinant of health and a powerful intervention point for environmental sustainability.**

When the Innovator program was launched, our hypothesis was that people who make decisions about food in health care (food service managers, dietitians, supply managers) have untapped potential for making changes via menus, procurement and food programming. Through peer learning and by giving their work greater profile and legitimacy, they could lead and make significant changes in their institutions — and through this changed demand, begin to drive market shifts in the food system as well as paradigm shifts around food in the health system.

Over the past two years, the 26 Innovators and their organizations have improved access to healthy, delicious, local, sustainable and culturally appropriate food. They have reduced waste and increased patient satisfaction scores by changing to 'room service' models; increasing Indigenous presence through Elder and Indigenous community engagement; putting more traditional foods on menus; and sourcing more local food,

including through forward-buying contracts with community producers. At the Food for Health Symposium, Innovators showcased their work and their passion for continuing it as they step into greater leadership roles.

More broadly, food is 'on the agenda' of healthcare in a way it wasn't a few years ago. The sustainability director of a major food service company reported having three or four times more requests for baseline studies on local food than he did three years ago, especially in communities where Nourish Innovators work. Food is also being included in strategic plans as key performance indicators and measures of patient satisfaction at a growing number of facilities. Patients say that food is important to them, and hospitals are beginning to seriously explore the linkages to recovery and wellbeing.

## **2 A whole-of-hospital approach is key to unlocking the power of food to promote and build health — for people and the planet.**

Changing food service within individual healthcare facilities is necessary —but not sufficient — to reaching the goal of food being understood as fundamental to health. While there have been welcome changes and innovations having impact on the ground, they are still not yet systemic — in the sense of having a widespread, embedded impact on mindsets, policies, and practices. Our assessment is that this work now needs to move up a level and be:

- on the agenda of healthcare CEOs, senior leaders and physicians and embedded in institutional policies and practices;
- backed by supportive federal, provincial and territorial policies, regulations and standards;
- supported by local communities, patients and Elders;
- anchored in a living repository of tools, resources, stories and evidence about what works and what doesn't, to inform widespread uptake.

All of this work will need significant communications support to be effective. Nourish's communications have been compelling — primarily focused on spreading the work of the cohort of Innovators, yet its reach has rapidly been expanding through other channels.

### **3 Experiential learning and peer relationships are powerful. Where trust builds, new capacity emerges for complex conversations — such as ones around reconciliation and our relationship to the land.**

Nourish prioritized situated learning and awareness-based systems change, the premise being that “you cannot change a system unless you change the awareness of the people who work inside the system” (Scharmer 2018).

Systems approaches have shown us that while rules, regulations, power structures and resource flows are important, equally important is the essential work to shift culture and mindsets. Deep and authentic relationships transform us. Experiential learning opportunities — such as trips to visit farms and communities, and exchanges with people who grow food or experience food insecurity — help us step into the system through other perspectives and change the way we think.

One of the deepest and most significant transformations described by the Innovators was the increased understanding of their role and responsibility in the work of Indigenous Reconciliation. This learning and (un)learning process was enabled through intimate and personal engagements with their Indigenous colleagues and Elders within the program. Nourish's Innovator program used an approach that emphasized peer mentorship and collaboration, and it is critical to maintain it in the next phase of the work in order to embed process change within personal and institutional cultures.

### **4 Partnerships and a systemic approach reveal new sources of power when stakeholders are able to see the system in its complexity and can claim their power in it.**

Nourish's focus on building partnerships with a constellation of different stakeholders within the food-health system was critical to co-creating a movement of food-for-health. The work is not possible alone, and the convening of different actors — from health care providers, to food producers, to policy makers — to come together and share priorities and values that are both complementary and in tension help build the conditions for collective transformative change within a complex system. Furthermore, empowering the Innovators to extend their influence within their organizations, and to invite the participation of their colleagues and senior leadership into the work, is needed to successfully elevate the pilot projects into codified routines, budgets and workflows. This speaks to the need to integrate a whole-of-hospital culture of collaboration in order to advance and embed the work.

### **5 Systemic change requires systems leadership skills, background infrastructure, and coordination to provide change leaders with time and financial resources to do their work.**

The Nourish collaborative projects were initiatives conceived and developed by Innovators on issues that they identified as critical for advancing food in health and healing. These projects included work around Food for Health Policy, Sustainable Menus, Traditional Food Ways, Measuring Patient Food Experience and Values-Based Procurement. Support to the five project teams focused on developing systems leadership skills, like appreciating complexity, holding ambiguity, personal reflexivity, and tapping into group wisdom. This effort was fueled

by by the ambitions and energy of Innovators and advisors, and often attracted external partners who contributed pro bono legal or research hours. However, change was slow and difficult, partly because it was often done off the side of the Innovators' desks. These projects took on ambitious work which is still on-going, despite being constrained by the time and focus that could be given to tackling these big, complex questions. In the future, it will be important to include sufficient funds for coordination, as well as fellowships or secondment to further support innovators within the system.

**6 Making significant change in any of the five emerging opportunity pathways for food in health care will require greater focus – ‘planting our flag’ on specific issues now that we have demonstrated early signals for impact.**

In its initial phase, being responsive to the needs of organizations was effective in generating engagement and credibility for Nourish. It made sense to support a wide diversity of ideas and approaches to get a sense of the overall terrain and what might be possible. It is now time to focus efforts on what has emerged to be most promising, and to direct our energy on strategic points of leverage that link to larger issues of food security and climate change.

**7 Policy innovation around points of high leverage will enable Canadian health care facilities to generate more value through food.**

Food in health care settings is guided by many different policies and practices with a diversity of cultures, food systems, procurement and health care frameworks across Canada. Policy change efforts need to engage both policy makers and on-the-ground change makers to be impactful and innovative.

Food in acute care is largely shaped by practices (like menu setting) and infrastructure (like food service operations or food distribution systems) and is largely ignored by policy. This creates opportunities for strong impact from policy change efforts. Creating peer-learning opportunities for policy makers like the September 2018 Food for Health Policy Workshop for provincial, territorial, and Indigenous governments is a promising strategy for inciting and supporting innovative policy change to bring food into a more central role in health care.

Additionally, the Nourish team observed several trends in health care restructuring even in the relatively short duration of the program. For example, several provincial health authorities have been created by amalgamating regional health authorities (Nova Scotia, Manitoba, Saskatchewan) — creating new decision-making structures and consolidating food purchasing. Other provinces are leading efforts to support the growth of the agricultural sector — for example, British Columbia has local food procurement targets and tracking for hospitals, and Ontario, Newfoundland and Labrador, and Quebec are also looking at procurement levers. For Nourish's work, this creates both opportunities and challenges that need to be considered in future strategy development.



## **Emergent Change Pathways for the Food- Health System**

# Five Emergent Change Pathways

Five pathways to making food a more fundamental part of health and healing in the health care system emerged for Nourish. These were largely informed by the national collaborative and organizational project work undertaken by the cohort, which is profiled in this section. This section is a synthesis of the learnings from the sum of the cohort projects, and from the communications and policy work led by the Nourish staff team.

## 1 Patient and Resident Food Experience

*“Food is only healthy when it’s eaten.”* — Dr. Janice Sorenson, Dietitian and researcher with Canadian Malnutrition Task Force

### What is this pathway?

- Momentum around patient-centred care in health care makes improving the patient and resident food experience a natural place of alignment with staff and senior leadership.
- The work involves expanding food beyond its nutritional frame towards its role in comfort and other emotional, social, cultural, spiritual dimensions for the patient/family.
- Evidence-based research by Canadian Malnutrition Task Force (CMTF) around impact of malnutrition on clinical outcomes and health care costs is compelling.
- Efforts in this area are more than just about improving

meals three times a day — they are also about addressing the improvement of holistic quality of life through food, including gardens, education, and connections to culture.

### Activities

- Nourish Patient Food Experience (PFx) National Benchmarking project
- Food service innovation efforts like switching to room service and returning to scratch cooking led by 5-6 Nourish innovators
- Gardens and bee hives on hospital and long-term care home grounds
- Well-attended webinars & talks on “What is healthy food?”

### What we have learned:

- Patients (and staff) are happier where food-health projects are underway. 60% of Innovators saw increases in satisfaction.
- We expect - and accept - hospital food to be bad, and thus limit innovation (or entrench the status quo). Staff outside of food services reinforce this paradigm and don't see it as important to Patient Food Experience.
- Efforts to improve and reframe hospital food, highlighting best practices, are effective in generating support and buy-in.
- Arguments that are based in research/evidence showing the direct impact on costs resonate more with stakeholders (e.g. CMTF malnutrition research or room service work)
- ‘Food is only healthy if it is eaten’ confronts the dietetic approach and helps encourage rethinking of food service, patient choice, role of culture.
- This pathway has a risk of backsliding into status quo thinking if it is not aimed at transformative change.
- The debate around “what is healthy food” is very alive, with the tension between empowering patient choice vs

- modeling healthy/sustainable in healthcare.
- Patient Food Experience Benchmarking Tool has potential to scale nationally and be a strategic leverage point to get executives talking about food.

### **Collaborative Project Spotlight: Measuring Patient Food Experience**

This project proposes the development of a national patient food experience tool as a means to catalyze a nationwide effort to value and improve the patient meal experience. The project was motivated by the understanding that meal-time is critical to patient recovery, comfort, and healing, and recognizes that as many as 20% of patients leave the hospital more malnourished than when they arrived. The team hypothesized that having common national tools and data collection methods would enable cross-jurisdictional learning and would deepen understanding of the patient food experience. Through the ability to compare efforts across Canadian sites, strategy and goal-setting would improve, and trends could be monitored across time.

The project partnered with Dr. Heather Keller and Dr. Lisa Duizer to adapt an Ontario, OMAFRA-funded research study to create a national tool. The tool explored questions such as: Would changes in a food service delivery system (e.g., room service) improve patient food experience/ satisfaction? Does making improvements in food quality or appearance change patient food experience/ satisfaction? How does adding more local/sustainable or traditional foods impact patient food experience/ satisfaction?

