



NOURISH 2050:
Regenerative Food and Health
Systems that Reconnect People with
Land, Culture, and Each Other

Food System Vision Prize Submission



Nourish envisions a future where the health of people and the planet are sustained by Foodsheds and Well-Being Regions that are rooted in ecology, culture, and place.

In 2050, Canada is a world leader in welcoming and resettling climate refugees and has a population of 100 million—more than double the 38 million in 2020. The government's primary responsibility is maintaining the well-being of its people, its communities, and its ecology.

The health care system was transformed as a result of the **Canada Well-Being Act of 2032**, which restructured federal funding around the integrated delivery of care across the human lifespan, from health promotion to acute care and palliative care. Hospitals are now part of bioregional Well-Being Regions responsible for the place-based health and wellness of communities. These **Well-Being Regions** share boundaries with **Foodsheds**, social and geographical areas determined by the flow of food, people, and ecological resources, and are reconciled with agreements to return parcels of Crown land to Indigenous jurisdiction. In 2050, the ecological and social determinants of human health are well understood policy priorities.

National commitment to address the social determinants of health, to end food insecurity and homelessness, consolidated around the provision of a **Universal Basic Income** in 2025. A cornerstone program, the **Universal Planetary Food Box (PFB)**, gives all Canadian households, regardless of income, access to subsidized fresh, seasonal, and sustainable fruits and vegetables supplied by local farmers and producers. PFBs reflect each Foodshed's unique growing capacities and traditional knowledge, and create a "minimum shelf" of seasonal produce for individuals and households to build upon.

The above progressive social policies were long in discussion, but two major events solidified understanding of the interdependence of human and planetary health and spurred global and national action to address inequities and environmental degradation: **the coronavirus pandemic** and **climate change**.

The Journey to 2050

The **coronavirus pandemic** at the beginning of the 2020s (dubbed “The Great Slowdown” as a decade of cultural flourishing during an economic decline) revealed the glaring need to reform inequities within social systems and propelled the largest global prevention effort in history. Mutual aid and social movement groups organizing around **decolonial, anti-racist, and ecological principles** demonstrated the need for just and equitable food and health policy. Physician champions, community health leaders, and caregivers joined the chorus calling for progressive policies—such as ending **food insecurity**—to address the social determinants of health and bring about badly needed financial and ecological justice. The pandemic became a turning point in acknowledging the importance of preventative and upstream ecological and social policy.

The pandemic also became an unexpected catalyst for mobilization around another pressing issue: **climate change**. By revealing a) the **fragility of an overburdened acute-care health system** and b) the risks of the rise and spread of **zoonotic disease from the industrial food system**. The pandemic laid bare our vulnerability to impending climate catastrophes while also demonstrating government’s capacity to act in the face of a crisis. Politicians and other advocates for climate change action pointed to the need for policies with immediate and long-term benefit for the environment, including true cost accounting, investments in ecological literacy, and regulation of the hyper-globalized food supply chain. The calls for equity and greater resilience resulted in two objectives for nation states seeking world-class status:

- **More diversified, resilient food value chains** for domestic food security and local food sovereignty,
- An **integrated health system** that shifts its focus from acute care to population health.