The tool was tested at 43 sites across Canada and 1,647 patients were surveyed. A theme across the findings was that food matters to patients, and that their preference is for food that tastes good, is healthy, fresh, and — to a high but lesser extent — is local. A clear insight from the data was a patient preference for more fresh fruit. A correlation was also found between higher patient food experience scores and sites offering room service versus other modes of meal delivery. More detailed data analysis is currently underway to provide additional insights to better describe the patient food experience and identify the factors that predict improved satisfaction.

The adoption of this tool in hospitals across Canada will grow the database, enabling further important analyses and uncovering relationships that can optimize food services in ways that support patients to eat and recover. After all, food is medicine.

Roughly half a dozen individual Innovator projects undertook efforts to collect data that would help them to better understand the patient food experience, including participating in the research of the Good Food Project.

### **Critical questions moving forward**

- Can you fix the food without transforming the whole system? How do we hold the objective of giving people access to choice, comfort, and diversity in food, while creating equitable and just food and healthcare systems?
- Does this pathway have potential to be transformative as a “thin edge of the wedge” tactic? By starting a conversation about patient food experience, we can open one about the linkages between patient and planetary health, and the role of institutional leadership on both.

## 2 Local and Sustainable Procurement

*“Are you ready and willing to take control and shift from tactical to a strategic and sustainable supply chain? Then, take control and do it. I dare you!”* — Dan Munshaw, Nourish Innovator & Manager of Supply Management, City of Thunder Bay

### What is this pathway?

- Procurement is a low-cost, high-impact leverage point to shift health care public dollars towards more sustainable practices.
- Currently, procurement is controlled and constrained by a small number of people within the system, with the power to shift the current way the food distribution system is set up.
- There is a clear opportunity to embed health care food values into how purchasing decisions are made; sustainability values must be clearly signalled to suppliers through RFPs and contracts
- Procurement can concretely shift the paradigm away from purchasing food based on lowest cost to greatest value, inclusive of the social and environmental impacts of purchasing choices.

### Activities

- Collaborative project on National Food RFP Models for values-based procurement.
- Conference presentations by Dan Munshaw, City of Thunder Bay, on forward-buying, and strategic supply chains.
- Josee Lavioe, CHU Ste-Justine, working to influence and improve the Quebec Group Purchasing Organization (GPO) Sigma Santé.
- Nourish innovators working on procuring more local sustainable food (Josée Lavoie, Dan Munshaw, Kathy Berger, Tina Strickland, Anne Gignac).
- Anne Gignac, CHU de Quebec, working with provincial Group Purchasing Organization GACEQ along with two

other provincial GPOs and three provincial ministries (health and social services, agriculture, environment).

### What we have learned:

- Potential is high, the regulatory environment is complex, and health organizations demand well-calculated risk, so this pathway will require some investment. The RFP team is making headway in partnership with Fasken legal counsel.
- Being budget-constrained and risk-intolerant, health care buys on cost and surrenders much decision-making to industry.
- High interest in innovative cases, but need for more success models and evidence to demonstrate and de-risk.
- Making changes through group purchasing organizations is difficult but if successful it would create change at scale.
- The supply chain is becoming increasingly centralized, which is an opportunity for scaled change, but trends towards cutting out small, local producers.
- Centralizing of the supply chain reduces negotiating power of institutions (e.g., locked into 10-year sole-source distributor deals in Ontario).
- Advocating for local in procurement has been successful, but the sustainability argument is much more challenging to advance (e.g., major food service company getting a record number of healthcare institutions asking for local food baseline).

### Critical questions moving forward

- We incubated disruptive ideas on the 'demand side' of institutional food supply; now how do we meaningfully engage with 'supply side'?
- How do we enable more leading examples and precedents of organizations taking back their power in procurement processes?
- Can we buy our way out of our problems? How do we meaningfully scale tactics related to building more sustainable, responsive supply chains?

## Collaborative Project Spotlight: Values-Based Procurement

Leveraging the power of public procurement to create value for patients, communities, and planet is the ultimate objective of this project. This project was born of the ambition for health care food buyers to “take control of their supply chains” and to make purchasing decisions based on criteria beyond the dominant measures of cost, availability of supply, and food safety; to introduce values-based criteria that reflects the fuller cost of food decisions, (e.g., waste, GHG emissions); and pursue the opportunity to create value through purchasing (e.g. sustainable agriculture, economic multiplier effects, increased access to affordable fresh food and better health outcomes).

An initial research phase examined contract tools and language that could enable values-based contract models. The research phase was followed by a tool-development phase, which is currently underway with legal and procurement practitioner partners, who are helping to ensure compliance with domestic and international trade regulations. Beta testing of the tools developed by the team will occur over the summer of 2019 and will then be available for public use, adoption, and adaptation.

At least two-thirds of the Innovators' individual projects included goals around procurement, most often to increase procurement of local foods from their on-site gardens, province, or region. A conversation is also emerging about the need to think more systematically about sustainable and traditional foods. Five Nourish organizations also developed gardens to augment locally-sourced food used on-site, as well as for both therapeutic and educational purposes.

## 3

## Sustainable Menus

*“We don’t need more evidence that organics are better for human health other than the fact that pesticides are bad for the health of farm workers handling it. I have no qualms saying organics are our priority now.”* — Diane Imrie, Director of Nutrition, University of Vermont Medical Centre (UVM)

### What is this pathway?

- This pathway looks at what food services and dietitians can change around patient and resident menus that link what is healthy for the patient to what is healthy for the community and the planet.
- Hospitals spend a lot of money on foods, so there is a significant opportunity to change what is put on the menu to generate shifts towards more sustainable practices.
- Sustainability defined in this pathway is inclusive of social, environmental and economic sustainability.

### Activities

- Nourish’s collaborative project on a Guide for Developing Sustainable Menus obtained significant provincial funding by leveraging McConnell funds, and a parallel research project on food service directors in Quebec is studying the challenges involved in implementing sustainable menus.
- There is growing interest in Innovators around procuring local, organic and sustainable foods.
- A well-attended “What is Healthy Food?” webinar was held.
- Dozens of Nourish conference presentations frame our work in terms of social, economic, environmental sustainability, including at the Dietitians of Canada June 2019 conference.

## What we have learned:

- Environmental sustainability is still not a high priority among health organizations and distributors, but this differs regionally and geographically.
- You can't force patients to eat what they don't want to eat, so it is important to make menu changes and influence eaters around what is delicious, familiar and easy rather than take a "thou shalt" approach.
- There is a lack of evidence and knowledge around the comparative impact of different sustainable food practices (e.g. meat reduction, waste reduction) on the environment, which makes it difficult to be strategic.
- The Canada Food Guide reflects a shift in policy, and is a high impact opportunity to shift health care towards more plant-based diets.

### Collaborative Project Spotlight: Sustainable Menus

This project aims to create a simple guide to facilitate sustainable menu design in health care. The work is based on the reality that health care's food choices have significant environmental, social, and economic impacts, and that these should be designed to be positive. Whether thinking about climate change or increasing the social benefit created by a menu, food service managers (and menu-planners in general) across the country encounter the same complex decision-making when it comes to discerning what foods to choose to sustainably meet patient needs. This guide aims to simplify the process. The work is guided by the criteria that in order to be sustainable in health care, sustainable food choices should maintain or increase patient satisfaction and should meet budgetary constraints.

The project team went through an extensive research and writing phase to establish the structure of the guide. They explored trade-offs between offering simple, single first steps and representing the complexity of the decision-space around sustainable food choices. Chapters were organized based on food categories, starting with protein, which was deemed the highest impact area for menus. The guide emphasizes a switch from red-meat centred-plate to more plant-based protein options like legumes, which was reinforced by both the new Canada's Food Guide and the EAT-Lancet report. It also provides tools in addition to information, to help menu planners get to action. With funding and support from the Quebec government, the team will be launching an interactive website in Fall 2019 to make the tool broadly available.

### Critical questions moving forward

- How do we promote or support the creation of evidence and knowledge around the impact of sustainable practices?
- Can we convergence on which are the most impactful outcomes to pursue, as they relate to each social, economic, and environmental sustainability? Do we need to "know" what is most impactful if that means delaying action in starting to make any kind of sustainability changes?
- How do we support health care organizations to transition into the highest expression of the Canada's Food Guide — not only in patient menus, but also in their overall food environments and thinking beyond their walls to improve food access in the communities they are embedded in?

## 4 Traditional and Cultural Food Programs

*“As health care providers, we need to address the social, emotional, mental and spiritual dimensions of the relationship that people have with food.”* — Kelly Gordon, Nourish Innovator & Community Dietitian, Six Nations Health Services

### What is this pathway?

- Advancing culturally-safe care to Indigenous patients who have experienced historical violence in institutions and ongoing disparities in quality of care, and a staggering health gap.
- Uses food as a pathway to reconciliation and building new relationships and trust between Indigenous patients and Western institutions.
- Centres the spirit and power of innovation that occurs at the margins of the system, where leaders have been taking risks, being resourceful with food for a long time.
- There is natural alignment between Indigenous ways and systems thinking around sustainable, local food practices, as well as the framing of food as medicine.

### Nourish Activities

- Indigenous Talking Circle
- Traditional & Cultural Food Programs (TFP) Collaborative Project accepted to u-S.Lab
- Teachings from Melanie Goodchild, Elders Maqkwa, John Cree
- Building awareness of land, Rolling Land Acknowledgment
- Gathering of First Nations, Metis, Inuit Elders on Six Nations
- Traditional Food Webinars
- Toronto workshop on Reconciliation
- FSC Assembly presentation on TFPs by Innovators
- *Miichim* Film about Kathy Loon and Sioux Lookout Meno Ya Win Health Centre serving traditional foods.
- Partnership with Turtle Island Institute

### What we have learned:

- Colonial paradigms around food are strongly embedded and challenge the safety of traditional foods and legitimacy of Indigenous knowledge (food safety rules that limit wild food).
- Access to traditional and country food can be difficult in health care for supply reasons too, namely reliance on community donations (can't purchase wild hunted, fished foods).
- The importance of truth and reconciliation resonates deeply with cohort members, who are understanding that the work of reconciliation belongs to everyone, and begins at the individual level. This has been a significant (un)learning journey, especially for non-Indigenous cohort members.
- Innovators running Traditional Food Programs are swamped with requests for support from organizations taking first steps to learn about TFPs.
- Assessing many previous efforts to make 'How To Guides' on some dimension of TFPs led Innovators to want to scale deeper and work with land, elders, communities.
- Traditional food fits within a holistic frame of traditional programming (e.g. access to elders, traditional healing practices, medicines, smudging) and is part of a larger package of giving traditionally sensitive care.