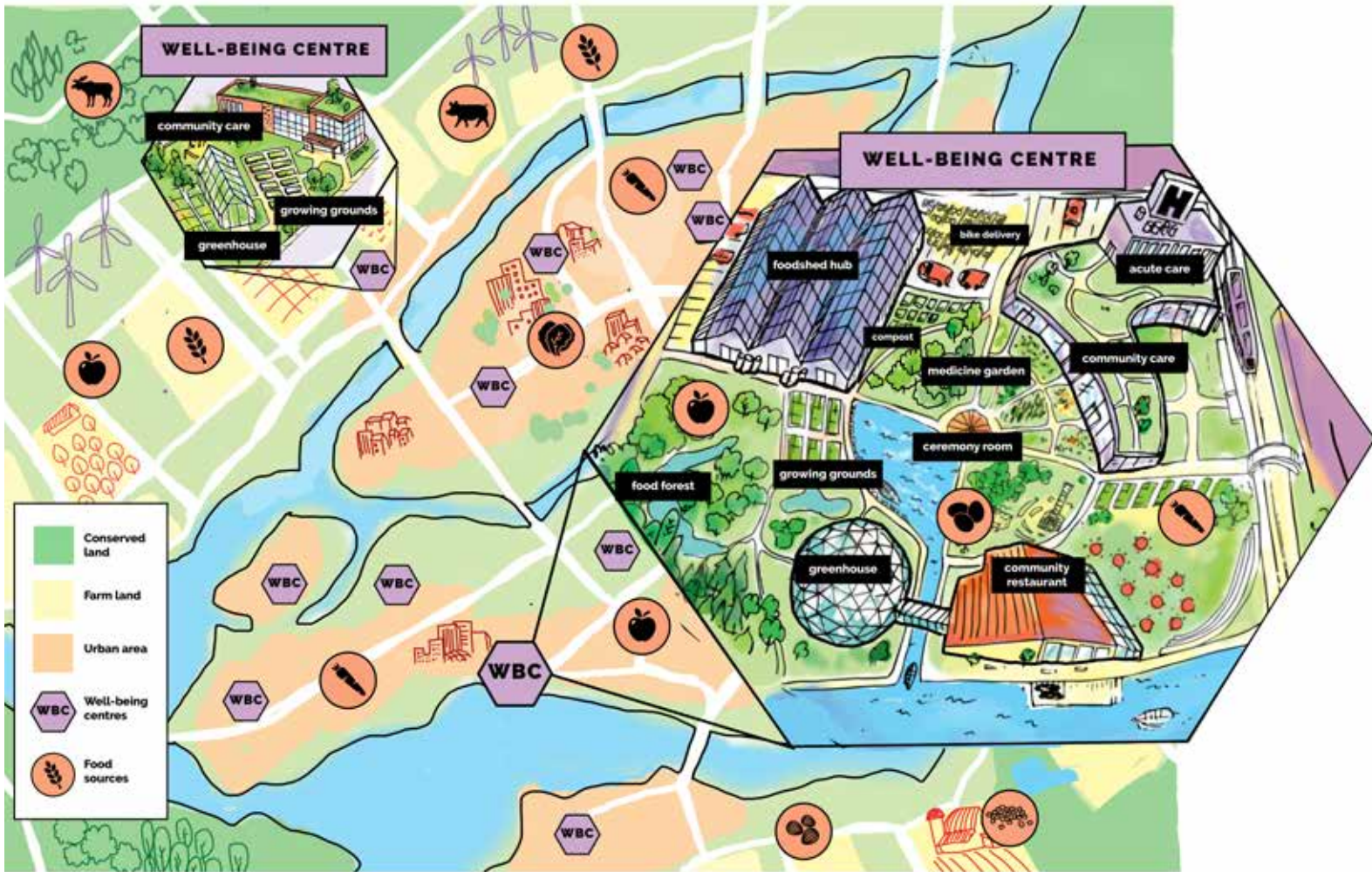
By 2050, Canada’s desire to achieve these two objectives has led to a significant restructuring of its government. The federal Ministry of

Well-Being (previously Health), Ministry of Ecology (previously Environment and Economic Development) and Ministry of Food (previously Agriculture) share a **Planetary Health Mandate** and are co-invested in Well-Being Regions and Foodsheds.

Three major shifts at the intersection of food and health systems shaped the Canadian reorientation toward human and planetary well-being:

- The shift from acute care to preventative health through the creation of place-based **Well-Being Centres** that work from a place of cultural humility to care for the whole person and to build food and ecological literacy.
- The shift from a global, industrial food system to a reorientation around **Foodsheds** and **planetary diets** that build local food sovereignty.
- The shift from a protracted state of unreconciled historical trauma and dependency to a **resurgence of Indigenous sovereignty and governance**, and recognition of the importance of Indigenous foodways and knowledge to support well-being.
- Together, these three shifts were responsible for an increase in health equity and biodiversity in Canada, and for the emergence of resilient local food systems that are medicine for the communities who steward them.

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Place-Based Well-Being Regions

The Canadian health care system in 2050 is a well-being system that cares for people across their lifespan and is integrated with the previously separate food system. It is based in the ecology, culture, and terroir of place—and soil health is a proxy for the health of the people in the area. Investments in preventative care, treating the whole person, and population health are the priority.

Well-Being Regions are place-based distributed networks whose boundaries match those of Foodsheds (geographic areas that supply local populations with food grown in a sustainable, regenerative manner), **watersheds, and the historical flows of people and food.** These boundaries delineate each Region's "care catchment."