### Critical questions moving forward

- How might we make space for Indigenous knowledge and culture to work respectfully in tandem with the Western medical paradigm, to achieve better outcomes for all?
- How might we mitigate the negative impact on Indigenous leaders experiencing reconciliation burnout?
- Going beyond food on the tray, how might we engage health care and public institutions in 'whole hospital' approaches to culturally-competent care?



### **Collaborative Project Spotlight: Indigenous Foodways**

This project was born of the Indigenous and settler teams' awareness that "to deny one's food is to deny them of their culture" — a right articulated in the Truth and Reconciliation findings. The Indigenous Foodways project initially aimed to develop an operational guide for organizations considering the development of a traditional and/or country foods program in health care. Through discovery research and prototyping, the team encountered the systemic nature of deeply (and often unconsciously) held colonial paradigms and policies, and resolved that the guide alone would be insufficient in addressing the issue of increasing Indigenous peoples' access to the healing foodways.

The team evolved their strategy to focus on spending time with Elders and hearing from community, sitting with both to better sense the systemic nature of the issue, and to mutually generate insights to inform a clearer path forward. The team convened a group of First Nation, Metis, and Inuk knowledge-keepers and partners for three days on Six Nations territory for a system-sensing gathering. A key takeaway from the convening was the

importance for Western institutions to suspend judgement, and to respect and value the Indigenous worldview. The late Mikmak Elder Albert Marshall's idea of "Two Eyed-Seeing," that values both Western and Indigenous ways of knowing, was a helpful framework for the team. The journey continues with the release of a series of videos interviewing Indigenous Elders and community members who emphasize the importance of rebuilding relationships with the land, with each other, and to find place-based community approaches to increasing access to traditional foods.

The number of Innovator working on culturally safe food and reconciliation multiplied exponentially over the course of the two-year program. Initially only a handful of Innovators had individual projects related to traditional food, and these expanded to include efforts around Indigenous procurement and related policies, and engagement of Indigenous community members in recipe development and sourcing. By the end of the program, only a few organizations had not begun to explore food as a pathway to delivering more culturally appropriate care and to working toward reconciliation.

## 5 Preventative Health

*“There are many competing priorities in the complex healthcare system, but food is central to a person’s well-being. It breaks down boundaries between the hospital walls, the home and the greater community.”* — Jason Bilsky, CEO, Yukon Hospital (Nourish Innovator Hospital)

### What is this pathway?

- Bringing the idea of food as fundamental to building health both inside and outside the hospital walls, through food service (patient, retail) and clinical treatment (doctors, nurses, community care).
- Expanding the responsibility of healthcare institutions from acute care to preventative care, understanding its role as anchor institutions to support population, community, and planetary health.
- Working with physicians and other clinical care providers to promote nutrition and food education as critical to prevention and wellness.
- Integrating food into more holistic care approach to health and wellness.

### Activities

- Participation in consultations for Canada Food Guide
- Engaged key Health Canada and Public Health Association of Canada
- Hospitals as Anchor Institutions session at National Health Care Leadership conference (June 2018)
- Canadian Food Funders’ Collaborative took their position based on the new Canada Food Guide
- Wasan retreat on environmental nutrition
- Narrative shifting work with articles co-written or written by physicians and dietitians

### What we have learned:

- Revised Canada Food Guide is foundational for healthcare menus and represents an unprecedented opportunity to move beyond nutrients to food.
- Work is dependent on the willingness of policy makers and politicians to engage and elevate the issue above a clinical, scientific approach.
- Provincial policy-makers want to learn from successful innovations on the ground.
- High participation in policy workshop partly related to policy interest in solving looming problem of healthcare spending and diet-related disease.
- Kaiser Permanente’s business case for embedding food into healthcare service delivery is powerful, particularly alongside a payment structure for physicians that is tied to how their health services operate in a sustainable profit model (e.g., Farmers markets, fresh fruit and vegetable prescriptions, engaging physicians in upstream health efforts).

### Critical questions moving forward

- How do we bring the conversation about shifting from “sick care” to upstream health into the mainstream and at the systems level?
- Where are the opportunities and policy windows to expand the responsibility of the health care institution towards preventative health?

### **Collaborative Project Spotlight: Food for Health Policy**

This project aspired to address the regulatory and policy environment that shapes decisions around food in health care, specifically to advance provincial policies in Ontario that recognize food as central to health and healing. These efforts were based on the assumption that “what gets measured gets managed,” and sought to put food on the radar to build organizational will to incentivize food and nutrition managers and their colleagues to pursue more strategic, value-adding food procurement strategies. The team pursued twin strategies. First, to seize a policy window around the Ontario Ministry of Agriculture Food and Rural Affairs’ Local Food Act to “add teeth” to existing legislation that would require public institutions to track and report on their local food purchasing. Second, to explore the option of including a quality indicator related to food as part of Health Quality Ontario’s indicators.

For the first strategy, the team used a variety of tactics to engage with the Ministry of Agriculture and their MPPs to express their interest in seeing increased accountability measures for public institutions to track and report on their local and sustainable food spending. These included letter writing to the Ministry, phone calls to MPPs, sharing case studies from their organizations’ own local food sourcing and tracking efforts, and reaching out with invitations to events. Through these efforts the team garnered a response from the Ministry of Agriculture’s senior policy analyst and was invited to share a four-point recommendation to the Minister at a public consultation event. In March 2019, the Ministry released a plan that reflected some of these recommendations but fell short of providing “teeth.”

For the second strategy, the team found that to get the attention of Health Quality Ontario, further evidence demonstrating the impacts of food decisions on health quality outcomes would need to be demonstrated for this pathway to be pursued. In the interim, the team concluded that efforts would be best directed at highlighting best-in-class examples of individual organizations championing local sustainable food strategies; and specifically those who had developed organization-specific policies for food in health care.

A dozen individual projects emerged from Innovators to improve staff and patient education around food. Many were focused on patient and resident awareness about local food sourcing efforts. Others included: presentations to hospital boards about the role of food and gardens in care; the development of new KPIs related to food; and education workshops and videos emphasizing the importance of mealtimes to non-food service staff. These efforts aimed broadly to build a culture — and sometimes attempts at organizational policy — that connect food with healing and wellbeing. A thread of cohort members are outspoken about the role of culturally-safe and sustainable food in healing and of food access as a social determinant of health.



## **The Innovator Program: A focus of Nourish in the first three years**

The purpose of the Innovator Program is to work with a cohort of innovators to support them in their efforts to influence the culture and practice of food in their organizations and communities.

# Innovator Program

The national cohort of 26 institutional Innovators were selected for their influence, passion and vision in elevating the role of food in patient care and community wellbeing. Many of the Innovators are responsible for setting menus, purchasing, or overseeing food services across a number of sites or an entire health authority.

The Nourish Innovators' organizations contributed \$3,000 - \$5,000 as a participation fee and had the support of a senior leader who sponsored their application to the two-year program. In two instances, a full scholarship was provided by Nourish. Innovators represented Anglophone, Francophone, and Indigenous communities from rural and urban communities across Canada.

Innovators pursued individual projects at their organizations to address one or more major themes in food in healthcare within their organizations. The individual projects are exploring several innovative ideas and have revealed insights on how change can happen in food in health care.

Five national collaborative projects also emerged from the cohort. The suite of collaborative projects centre on five strategic opportunities, or five leverage points, related to food in care. The cohort co-defined the problem areas and pitched project ideas to one another, collaboratively allocating \$100,000 across a suite of projects they could uniquely undertake together. These projects were co-led by multiple innovators across Canada as critical impact areas to advance food in health care. They also provided the opportunity for Innovators to gain leadership experience in working across provincial jurisdictions and languages. The projects started in Fall 2018 and the results were presented at the Nourish *Food for Health* Symposium in May 2019.

Underlying the individual and collaborative project work of the cohort, they received supports in the form of national retreats, webinars, peer learning circles, and coaching calls. Most developed a Wayfinding Map which set out a North Star and a series of goals and objectives to start them off on their journey. Most Innovators fulfilled one or more of the goals they set out; and for many, their goals evolved as their awareness of the food and health system grew as they were exposed to new perspectives and practices by their peers in the national community of practice increased.

## Lessons Learned from the Innovator Program

### **1** Innovators are feeding a growing national conversation about the fundamental role of food in health and healing.

The Nourish Innovator's project work unleashed a wave of conversation across the country — there is a new conversation happening that wasn't there two years ago. Their work challenged the notion that food is a cost centre and reframes it as a site of value-creation for patients, community, and planet. Several Innovators have been promoted or invited into leadership roles or leadership programs. Innovators won 5 awards for their work, and not just in food categories — they also received recognition for enhancing resident life experience and advancing organizational mission fulfillment.

*"We all have similar challenges but collectively we can overcome them. More people now care about food in healthcare than when we started and that is a significant accomplishment."*

— Nourish Innovator, Director of Patient Food Experience

*"[Since Nourish] food is no longer just a line in the budget [at my organization], it is a crucial part of patient care, our healthcare institutions and the communities where we work and live. Food needs to be revalued."* — Nourish Innovator, Director of Nutrition and Food Services

**Implications:**

- The collective energy and efforts of the cohort created a national buzz around the role of food in health care.
- Working from a place of shared vision, the cohort endeavoured with some success to tackle and transform narratives about hospital food, by providing examples from multiple jurisdictions about the value Innovators were unlocking in their organizations for patients and community through food. For example, there is more attention on the importance and potential of food in health, however, some myths persist, such as "food is just a cost centre" or that "it's ok for hospital food to be bad".
- Going forward, the more we can generate compelling evidence connecting food with impacts on health, climate change, and reconciliation, the better we can take advantage of the growing interest — and build a strong case for greater investment and commitment from our health care institutions. This will also require more targeted engagement with health care leaders beyond food and nutrition services or procurement teams.

## 2 Shared learning in a trusting community of practice empowered leaders and built the collective imagination around the future of food.

The applicants to Nourish were mid-level support-services managers and directors who saw untapped potential for food in their organizations, and often felt alone in the work. Connecting them with other peers supported the generation (and belief in) possible futures that may have shrunk under the unaction of organizations, and in the routine of the daily grind. The community of practice created an incubator where ideas were shared, remixed, and gained strength in the safety of a peer group that collectively held a bold imagination.

Within the community of practice, personal relationships became the playground to experiment with new paradigms and ways of being (and transforming) the system. Trust grew and progressively new stories came from cohort members, which often emerged around how learning with their peers had fundamentally shifted their beliefs. Deep, trusting relationships transformed paradigms and called Innovators to a higher purpose and seemed to generate the most transformational individual growth. Just as adrienne marie brown writes, "[Critical connections] are more important in a long-term transformation process than critical mass."



“Attitudes toward Michim food are changing in the past year, far more so than in the last 5 years. I used to get a flat NO, but now I leverage the Nourish network and the cohort knowledge and I get a YES.”

Kathy Loon  
Meno Ya Win Health Centre



“I'm not a first nations person, I'm a [settler] business person. I want to adapt public procurement in a way that is not colonial. It's not just about buying a few things, it's doing it in a way that recognizes and respects other cultures.”

Dan Munshaw  
City of Thunderbay



*"I am proud that I had the courage to look within and find a way to contribute to Truth and Reconciliation in a meaningful way and be willing to open myself up to recognizing what I needed to do to get there (personally speaking - in terms of understanding and growing)." — Nourish Innovator, Director of Nutrition and Food Services*

*"The biggest growth in my thinking has been around environmental health... I also think differently about the 'rules' that are often in place that limit traditional foods on our menus. I question more the evidence around those rules." — Nourish Innovator, Registered Dietitian and Patient Experience Leader*

**Implications:**

- Learning and innovation is accelerated in a community of practice where like-minded actors with shared objectives can share ideas, experiments, and results.
- Change happens at the speed of relationships; building strong, longitudinal relationships has been powerful.
- Scale existing learning out, up, and deep by growing the community of practice.
- Support for the food agenda is growing up the organizational hierarchy, but still lives on the corporate side of the org chart. Another wave of recruitment should reach for the clinical arm.

**3 A systemic approach revealed new sources of power and influence to the cohort. When the Innovators were able to see the system in its complexity, they could claim their power in it.**

The situated learning of 26 cohort members on a shared journey — that is to say, the learning embedded within the context and culture of each of their respective organizations — provided 26 vantage points on a shared system. The exchange across the cohort, along with guided learning journeys and a reflexive learner-driven curriculum, wove a historical understanding of complex systems that allowed the cohort to recognize patterns and leverage points that none of them could have achieved alone. This approach emphasizes self-awareness and led the cohort to recognize their power in the system.

Perspectives from the margins, particularly from Indigenous cohort members, powerfully disrupted dominant paradigms and encouraged innovative thinking. Recruiting Indigenous cohort members was more than an inclusion effort; it was catalytic in challenging dominant paradigms and deepening reflexivity. It deployed more forms of knowledge and wove in innovation from the periphery.

**“** Nourish has allowed me to create a broader network across Canada to understand how to solve problems locally rather than just internally.”  
**Carlota Basualdo**  
Alberta Health Services

**“** I had successful organizational projects that wouldn't have come unless I participated in Nourish. That is where the seed was planted for me.”  
**Travis Durham**  
Grove Park Home

**“** “Around the Colton Boushie trial, I thought to myself, if everyone did one small thing to move this forward, we could change things. And then I thought, what am I doing?”  
So we decided to dedicate a large portion of our new Wellness Garden to Truth and Reconciliation in partnership with local First Nations communities and Elders.  
**Stephanie Cook**  
Regina Qu'Appelle Health Region

The growing systems leadership of the cohort was visible in a willingness to suspend judgement, hold ambiguity, and to collaborate in new areas. The cohort initiated engagement with other system actors and structures in government and markets as they had not previously. Where system structures were changing around Innovators in some provinces (e.g., health authorities becoming centralized), they adapted to new positions or mandates, and found ways to use structural reorganization to their advantage.

*“I feel the shift in acknowledgement towards Indigenous Peoples and how it is essential that we are part of conversations surrounding food and the link to the land. I feel that my contributions have greatly contributed to this, and have been so excited and motivated.”* — Nourish Innovator, Indigenous Dietitian

#### **Implications:**

- Provide forums for leaders to “see the system” in its entirety and be opportunistic in moments of change to incorporate the values of the desired system. Windows of opportunity are created by systemic change like health authority consolidation. These can either augment or diminish an innovator’s influence, but they can be trained to see opportunity in shifts.
- Support systems leaders to continue to scale their work without over-simplifying it — or falling into the traps or basins of attraction of the dominant system.
- Nurture systems leadership across the whole organization to address the issues the cohort has taken on at scale; this may require direct support from senior leadership.
- Innovators want to build a legacy; they have demonstrated systems leadership and can be powerful mentors in the next phase of work.
- Scale what we have learned about intentional recruitment of Indigenous leaders to other equity-seeking groups to foster the diversity in perspective that can lead to transformative innovation.

## **4 Innovators generated proofs of concept that made engagement of C-suite and policy-makers credible. Where capacity has been demonstrated, practices are being codified.**

Organizational adoption of the ‘food is health’ work is significant within Nourish Innovator organizations, and flourishes with the support of senior leadership. Selection for Nourish gave Innovators license from their sponsoring executives to allocate time to exploring values and projects that struggled to emerge through the daily grind, without shelter from the dominant system. The recruitment of the program was wide open; however, it was primarily middle managers and directors who applied. Nourish’s approach of “working with the willing” motivated champions and early adopters to generate proofs of concept for their organizations that now make engagement of senior leaders credible and compelling. Many Nourish organizations are now adopting and embedding the pilots of the cohort into their regular routines, budgets, and workflows. Calls to the Innovators asking, “How do you do it?”, are becoming increasingly frequent, as are organizational food charters or philosophies. Yet efforts can still be undermined quickly however (e.g., through budget cuts), where priorities aren’t aligned with senior leaders’.

*“We did very little in house scratch cooking 2 years ago....now we are producing 16 local soups and entrees in house. We partnered with our distributor for skills development with our staff. The % of local items is now on our balanced scorecard.”* — Nourish Innovator, Manager of Food Services

*“Being part of Nourish is helping us to achieve our mission and vision, and to live our values... emboldened us to be courageous and resilient... We connected to sites across Canada using room service, to learn from their pitfalls and wins, to help make us successful on our own.”* — Nourish Innovator, Project Manager.

**Implications:**

- We can build on the efforts and capacity demonstrated by the cohort to credibly advance policy change in organizations and efforts.
- Organizations' commitments to food need to be further embedded; they are still vulnerable to the tides of budgets, leaders, and policy change.
- Policy-making efforts should flow from capacity that has been demonstrated on the ground.

**5 With incentives to collaborate, the cohort practiced their systems leadership skills and started to think and act like a movement.**

From programmatic incentives to collaborate on projects to emergent system opportunities, the Innovators practiced aligning efforts while navigating their unique priorities and circumstances. This meant holding multiple viewpoints and suspending judgement; collaborating across differences and allowing multiple perspectives on a problem; and sitting patiently with the proverb, "To go fast, go alone. To go far, go together."

*"I can impact change... I can be part of a larger movement to change the conversation around institutional food service. I've learned to become more comfortable taking risks, to allow myself to be vulnerable."* -- Nourish Innovator, Registered Dietitian

*"My most significant learning: the value of partnering with others from across Canada to support local action and ability to achieve local goals and priorities."* -- Nourish Innovator, Executive Director of Nutrition Services

**Implications:**

- Resources that support ongoing collaboration efforts should be sustained until structural incentives produce

the behaviours from the food and health system that will be required to address the wicked challenges of health, inequity, and climate change.

- Renewed effort and resources should be directed at bridging the two solitudes; there is considerable innovation occurring in Quebec, the extent and complexity of which is not translating to English-speaking Canada.
- Efforts to engage diverse groups of collaborators (sometimes unlikely ones) should be expanded to create a movement that is joined up with existing efforts addressing the social determinants of health in Canada, including around racial justice, anti-poverty, and access to housing.