Well-Being Regions consist of **small hospitals dedicated to acute care** and a constellation of **Well-Being Centres** located in neighbourhoods based on population and need. Care is delivered with a humility that respects cultural context and traditional knowledge of the community.

Through programs like the Universal Planetary Food Box and Universal Basic Income, as well as investments in preventative health services, the **Canadian population has steadily become healthier over time.** This has dramatically relieved pressure on the acute care system and reduced the need for costly acute care treatments, leading to a **virtuous cycle of cost savings that have been redirected to preventative health services.** Hospitals are no

longer large centres but smaller operations that specialize in complex acute care needs; priority is now given to resourcing Well-Being Centres.

Well-being and preventative care in the community

An evolution of community health centres, **Well-Being Centres** are the beating heart of communities stewarding the care and well-being of citizens. Every Well-Being Centre offers primary health care, a community restaurant, growing grounds, and an informatics system to track the population it cares for. Well-Being Centres have as their objectives community wellness, social cohesion, and ecological stewardship. Their services include the following:

- **Community health services:** Gardening facilitators, horticultural therapists, mental health counsellors, Elders and traditional knowledge-keepers, social workers, cultural animators, and nutrition specialists are among the staff at every Centre. They offer free or subsidized one-on-one counselling, workshops, training programs, and proactively follow up with community members who need additional support.
- Resource stations for home-based care and caregivers: With care for most seniors now delivered in the comfort of their homes, home-based caregivers can access resources and space at the Well-Being Centre as they make their in-person rounds in the neighbourhood.
- **A community restaurant:** These restaurants feature a Planetary Well-Being Menu designed by a reputable community chef who sources from local farmers and suppliers. They offer delicious, affordable, and culturally relevant meals that bring the community together in a social eating environment within walking distance. Reducing barriers to access is the priority: for example, there is a "wheels to meals" service for elderly people or community members facing mobility challenges.
- **Food farms and forests:** Centres have

space dedicated to a community farm and gardens, in the form of a year-round greenhouse (depending on climate) or agricultural land, as well as small plots for households and collectives to tend. Urban centres with limited space use hydroponic gardening in underutilized spaces (like rooftops and parking lots). These food farms enable local residents to grow food, build food sovereignty and resilience for the community, supply the community restaurant and supplement the Universal Planetary Food Boxes.

- **Circular resource management:** Centres supports the community and households to achieve zero waste through the composting of all food waste (to be converted into biogas and fertilizer) and by ensuring that all packaging is compostable, recyclable or reusable.
- Other **cultural and ecological programming** from harm reduction to watershed management workshops.

Managing health through community-owned health insights

An important asset of Well-Being Regions is the data they collect. Cooperatively owned and democratically governed by the community, Well-Being Regions are **platform cooperatives** with a digital informatics system that collects data about the well-being of the people in its "care catchment," seamlessly tracking for every individual their visits to health services, mobility and fitness, and eating patterns. Community members opt in to self-monitoring and sharing of their data with the Region because they co-own, and experience the value of, an integrated well-being system that is responsive to their needs.

As part of their funding agreement, Well-Being Regions share anonymized and aggregated well-being data with the other levels of government for evidence-based policy-planning; they feed the field of "ecological well-being informatics." Rich anecdotal and qualitative insights are also considered essential to round out the data.

Shared Well-Being and Foodshed governance

The Well-Being Region is a sister entity to the Foodshed that covers the same geographic region. The Well-Being Director works closely with a Community Foodshed Facilitator, the Foodshed Council (1), and the local Indigenous government(s) or councils to govern the local place-based food and health system.

Integration with ecological literacy curriculums

Well-Being Regions are interconnected with an education system that builds ecological literacy through land-based experiential learning. A school is often co-located with a Centre or within walking distance. Reforms to the **Education Act in Ontario** in 2026 led all provinces and territories to reorient their curricula toward living systems, including daily classes in growing food and preparing meals from students in Kindergarten through Grade 12 and an emphasis on systems thinking and “ecological design intelligence” in high school.