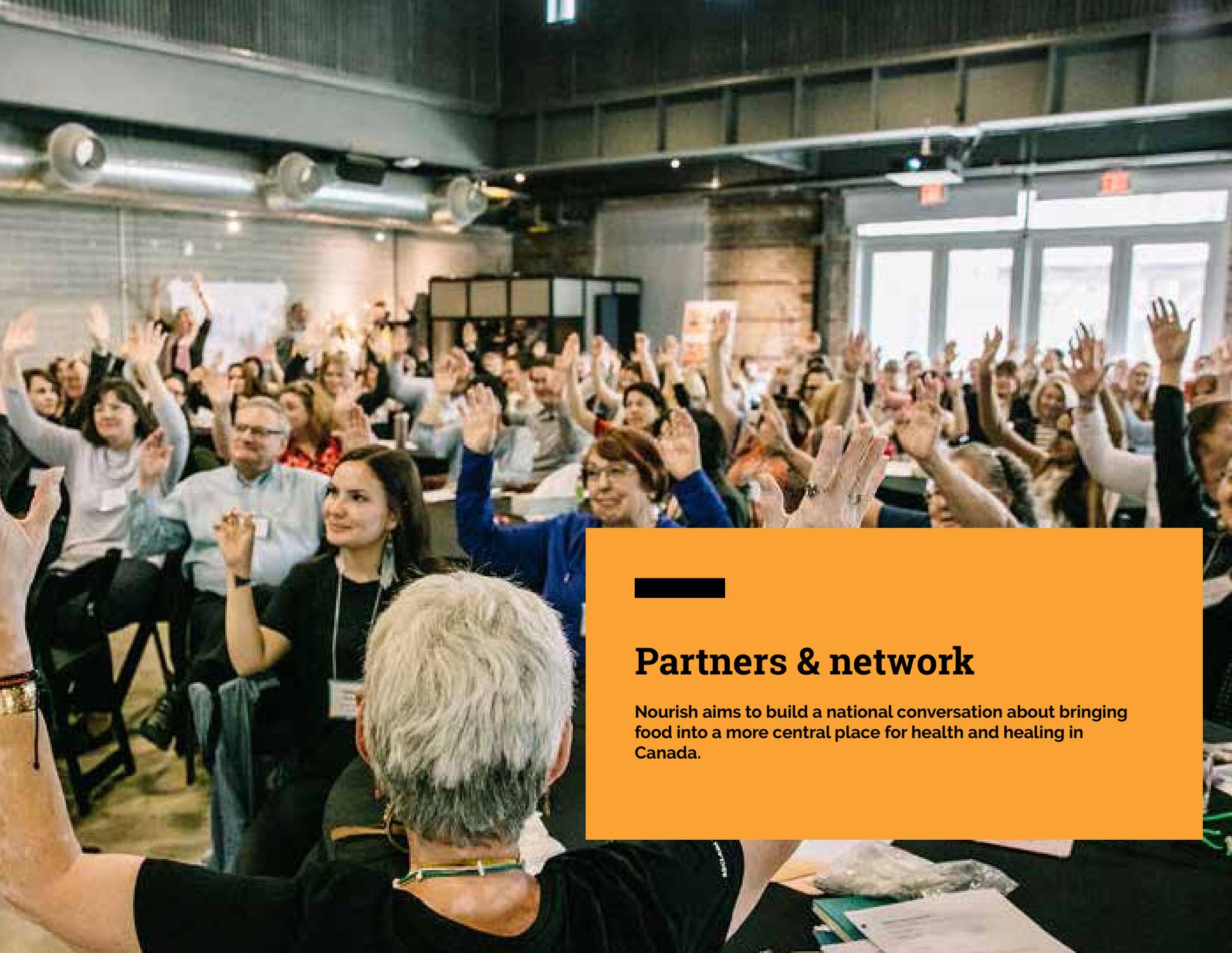


## Observations and Lessons from Individual Projects at the Organizational Level

- The individual projects are working on change at an organizational level. Some innovator projects are constrained by the challenges of introducing change into health care institutions; thus tend to be more cautious.
- The project experience is enhancing Innovators' confidence to bring a visionary picture to their organizations. The program gives them a platform.
- There are different degrees of institutional support for innovator projects. The nature of the mandate given to the Nourish Innovator (by their organization's executive) affects their projects: some are tightly scoped because they don't have the same support, where others have license to "go for it". Partnership-building and efforts to engage the whole organization are a consistent theme among those who have been successful in advancing their project work. However, we don't yet have a clear picture of the extent of organizational influence that these projects are able to have; that is, can we shift more reluctant organizational cultures?
- There are strong regional differences, as well as differences between companies when it comes to the Innovator's ability to engage distributors, food service companies, and GPOs in initiatives to disclose food origin, promote local sustainable foods, or diversify suppliers. While Nourish is supporting the Innovators to make changes in supply chains, this brings up the question of whether more direct and concerted efforts to change supply is needed, in parallel to the 'demand' work.

- To date there has been very low physician, nurse, and clinical staff engagement in projects. In health care organizations, food still very much ancillary. Yet there are a few subtle shifts starting — several innovators have been asked to present to senior leadership or their Board of Directors about their Nourish work.
- Innovator projects are providing insights on promising ideas (e.g. myths and realities of food cost structures in scratch cooking and room service models).
- There is a lot of interest in the indigenous food work of Nourish. This brings up the question of how best to support and scale this, recognizing that one of the collaborative projects is focused on traditional indigenous food and mapping the system.





## Partners & network

Nourish aims to build a national conversation about bringing food into a more central place for health and healing in Canada.

# Partners & network

Partnership and collaboration is the critical foundation of Nourish's work, underlying the objectives of narrative shifting and movement building in both the health and food systems through the collective power of engaging with its diverse systems actors. The ambition of Nourish would not be possible without its network of advisors and partners on the work.

The first three years of Nourish was a relationship development phase, with an emphasis on building new connections, introducing individuals and organizations to Nourish and sparking a national conversation with health care stakeholders around the potential of rethinking food in health care.

Nourish deepened partnerships with early collaborators: Food Secure Canada, Healthcare Without Harm, HealthCareCAN, Canadian Coalition for Green Health Care, Sustainable Food Lab, Greenbelt Foundation, and the Academy for Systems Change.

Nourish Advisors provided insight and advising on different parts of the system, programming and strategy, including:

- **Stacia Clinton** (Health Care Without Harm).
- **Melanie Goodchild** (Turtle Island Institute)
- **Hal Hamilton** (Sustainable Food Lab)
- **Kathy Macpherson** (Greenbelt Fund)
- **Carol McKinnon** (The Coaching Project)
- **Carole Saint-Pierre** (formerly Ministère de la santé et des services sociaux)
- **Dale Schierbeck** (HealthCareCAN)
- **Wendy Smith** (MEALsource)
- **Linda Varangu** (Canadian Coalition for Green Health Care),
- **Victoria Wakefield** (University of British Columbia)

Throughout the course of the program, Nourish also explored or developed further organizational relationships with: Canadian Association of Physicians for the Environment, Canadian Frailty Network, Canadian Foundation for Healthcare Improvement, Dietitians of Canada, Canadian Medical Association, Canadian Nurses Association, Canadian Society of Nutrition Management, Health Canada, MaRS Solutions Lab, Malnutrition Task Force, Public Health Agency of Canada, University Health Network Open Lab.

Activities with partners included strategy development; sharing information through networks; joint participation in events, conferences, webinars, and presentations; and the collaborative creation of new content, tools, and opportunities to further the work of Nourish and the development of a national movement of Food for Health.

A few examples give a flavor of these collaborations:

- HealthCareCAN brought together a diverse advisory committee of stakeholders across food and health systems to research a briefing note on the Role of Food in Hospitals which was shared with senior leaders in their network;
- Eight partners collaborated on the Nourish infographic "The Opportunities for Food in Health Care" outlining a menu of sixteen options to harness the opportunities of food in health care for the benefit of patients, organizations and communities;
- The Greenbelt Foundation collaborated with Nourish and producers Adjacent Possibilities to co-fund the short documentary 'Miichim', which tells the story of Kathy Loon and her team at Sioux Lookout MenoYaWin Health Centre (SLMHC) in Northwestern Ontario and their dedication to serving traditional foods to their Indigenous patients for health and healing;
- Health Care Without Harm Europe invited Nourish innovators to present on a webinar "Transforming hospital food towards a more sustainable future".



## Observations and Lessons

- The Innovator cohort network is developing and expanding into larger peer networks. There is growing interaction among Nourish Innovators themselves and with their peer networks.
- The cohort provides a foundation for Nourish to position itself as a health stakeholder.
- Nourish has stimulated a national conversation on food in health care framing opportunities and challenges around food/health systems through communications efforts and early partnership building.
- Nourish has given a structure and framework to have conversations with and across provincial/territorial jurisdictions.
- Nourish has facilitated some opportunities for peer learning, in particular with food service managers, dietitians and senior leaders — but has not yet reached out in a scaled way to facilitate peer learning amongst physicians, procurement managers, nurses, and patient organizations. Yet early partnerships are being explored with many different health stakeholder membership organizations.
- A collective agenda has not yet emerged, although the collaborative projects highlight areas of interest and the revised Canada's Food Guide released in early 2019 is seen as a strategic intervention point.

#foodforhealth2019



# NOURISH

The future of food  
in health care.





## Convening, Policy & Communications

Nourish is exploring the systems, narratives, and policy frameworks that guide food in health care through communications efforts, policy research and convening key stakeholders.

With communications, Nourish develops and disseminates messages, ideas, and other communications to shift the narrative to one where food is fundamental to health and healing.

# Convening

Nourish's most significant convenings were:

- **Three retreats for the innovators:** The first retreat took place on February 2017 in Cammac, Quebec and kicked off the Nourish program. The second retreat took place in Whistler, British Columbia on April 2018, and the final retreat took place in Toronto, Ontario on May 2019.
- **Two cross-stakeholder retreats** at Wasan Island:
  - The first retreat was held in September 2017 and convened 19 leaders from across healthcare, government and food sectors. Through systems mapping, the group explored the dynamics of the current healthcare system and prototyped actionable opportunities for a future of food in health care that nourishes patients, communities and the environment.
  - The second Wasan retreat in September 2018 convened 22 leaders from across healthcare, government, food systems and philanthropy in order to explore the opportunities around environmental nutrition in health care.
- A **policy workshop** was organized in September 2018 (see details in policy section below). In addition, four external-facing events were held in Montreal (at Équiterre and CHU Ste-Justine) and Toronto (at St Michael's Hospital and MaRS). They featured international speakers Dr. Jens Kondrup from the Copenhagen Hospital Corporation and Copenhagen House of Food in Denmark, and Skip Skivington from Kaiser Permanente in the United States, who were presenters at the policy workshop.
- **Food for Health Symposium:** The two-day Food for Health Symposium took place at Evergreen Brickworks in Toronto in May 2019, and had over 175 people in attendance. There were keynote presentations from Sheila Watt-Cloutier and Peter Senge, and a Hospital Food Experience from the

Future lunchtime event where three hospitals (Holland Bloorview, CHEO and Unity Health) worked with three chefs (Joshna Maharaj, Rich Francis and Simon Wiseman) to create dishes suited to 2030.

Nourish also been presenting at health care conferences and events such as the National Health Leadership Conference (NHLC), HealthAchieve and Upstream.