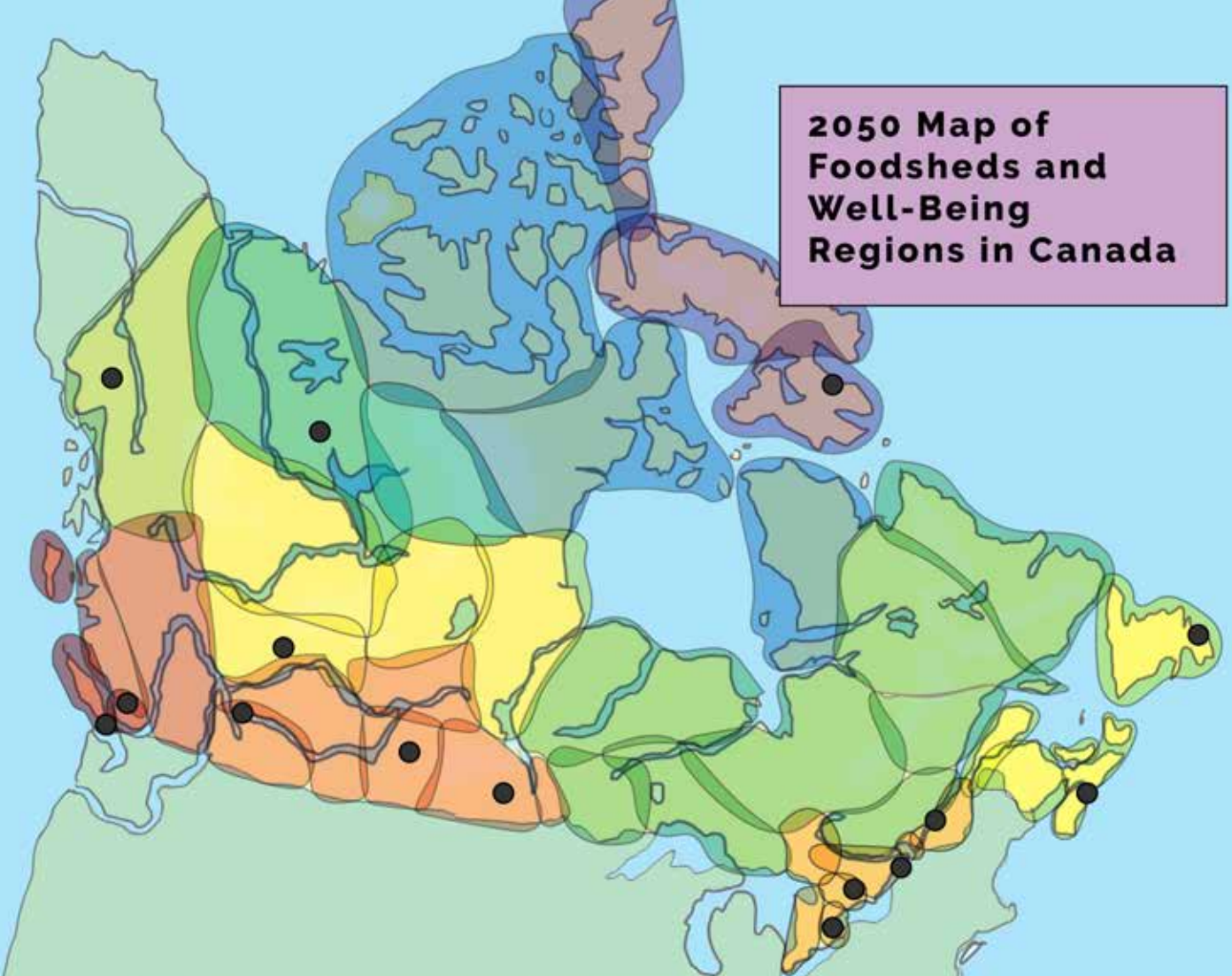
Students are engaged in classroom and volunteer activities to manage the food, soil, and other resources at onsite gardens, on nearby farms, and in local watersheds. High school graduates can enter a government-subsidized **two-year food apprenticeship program** that deepens skills publicly determined as vital work. These include permaculture and SPIN farming, Indigenous foodways, sustainable engineering, and community care. In these paid apprenticeships, young people are mentored by elders, farmers, chefs, community activists, food artisans, and business people to learn skills that make them job-ready and able to directly contribute to their community.