## Observations and Lessons

Going forward, we are looking to find the right strategic balance between Nourish creating and hosting its own events, (which allows for creative facilitation and are generally praised as innovative and generative spaces, but may reinforce an echo chamber), and seeking a presence at conferences such as the National Health Leadership Conference (where healthcare audiences are already present but there is less potential for innovative design).

## Policy

Nourish commissioned HealthCareCAN to develop an **Issue Brief, *The Role of Food in Hospitals***, which was released in May 2017. This Brief was a key document in framing the potential of food in health care and starting discussions with senior health leaders and stakeholder organizations. A recent meeting with a former hospital CEO revealed that the briefing has become a well-referenced document and contributes to Nourish's credibility.

Nourish hosted a **Food for Health Policy** workshop in September 2018 to which senior provincial and territorial government officials, as well as representatives from the National Indigenous

Organizations, were invited. The workshop in Old Montreal brought together 32 policy makers from almost all provinces and territories as well as researchers and practitioners. Speakers shared experiences of innovative approaches to food in health care, in Canada, U.S., and Denmark, along with exchanges amongst senior officials on their challenges and solutions. A second policy workshop is being planned for September 2019.

In preparation for the workshop, research was conducted to compile an inventory of **Pan-Canadian Policy Scans** of health, agriculture and procurement policies that guide food in health care settings to help better identify opportunities for policy innovation. An early draft of the scan was presented at the workshop to seek valuable feedback from attendees. The policy scan was launched at the recent Symposium in May 2019 and has been shared with provincial/territorial health Ministries, with plans to further its reach through seeking presentations to Chief Medical Officers of Health and the Federal/Provincial/Territorial Group of Nutrition.

Discussions with health authorities, provincial and territorial governments, and federal agencies have been on-going — the Nourish team is encouraged by the promising signals around food as a growing policy priority and see high potential for future policy work.

# Communications

Nourish has been working on a variety of different communications efforts in order to transform the narratives around food and health for key stakeholders. The key channels have been through social media, media relations, public webinars, a quarterly newsletter, and presentations at key conferences and events.

## Media relations

One of the learning experiences for the communications work was working with Mediastyle, a public affairs agency, around building a media relations strategy and ambassador program strategy. It was important for Nourish to understand its key audiences and develop key messaging that can resonate and be accessible to people who might be new to thinking about food and health connections..

We started down the path of developing an **ambassador program** to position individuals with high influence, credibility and access to audiences to become media ambassadors and promote Nourish messaging within public awareness. However, we made a choice to delay implementation because we were unclear on who the target audiences were for a program in transition. In the meantime, we were able to leverage the Food for Health Symposium in May 2019 as an opportunity to create media awareness and buzz around the Nourish initiative and work. The engagement with celebrity chefs, hospital executives, and taste panelists through the Hospital Food Experience from the Future —a lunch time media event during the Symposium — helped us trial working with “ambassadors” around spreading Nourish messaging in an exciting, approachable and media-friendly manner.

## Creating Original Nourish Assets

Nourish worked with Adjacent Possibilities to develop two videos: 1) a documentary titled “Miichim” about Nourish Innovator Kathy Loon from the Sioux Lookout MenoYaWin Health Centre, and how they serve traditional foods on the hospital menu, and 2) the “Ode to the Hospital Tray,” a 1-minute short that shares the Nourish manifesto. These, in addition to the Nourish infographic “The Opportunities around Food in Health Care”, were very well-received communications products that showcased and framed the work of Nourish. They were also disseminated and shared online and are continued to be used as tools by partners and Innovators.

Overall, since Nourish started:

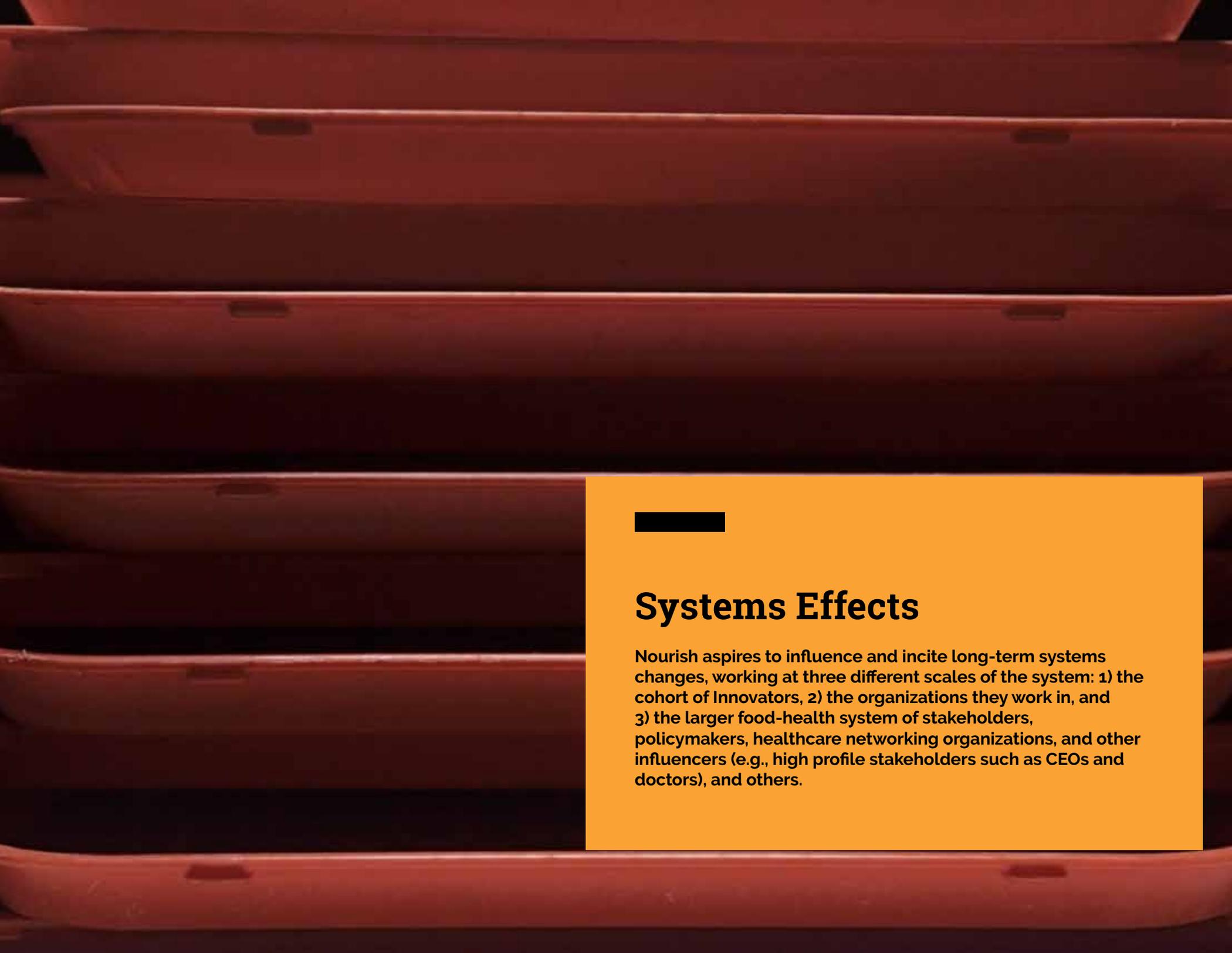
- Nourish has media stories published or republished in CBC, National Post, CBC Radio, Global News, and National Observer. For example: Bring on the Hospital Food Op-ed by Dr Edward Xie; ‘Indigenous food is health care’: symposium imagines future of hospital meals; Push for fresh, local hospital food across Canada over ‘pitiful’ alternatives.
- Nourish has an external newsletter, and has put out issues on food-health topics including patient engagement, procurement and nutrition.
- Nourish has hosted 5 public webinars with 350+ in attendance around the topics of reconnecting food and health, traditional food programs, values-based procurement, anchor institutions, and collaborative projects.
- There has been a steady increase in all communications channels and subscribers, with a spike from the Food for Health Symposium: Twitter (570 followers), Mailing List (1000+).
- Nourish is starting to share with larger audiences by co-publishing newsletter articles in other media such as the

Canadian Medical Association blog, Healthcare Without Harm’s Medium channel, OHEA, Northwest Nosh Magazine, Food Service and Nutrition Magazine of the Canadian Society of Nutrition Management, etc.

- Nourish has successfully co-published several articles with both senior healthcare leaders and physicians.

## Observations and Lessons

- Effective media relations requires a rapid response mechanism with core messages and a media list in order to quickly prepare editorial letters and availability to comments.
- Events are a stronger pitch than just the presence of an initiative to the media. We attempted to capitalize on “events” to get media attention — such as the release of the Revised Canada Food Guide — but found greatest success through the hosting of events like the “Hospital Food Experience from the Future” as a way to capture the attention of journalists.
- Developing the stories and content for the Nourish newsletters was highly resource-intensive, and could be coupled more strategically with other co-publishing opportunities to reach more audiences.
- The “Hospital Food Experience from the Future” informed how we might develop relationships and work with CEOs and high-profile stakeholders as “ambassadors” in the next iteration of Nourish.



## Systems Effects

Nourish aspires to influence and incite long-term systems changes, working at three different scales of the system: 1) the cohort of Innovators, 2) the organizations they work in, and 3) the larger food-health system of stakeholders, policymakers, healthcare networking organizations, and other influencers (e.g., high profile stakeholders such as CEOs and doctors), and others.

# Systems Effects

For two years, Nourish focused on networking and developing the leadership skills of a cohort of food service and procurement leaders. This cohort sought alignment between patient and planetary health through food, in addition to convening policy makers and developing communications tools for a broader audience.

Cohort organizations became the sites for niche innovations, where cohort members were able to learn from and support each other in prototyping new services, products and processes that prioritize the role of food in healthcare. However, Innovators often outpaced innovation in organizational or provincial policy, and had to pace themselves and shift their focus to addressing the underlying conditions they were working in. When the community of practice became more ambitious in unlocking the full leadership potential of their organizations, it was clear that organization buy-in required whole-of-organization and senior leadership engagement.