History of Well-Being Centres

Well-Being Centres originated from health care leadership on community health, specifically led by hospitals-community collaboratives called **“Nourish Anchor Collaboratives (2)**, which harnessed the power of food to catalyze transition away from brittle and declining food and health systems. These Collaboratives were led by **visionary hospital and community leaders who wanted to reconnect food, care, culture, and land back to well-being**. They did so by breaking down the walls and funding silos separating food from health, and separating community-based preventative care from hospital-based acute care. They demonstrated the power of food, culture, and connection to heal, and they found ways to co-invest in preventative interventions that ultimately reduced the pressure on the “sick care” system. One major pilot was a longitudinal study that followed the life-cycle journey of a hospital’s patients and tracked the impacts of preventative interventions such as food prescriptions and the provision of housing. Collaboratives also advocated for the progressive policies of the 2030s, including the redesign of physician compensation (from fee-for-service to salaried public-sector employee), the funding of more community health practitioners, and development of community care streams for medical and nursing students. This dramatically redistributed funding for health care across the **integrated care continuum** that is now managed by a Well-Being Region and includes preventative care, acute care, and palliative care.

When the federal government restructured the health care system across Canada into regional Well-Being Regions, they **prioritized co-development with local First Nations, Inuit, and Metis governments**, along with the provinces and territories. The services offered along the well-being continuum are co-designed to **integrate Indigenous wisdom and Western medicine**, with many Nations opting to retain self-governance for well-being in their jurisdiction. Learning and exchange is invited and negotiated on a Nation-by-Nation basis, with best practices shared both ways.

2050 Map of Foodsheds and Well-Being Regions in Canada



Foodsheds Designed for Planetary Health

In 2050, Canada is divided into **Foodsheds**, geographic areas that can supply their populations with food grown within the bioregion. These foodsheds are organized around the **Planetary Health Mandate**, a federal mandate for the Ministries of Food, Well-Being, and Ecology to recognize the interdependent health of people and planet. The Planetary Health Mandate requires sustainable and regenerative forms of food production and ecological stewardship within each Foodshed. Through a transition that built on Canada's existing carbon pricing system (adopted in 2018) and enabled true cost accounting, Foodsheds across Canada trade with one another and procure ethically sourced items like chocolate, coffee, and bananas from the best global supply chains.

For people, healthy diets are culturally-defined and sustainable diets, and the **Planetary Food Map** (an evolution of the Canada Food Guide) informs healthy eating from a sustainable food systems and ecological boundaries lens. It also guides what is sourced for the Planetary Food Box. The Planetary Food Map was co-developed by the Ministries of Food and Well-Being in consultation with the National Food Policy Council and the Indigenous Food Policy Council. In addition to providing information about the personal and planetary impacts of foods from various cultural diets, the Map includes information on growing, harvesting, producing, and distributing of food in Canada according to Foodsheds.

The Planetary Food Box: Universal access to local and sustainable food

In 2050, every Canadian receives a **Planetary Food Box (PFB)** which features fresh, seasonal, and sustainable fruits and vegetables sourced from the foodshed. The PFB reflects the unique growing capacities and traditional knowledge of each region and creates a **“minimum shelf” of food for individuals and households to build upon**. Boxes can be picked up at a Well-Being Centre or delivered to those with mobility challenges. Trade among Foodsheds allows those with less crop diversity to exchange with more-diverse neighbouring regions.

The Planetary Food Box was first piloted in the provinces of Quebec and British Columbia as a collaboration between the Ministries of Agriculture and Health. Its objectives were a) to address food insecurity and b) to bolster local markets for small and mid-size farmers by building aggregation and distribution infrastructure capacity. **Embodying the values of personal and planetary sustainability espoused in the Planetary Food Map**, the produce offered in PFBs is sustainably sourced from local farmers and producers. This designed, widespread demand led to a restructuring of the Canadian agricultural sector into bioregional Foodsheds, and reoriented production for domestic consumption rather than export, reducing redundant trade. The success of the PFB in meeting both objectives led to federal funding of the program across the country. The high quality of seasonal produce, regional variation, and animation around PFBs quickly made them part of the cultural fabric of Canada. Regardless of socio-economic or cultural background, the regular pick-up of the PFB is now a norm as familiar to all as walking the kids to school.

Health care champions nurtured demand for a sustainable food value chain

The rise in popularity of the **planetary diet** among Canadians drove the push towards more regenerative and sustainable agriculture. The planetary diet was introduced by the medical journal *The Lancet* (3) in 2019 as the optimal diet for both people and the planet. With rising climate anxiety and the onslaught of news around the impacts of climate change, food and reconnection with land became the most profound pathway for people to feel engaged in climate action. The planetary diet foregrounded the interconnection between sustainability and equity, and pointed out how industrialized and non-resilient food systems lead to food insecurity and adverse health outcomes.