On the food-health system level, we need cross-stakeholder collaboration and policy change to “unlock” and scale the potential of the niche innovations happening at the organizational and cohort levels. Two cross-stakeholder workshops were held on Wasan Island, and a policy workshop was convened as an informal peer-learning group of provincial/territorial senior officials to learn about the policy landscape, innovations in US and Denmark, and to share their work and challenges.

To assess systems changes, Nourish examined ways in which the following are shifting: beliefs/culture, power/authority, resources, policy, routines, and relationships (see diagram on the next page). There are some encouraging signals regarding systems effects, and several notable challenge areas. Overall, the external interviews verified that Nourish has given context

and strong examples that are grounding the emerging food-for-health conversation. It seems there is a growing legitimacy for these ideas that Nourish has contributed to.

## Beliefs and Culture

Nourish is working to foster beliefs such as: food is fundamental to health and healing; food in institutions is a pathway to reconciliation; shifting from food as a cost centre to value creation; and a broadened definition of healthy food.

**Cohort:** The spirit and energy of the cohort shifted from curiosity to willingness to express vulnerability and tackle difficult problems together. For example, the cohort has strongly come together around reconciliation. The cohort's collective learning edge around how to meaningfully engage with the work of truth and reconciliation expanded, with many of the Innovators doing so for the first time. The cohort is engaging in a really thoughtful, vulnerable way that is enabled by the willingness, humility, and grace of the Indigenous cohort members. This trust has been built through a consistent commitment and significant effort from the Nourish team.

**Organization:** There are a couple promising examples of CEOs speaking publicly about food in health; two have written blogs for Nourish (Children's Hospital of Ontario, Yukon Hospital) and hospital executives from three hospitals (Unity Health, Holland Bloorview and CHEO) participated in the Hospital Food Experience from the Future. A handful of innovator organizations are making organizational level changes, such as being more supportive of scratch cooking or purchasing organic and local food, with support from their hospital foundation. There has been a general opening across the Nourish organizations to see food not just as a cost centre, but as valuable to both healing and community well-being.

**Food-health system:** Beyond the organizations of the Nourish cohort, Nourish is developing better connections with food service directors in health care. The Food for Health Symposium was an opportunity to invite a wider community of organizations and stakeholders into the work. However, for the most part, the dominant frame of food as a cost centre remains, and there is limited openness to change. In the broader community, a couple of Innovators are seeing receptivity to ideas and initiatives. As more people engage with Nourish, there is increasing understanding of the sustainability and Reconciliation objectives of Nourish (whereas initially, the external perception of Nourish tended to focus on its health and nutrition aspects).

### So what?

There are some powerful shifts among cohort members which signal that beliefs and culture shifts are possible and happening — while also recognizing that the cohort is likely a group that are predisposed to this kind of opening. Specifically, they have become key players and ambassadors in shifting the narrative of “hospital food is bad” to seeing the role of food as a platform for change. What will it take to move these ideas from early adopters to early majority? Can Innovators effectively influence executives in their institutions?

One of the most commonly cited experiences of shifts in beliefs and culture has been around the work of truth and reconciliation. The inclusion of Indigenous Elders at the Food for Health Symposium — and the importance of Indigenous food ways and the decolonization of health care embedded in the program — has provided learning opportunities for both Indigenous and settler participants.

There is also an ongoing tension between patient-centered and planetary health priorities. Although they are not mutually exclusive, some projects treat them as opposite poles to choose between, rather than priorities that can be complementary or that at least can develop in parallel. The experience so far suggests that creating opportunities for powerful personal experiences should be an important part of Nourish’s strategy to shift beliefs.

# INNOVATIONS

## Examples of food in health care initiatives

### Procurement

Forward contracting; waste reduction; tracking local sustainable food baselines; introducing new sustainability criteria for RFPs; influencing GPO purchasing values.

### Menus

Less, better meat; more plant-based protein; tray waste reduction; healthier eating.

### Staff Engagement

Communicating local sustainable procurements; tray communications; food showcase and fairs.

### Patient Experience

Room service; hospital gardens; beekeeping on healthcare campus; protected meal times; malnutrition screening.

### Indigenous Foodways

Hiring Indigenous knowledge keeper; Indigenous food days; traditional food programs.



# SYSTEMS CHANGES

Nourish is tracking early signals of systems change across six categories



# IMPACTS

The potential benefits of these innovations

## Patient Experience

Enhanced patient satisfaction; culturally competent care; increased patient & family engagement; patient communication and education around value of food in health.

## Clinical Outcomes

Reduced malnutrition; reduced re-admission rates; reduced bed turnover; lower rates of antibiotic resistance

## Food System Outcomes

Support for local, sustainable and indigenous producers and entrepreneurs; waste reduction, reduced carbon emissions from packaging, reduced meat

## Community Outcomes

Improved public health outcomes; positive social interactions; and strengthened local food economies.

## Resource Flows

Resource Flows are comprised of things like budget commitments, local grower capacity, and wholesale distribution systems.

**Cohort:** Most cohort members have limited agency over budgets and resources, but changes were seen wherever Innovators secured new budgets — from travel budgets for the Symposium (sixteen of seventeen Nourish organizations) to new funding directed to First Nation suppliers in contracts. Many special projects are underway as a result of Innovator initiatives, ranging from small garden projects to scaled programs across entire health authorities and provinces (Nova Scotia, Saskatchewan).

**Organization:** There are four examples of dedicated new contracts in Innovator organizations that commit resources for hiring a new staff to support more food for health work, and one job description that has been expanded for an Innovator to allow more time to work on Nourish-related efforts. Persistent challenges remain with ongoing budget cuts (that in turn affect food service budgets) and no-sell lists that act as an institutional barrier in some examples.

**Food-Health System:** Cash and in-kind contributions to collaborative projects far surpassed the original goal of matching the McConnell Foundation's \$100,000 (with significant in-kind and cash contributions from Buy Social, Fasken law firm and provincial governments including Quebec and Saskatchewan). Several Nourish Innovators have also received grants to support their individual work. The supply chain is seeing evidence of demand, with a significantly increased interest in local food purchasing attributed to Nourish-affiliated organizations.

However, there are still significant jurisdictional challenges (e.g. public health/healthcare schism) to overcome to shift dollars upstream. Nourish presented at the October Philanthropic

Foundations of Canada conference on what philanthropic funders can do to shift dollars toward more preventative health and food systems change.

### So what?

If shifts in beliefs and culture do occur, resource commitments should follow. We're seeing resource shifts and commitments at the organizational level primarily among cohort organizations. One interesting direction is that infrastructure changes have been successfully made in the 'room service' work. However, many of these resource shifts are more substitution of roles than the major redesign of budgets — which requires far more time and effort to address larger infrastructure needs and increases in core budgets overall. How, for example, can capital investments for food in healthcare (e.g. kitchen infrastructure) be secured and food contracts be adjusted to lever change in supply chains?

## Power and Authority Flows

Signals of change in Power and Authority are things like increased commitment to a food-for-health agenda among influencers and decision makers, and seeing the growing influence of empowered change makers on the system.

**Cohort:** Three cohort members have received promotions within their organizations. One Innovator has been assigned as the lead for provincial recommendations on future of food service in Saskatchewan; another as lead on the local food in healthcare work in BC. Innovators are also building social capital within their organizations. In some cases, they are translating their current positions into ones where they can have more impact.

**Organization:** There was increased participation of senior leadership speaking and validating the work of Nourish at the Nourish virtual retreat in winter 2019. Innovators talk about

getting more access to meetings with CEOs. Senior champions in hospitals are powerful allies for enabling change, but when they move on from or change positions, it can take away the same opportunities that they unlock.

**Food-Health System:** The participation of non-Nourish hospitals (Holland Bloorview and Unity Health) and their executive leadership in the Hospital Food Experience from the Future was a powerful indicator of a shift in the food-for-health agenda. The fact that the Dietitians of Canada conference included topics related to sustainable menus and are interested in more explicitly bringing in a framing of reconciliation into the next conference is also a signal of change. There are early signs that food-for-health is increasingly on the radar of major industry players and national health care organizations (e.g., HealthCareCAN).

### So what?

Being a part of Nourish garners Innovators some increased profile and legitimacy for the work of food in health care. The challenge will be how to effectively help them translate their current positions into ones where they can have more impact. It is also more clear that healthcare is quite hierarchical and it is critical to engage CEOs and senior leadership in order to scale the work. We did not significantly engage this stakeholder group in the first phase of Nourish and intend to focus on this more in our next strategy. Clinical nutrition continues to hold a lot of power within the system, and stands to possibly lose influence in a re-imagined food in healthcare — as such, it will be important to engage in work more fully to enable whole-of-hospital approaches. Considering how the work on culturally safe food and reconciliation translate into systems-level challenges, as well as addressing the colonial aspects of the health system, will also be important.

## Policy

Policy is a change in legislation, organizational policy, or an increase in the will to act towards policy changes among key stakeholders.

**Cohort:** There is increased interest and recognition among cohort members to mobilize for change at a policy level. Nourish became a platform for the innovators to collaborate more strategically and eco-systemically across organizations and jurisdictions. The cohort took a lot of action around the TRC calls to action and started to mobilize around key policy leverage points.

**Organization:** The development of an Indigenous food procurement strategy in Thunder Bay, and piloting the use country/traditional food in BC projects points to an openness to find solutions. In Quebec, Innovators used the provincial government requirement for menu harmonization to integrate sustainability in menus and procurement.

**Food-Health System:** The Nourish team participated in consultations to develop the new Canada Food Guide and are engaging in the ongoing work on how it gets implemented with senior Health Canada officials who have engaging with Nourish and Innovators on multiple occasions. A collaborative project engaged with provincial government officials in the implementation of the third and final pillar of the Ontario's Local Food Act, getting health care facilities to set targets for local food spend and tracking. Feed B.C. was launched and is leading an implementation project with Interior Health Authority with Innovator participation. The first Food for Health Workshop for provincial/territorial/Indigenous health officials got good response, although confirming participation at the most senior level is difficult with travel restrictions within government.