The biggest advocacy push came, unexpectedly, from health care institutions and the **Nourishing People and Planetary Health movement** of the late 2020s. Seeing the systemic impacts on patients, healthcare leaders championed the need for investments that would draw down the number of acute, preventable conditions related to poor diet, low income, loneliness, and intergenerational cultural loss. **Health leaders advocated for a transition to low-carbon agriculture and carbon pricing** to mitigate the growing number of climate-related respiratory and mental health cases. They advocated for true cost accounting and living wages for food, farm, and other essential service workers to afford quality food and shelter, two major determinants of health. They fought alongside farmers and citizens for regulation of the **globalized industrial food system which risked future zoonotic diseases** after the coronavirus pandemic and which was rapidly undermining the efficacy of Western medicine through a rise of **antimicrobial drug-resistance**. The interventions led by health care were centred around food pathways, drawing a clear **relationship between the resilience of food systems and food access to the health and well-being of people**.

Climate change and calls for equity created widespread support for integrating our health and food system based on an understanding

of the ecological and social determinants of health. According to a 2050 census report, 94% of Canadians report consuming a predominantly plant-based diet, 60% report being exclusively vegetarian, and 10% follow Indigenous foodways that regularly include sustainably harvested game and fish.

example, the grains and wheat produced in the prairies are traded for fish and seafood from coastal regions, or tree fruits from Ontario and British Columbia. At the federal level, the Ministry of Food oversees the Foodsheds through the National Food Policy Council (4) and the National Indigenous Advisory Council.

The Foodshed Hub: Purpose and governance

The Foodshed creates a sense of place and reciprocity; the people in each geographic region grow and harvest the food they need. Like natural ecosystems, each Foodshed is unique. Foodsheds differ in size, depending on the geography and population density of the area. While some regions have access to much land or many other natural resources, cities need to partner with rural regions to build and coordinate adequate local food supply. Cities facing harsh winters have invested in greenhouses and urban farming techniques, such as vertical farming and hydroponics, to repurpose underutilized spaces (e.g., office buildings, rooftops, parking lots) and real estate into community-accessible places to grow food.

The **Foodshed Hub** acts as a facilitator in the foodshed. It is **an evolution of the food distributors or non-profit group purchasing organizations (GPOs)** that coordinate regional capacity building, aggregation, purchasing and distribution from small- and mid-size food producers. The Foodshed Hub uses a digital informatics system that enables real-time coordination and communication of what is available. As a result, any purchaser—as an individual or organization—can see from the daily reporting of local farmers and producers to do their menu-planning. Similar to the Well-Being Region, the Foodshed Hub is run as a platform cooperative and governed by a Foodshed Council (a community-elected group of food system stakeholders) that focuses on building readiness and resilience in the local food system.

The Foodshed Council liaises with other Foodshed Councils across Canada to coordinate the trade of food supplies. For



Indigenous Leadership and Governance

The **growing power of Indigenous communities** (5) exercising sovereignty and self-governance is in parallel to Canadian structures for the Well-Being Regions and Foodsheds. The movement for real reconciliation in the early 2020s led to concerted action on the 94 Calls to Action of the **Truth and Reconciliation Commission** (6) by colonial agencies and institutions, as the coronavirus pandemic and climate change highlighted the shameful inequity between Indigenous peoples and settlers and the glaring need for the late Mi'kmaq Elder Albert Marshall's notion of **Two-Eyed Seeing** (7) to find a path forward. The rise of Indigenous governance in Canada and the integration of traditional knowledge of ecological food-health practices is reconciliation in action.

Indigenous innovation and self-reliance during the coronavirus pandemic, advocacy against the tar sands, and activism around environmental racism, toxic contamination, and environmental degradation created powerful demands for self-governance. In 2021, the Beaver Lake Cree (8) took a case to the Supreme Court that led to cascading shifts

in policy toward **Indigenous consultation and unresolved jurisdictional issues**, and to significant **transfers of Crown land**. Nations and Elders that already practiced a high degree of self-governance supported Indigenous leaders building capacity in their own communities outside of colonial institutions.