### So what?

Nourish developed a policy scan that mapped the provincial/territorial policy landscape that guides food in health care settings (health, agriculture and procurement) and identified several leverage points for change. However, although Innovators and their organizations increased their understanding of the policy landscape and began engaging in policy work, it is too early to expect substantive change on policy. There is a need to translate the niche innovations into more “policy-ready” forms, and to build the evidence base for the kinds of reform needed, in order to inform future policy efforts for scale.

## Routines

Routines are things like procurement processes, training, waste management practices, accounting practices, and quality improvement plans.

**Cohort:** Innovators are putting in place new practices such as room service models, waste audits, tasting panels, and menu changes (e.g. meat reduction). Innovators are paying more attention to food origin, and are leading conversations with colleagues about where food is sourced. Collaborative projects advanced understanding of the opportunities for routine changes.

**Organization:** There are lots of interesting one-offs and pilots that changed routines, demonstrated by the niche innovations developed by Nourish Innovators through their individual projects. For example, Health Sciences North began composting with the City of Sudbury. Additionally, it was also observed that some health authorities are centralizing menus which generally reduces flexibility and ability to provide seasonal ingredients. Lastly, two Nourish Innovators generated organizational insights by implementing a pilot room service model.

**Food-Health System:** A scaling out of the room service model is being implemented province-wide in Nova Scotia. The sustainable menu guide will be made available for food service managers across Canada.

### So what?

We've seen successful routine changes at cohort organizations, but they will be very hard to shift at scale by just providing case examples. Many of these changes are in the “early adopter” phase of the innovation adoption lifecycle, and an ongoing question for Nourish is how promising examples from pilots can become more embedded in organizations across Canada. Sharing learning between organizations that are innovating on routines is one pathway, but can be slow to take up without the resources to animate the update and without stronger evidence to support the rationale for these changes. The development of tools has a lot of potential power, but the dissemination needs to be well-resourced. Targets that can be accelerated through policy would enable more uptake on routine changes.

## Relationships

Nourish is building bridges between anglophone and francophone and Indigenous and settler or non-Indigenous colleagues.

**Cohort:** Cohort members have made powerful relationships with each other through intimate retreat gatherings, and connect regularly to share information and advice. Even beyond the activities and projects that Nourish facilitates, the Innovators have formed friendships and professional relationships that are expected to extend well beyond the Innovator program. Nourish built bridges between anglophone, francophone, Indigenous, and settler or non-Indigenous colleagues.

**Organization:** Some cohort members have been able to leverage Nourish activities (e.g. webinars) as a way to convene

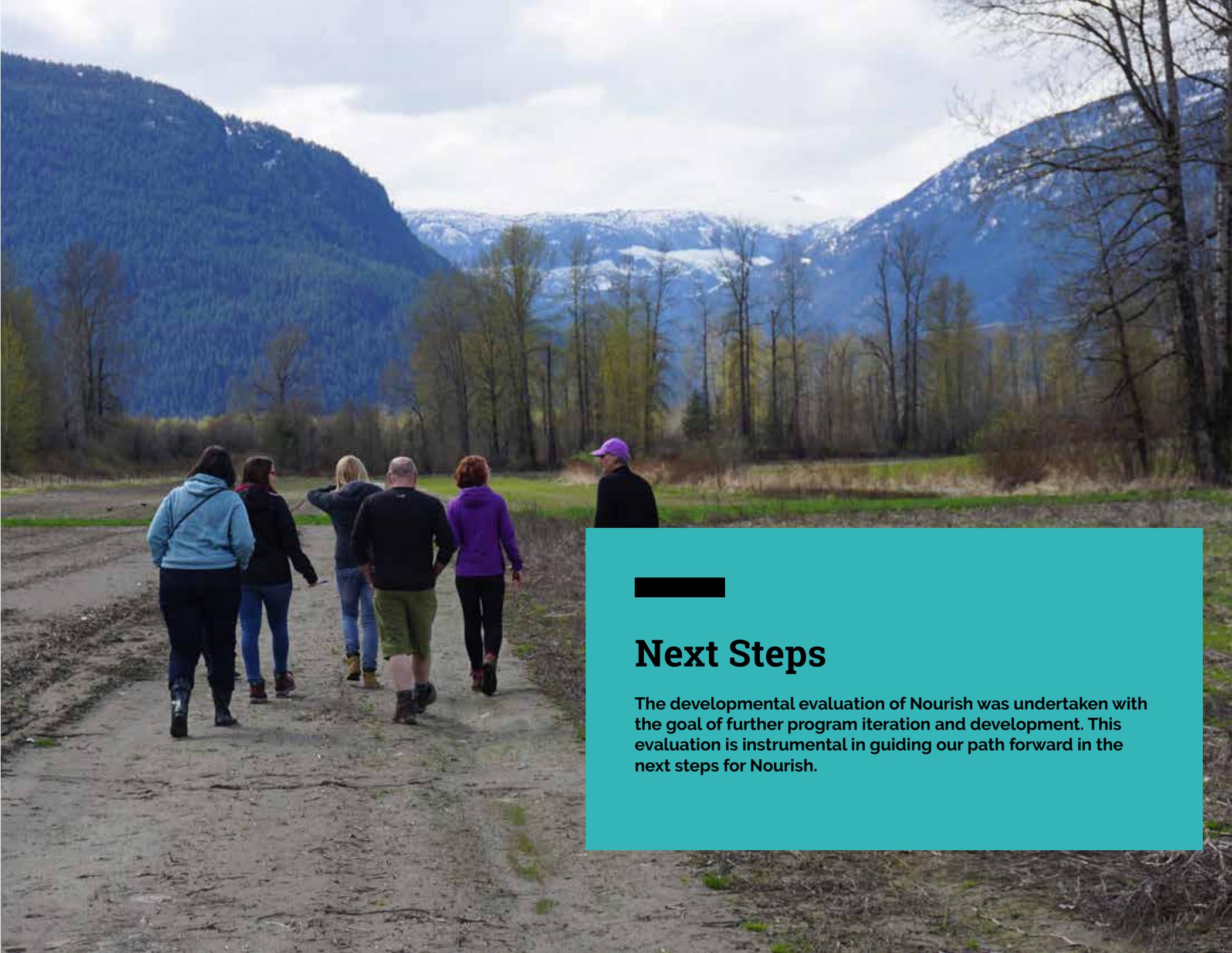
a 'food for health' conversation within their organization. Being able to share Nourish assets — like the newsletters, infographic and videos, and invitations for their colleagues to webinars, virtual retreats and the Food for Health symposium — helped them build relationships internally.

**Food-Health System:** The network of organizations (especially national organizations) that are connected to Nourish has grown throughout the initiative and relationships have deepened. Examples of this include multiple stakeholders making commitments to co-creating the infographic or making joint funding proposals. *The Role of Hospital Food* briefing was impactful in positioning the work of Nourish and helped contribute to positioning Innovators as 'experts' in the field.

### **So what?**

Building relationships on many levels is foundational and critical for building momentum and scaling as Nourish moves forward. Relationships across silos in organizations are essential to bridge clinician, food services, leadership, and patient silos. While piloting the Innovator program was focussed on food service managers, it became clear to us for us that building relationships with other stakeholders in and outside the hospital is required in order to change the perception and potential of the role of food. Nourish made some inroads in beginning relationships with other stakeholder organizations (e.g., patients, nurses, and doctors) but much more remains to be done.

Nourish holds the position of being the experts on the food in health care space, but there is much more work ahead of us — it's a matter of getting on the priority list at the right time for the health care sector, to try and get food higher up on the agendas of the organizations.



## Next Steps

The developmental evaluation of Nourish was undertaken with the goal of further program iteration and development. This evaluation is instrumental in guiding our path forward in the next steps for Nourish.

# The next phase of Nourish

## moving forward

***A change in scale requires a change in form and strategy.*** The next phase of Nourish is focused on building a movement across Canada to value food as central to health for people and the planet, both in healthcare organizations and their communities. **The strategy is based on scaling out, deep and up:**

### Scaling out

Based on a broad pledge to join a food-for-health movement, the initiative seeks to engage hundreds of healthcare organizations and thousands of patients and citizens to demonstrate commitment to personal, community, and planetary food security.

Three key impact areas have been identified for pressure-testing:

- Climate leadership through “less meat, better meat” on menus and the reduction of food waste;
- Community food security, including indigenous food sovereignty;
- Sustainable procurement.

### Scaling deep

This aspect focuses on engaging healthcare anchor institutions in different provinces and territories as champion organizations. Working initially with six hospital-community partnerships, the initiative would provide seed funding and small grants which would leverage much larger funding from hospital foundations.

Characteristics of champion hospitals would include:

- Active leadership of CEO and senior management
- Involvement of all major stakeholders in the hospital, including physicians, nurses, kitchen staff, patient councils, food service managers and dietitians
- Bringing to life the advice of Canada's Food Guide, including cooking with whole ingredients, providing social eating opportunities and moving to plant-based diets for cafeterias and patient meals
- Initiating projects and processes that engage community voices and organizations in work such as meals-on-wheels, communal dining, gardens and farmers' markets.
- Active connection with food supply chains to shift purchasing patterns
- Engagement with policy makers to incite change in provincial and territorial policies
- Connecting with the land, Elders, farmers and others for experiential learning.

### Scaling up

Across the national network and the champion hospital-community partnerships, the initiative will engage hospital senior leadership, clinicians, governments, as well as hospital foundations and community foundations to shift resources toward more preventative approaches through food. An advisory council of respected thought leaders from a diversity of backgrounds and regions will be engaged to support the initiative; this could include hospital CEOs, physicians, patient advisors, Elders, and community health leaders.

Communications is an essential aspect of all three dimensions of this strategy (scaling out, deep and up). A well-executed communications strategy is key to shifting the narrative to one where food is valued as fundamental to health and healing — spurring a nationwide shift to understanding healthcare's role in building community food security and preserving planetary health.



**Nourish Developmental Evaluation**

[www.nourishhealthcare.ca](http://www.nourishhealthcare.ca)