With these changes, Indigenous wisdom on **traditional foodways, healing, living in balance, and land stewardship, sustained through decades of racism and colonial violence**, made a slow and powerful resurgence. Growing recognition of, and demand for, Indigenous wisdom in decolonizing Canadian agencies and institutions, and active funding from those agencies and institutions for knowledge carriers and Elders in Well-Being Regions, Foodsheds, and governance bodies at every level of government amplified **leadership capacity building in community**.

In 2050, the 10-year gap in life expectancy between Indigenous peoples and settler Canadians has been eliminated, and other Well-Being indicators have followed suit.

Tracking Interdependent Well-Being Impacts Across Scales

The 2050 Canadian food-health system embraces **cosmopolitan localism**—a reciprocal relationship between the local and the global. Care and well-being are delivered and co-invested locally, where citizens are committed to their sense of place, social connection with their community, and stewardship of their land and ecosystem. At the same time, these distributed place-based hubs are globally networked, sharing information and learnings to inform larger-scale decision-making. Rich and nuanced insights from the comprehensive datasets of citizens from one hub are shared with other levels of government to make critical investments and policy decisions around urban planning, immigration and settlement, and ecological welfare.

The most exciting outcomes of this integrated local-global food-health system are the measurable, cascading well-being impacts for people, the community and the environment. Advances in well-being are tracked through a **National Well-Being Index (NWI)**, which defines and measures value creation using indicators of human and ecological well-being. The NWI scales up the true cost accounting of food-health system impacts and is an evolution of the Gross Domestic Product (GDP), whose ability to capture the success and growth of a country was long criticized. In the 2020s, Canada joined New Zealand and a wave of nations using the NWI.

The NWI is a collection of myriad quantitative and qualitative indicators of community health (e.g. blood pressure measurements, cancer rates, respiratory health, physical exercise) and ecological health (e.g. soil health, air quality, biodiversity, pollinators), with data shared by the informatics systems of the Foodsheds and Well-Being Regions. As a result, Canada has been able to track specific and significant improvements in community and population well-being resulting from investments in the social and ecological determinants of health.

For example, one major systemic success was a campaign that encouraged people to be on the land, growing and preparing their own food. This campaign has impacted people's **physical health** (through a more active lifestyle and access to whole foods) and **mental and emotional health** (through the uplifting experience of being outside and the sense of independence and sociality), as well as the **ecological health** of the food system and natural environment.

The Cultural Impacts of Aligning Personal and Planetary Health

To a Canadian in 2050, food and health are one; the food and health systems are seamlessly integrated. Canadians understand the nature of ecological well-being: personal well-being, the well-being of the community, and the health of natural ecosystems are interconnected. This cultural shift from the personal to the collective, and its impact on behaviour and practices, has been the single-most influential development of the last several decades.

Canadians are much more satisfied within their communities, staying closer to home and forming more intimate relationships with their neighbours and local entrepreneurs. Purchasing habits and tastes revolve around relationships with creators and the meaningfulness of ingredients. **Time spent on the land** and growing one's own food are pivotal parts of a lifestyle that prizes depth, slowing down, and flourishing. And good food is considered a solid investment in good health, with the proportion of **household income spent on food doubling** from 10% in 2020 to 20% in 2050.

Due to the new carbon pricing measures, anything that is carbon intensive—from global air travel to car ownership to the consumption of meat—costs more and consumption declines;

as these things are now considered a special occasion luxury. Progressive actions and legislation to reduce inequity—**Universal Basic Income, an Inheritance Tax, and a Wealth Tax** (9)—have reduced the gap between the ultra-rich and the growing middle class, and there is a lively national conversation around what

constitutes enough for a good life. There has been a rise in **local foodshed tourism**, where leisure spending previously allotted to travel and car ownership has shifted to food experiences such as interactive cooking lessons and tours centered around cultural cuisines. A vibrant food industry of chefs, cultural food agents, and restaurants has capitalized on the joy and richness of local food.



Nourish's Role in the Journey to 2050

The shift to a more equitable and regenerative food-health system was led by the health care sector. Building the movement is partially credited to Nourish and its partners, a community of practice that unlocked the latent power of healthcare organizations to drive a broader health agenda connecting people and planetary health. Health care organizations, and hospitals in particular, had significant purchasing power and influence, sizable carbon footprints, and were often the largest employers in their communities. Additionally, they noticed a serious disconnect between what was served to patients and the nourishment that could be provided by the cultural and ecological abundance in their region. Beyond the hospital walls, the costs of diet-related disease and food insecurity to the health care system could no longer be ignored. When hospitals took action around food, it mattered. For example, aligning hospital food environments with the highest aspiration of their health-promoting mission was a critical way hospitals supported shifts to healthy eating across the population, above and beyond the patient tray.

Nourish supported health care in leveraging the power of food to achieve impact in three cross-cutting areas: climate, equity, and community well-being. Place-based innovation centred health around resilient communities, economies and food systems, and Nourish's theory of change came to life through the following strategic directions and transition pathways:

Catalyzing place-based healthcare-community collaboration through Anchor Collaboratives

The Canadian health care system in 2020 was in fact a "sick care" system; there was an entrenched emphasis on acute hospital care at the expense of preventative care. With rising health costs and growing health care needs on the horizon, the system was pressed

to find ways to keep people healthy in their communities and out of hospitals. Nourish's Anchor Collaboratives enabled forward-thinking healthcare institutions to proactively address the broader systemic issues that overlap with, and impact, the health of people and the planet: food insecurity, climate change, health inequity.

Investing in place-based innovations for people and planetary health

Despite strong advocates and decades of upstream preventative action, one of the major barriers to shift away from 'sickness care' was the argument that there was insufficient data and evidence. There was insufficient investment in food security to clearly show how changes made at scale could impact costs in the health system. Food still needed to be cheap first and foremost; sustainability was an afterthought. However, Nourish's work demonstrated that innovation was possible and impactful. Nourish invested in compiling the data and stories of successful interventions around the social and ecological determinants of health, thus laying the groundwork for fundamental policy shifts. Examples of initial successes included:

- **Food Rx prescriptions to address community food insecurity:** A large research hospital undertook a longitudinal research study and found compelling evidence that food prescriptions and connections to community services upon discharge drastically reduced readmission rates.
- **Values-based group purchasing:** A regional group of hospitals and health care organizations coordinated through a group purchasing (10) collective to create volume and scale to make antibiotic-free chicken prices accessible. They continued this strategy to bring in other sustainable and socially equitable products (11) from local suppliers.

building local food system capacity and making sustainable food more accessible for all.

- **Hospitals expansion project integrates a reconciliation garden, a community restaurant, space for a farmers market and supportive housing:** Understanding that the highest users of its emergency department was stemming from a shortage of transitional housing, a hospital redesigned its planned expansion to address this gap (and thus the need for increasing their bed capacity). Collaboration with local First Nations communities and surrounding neighbourhood residents adds to the plans - a reconciliation garden, a community restaurant that provides supportive employment, and stalls for an outdoor farmers market.

Scaling food-for-health innovation through policy change

Working to scale innovation through policy change was a significant focus for Nourish, which demonstrated to different levels of government the leverage points for addressing upstream ecological and social determinants of health. Nourish supported peer learning amongst policy-makers to explore the benefits of innovations for both the food and health systems from a health-in-all policy approach that did not neglect planetary health.

The phases of rebuilding and reimagining after the coronavirus pandemic in the 2020s created policy windows for significant change, including:

- Reducing the risk of future pandemics to emerge from industrial animal agriculture by dramatically restructuring the sector and reducing meat consumption. Health care organizations saw a direct connection and led the way with planetary diet menus to shift markets and population diets.
- Localizing health care supply chains for medicines, equipment, and food in preparation for future pandemics

and to help rebuild local, sustainable economies.

- Ensuring fair work for all essential workers in the food and health systems (e.g., migrant farm workers, grocery store staff, personal care workers) was a priority for the just transition to a low-carbon economy.
- Developing nutrition supply-management strategies for regions to maximize greater self-sufficiency in food production within ecological limits.
- Meeting carbon targets by focussing on soil health and waste reduction (e.g., payments for carbon sequestration, large scale composting, reducing patient tray waste).
- Investing in the co-benefits of Food Rx prescription programs: improved access to healthy food and support for local farmers.

The data and stories collected by Anchor Collaboratives carved out **transition pathways towards a more equitable and sustainable health care system** with food-for-health initiatives at scale. Nourish's advocacy and evidence-building at the nexus of the food and health systems was pivotal to a cascading set of policy outcomes from the Anchor Collaboratives.

This 2050 vision is for submission to the Rockefeller Foundation's *Food System Vision Prize*. We invite you to stay in touch by following Nourish on Twitter @**NourishLead** or sign-up for updates at www.nourishhealthcare.ca



NOURISH
The future of food
in health care.