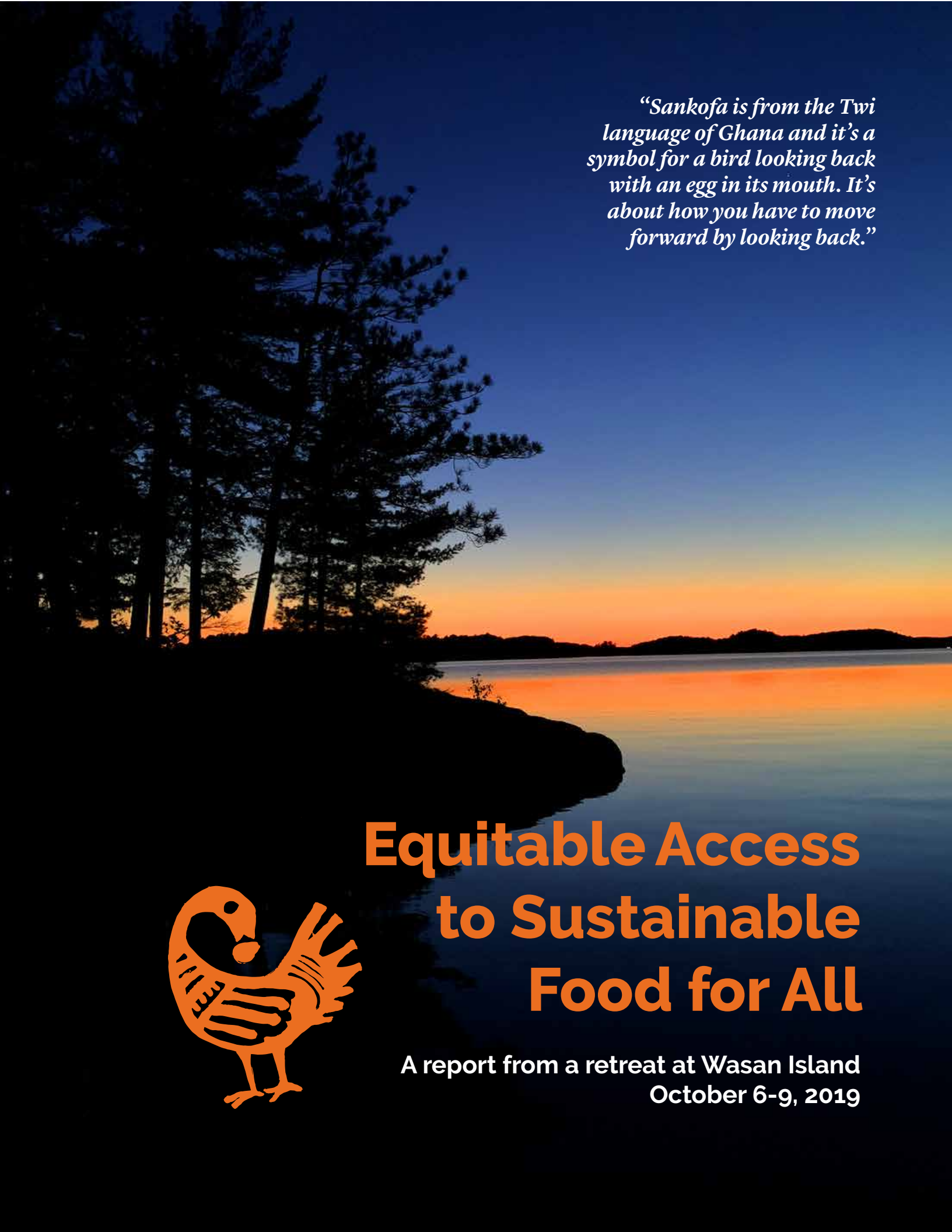

"Sankofa is from the Twi language of Ghana and it's a symbol for a bird looking back with an egg in its mouth. It's about how you have to move forward by looking back."

Equitable Access to Sustainable Food for All

A report from a retreat at Wasan Island
October 6-9, 2019

Nourish believes sustainability and equity are interwoven. We convened a group of 21 leaders on traditional Anishinaabe and Ojibwe territory at Wasan Island on Lake Rosseau from Sunday, October 6 - Wednesday, October 9, 2019 for a conversation on how the health and community sectors can collaborate to support and anchor *Equitable Access to Sustainable Food for All.*

For the last two years, Nourish has led a national community of practice of 25 innovators embedded in health care organizations and working to bring food into a more central role for health and healing. Nourish is facing a critical inflection point in elaborating its **strategy** for the next five years and looking to incite the health care sector to better leverage its resources to build health for people, community and planet through food. **Nourish sees its convening role is one that weaves together the knowledge of system actors working across the scales of the grassroots, organizational and policy, to collectively steward a shift towards preventative health and wellness that sees the priorities of equity and sustainability as interconnected.**

At the Wasan convening, a diverse group of stakeholders came together from across the food and health continuum — including representatives from hospitals, Indigenous health organizations, and community health centres, as well as food animators, urban farmers and community food security organizations. The health care and food system leaders turned toward the work of how inequities in access to sustainable food are part of what needs to be addressed to build health equity. We explored tensions and opportunities around how the healthcare sector is currently structured, and from this understanding explored how collaboration could address the imbalance skewed to sick care to more upstream approaches that invest in efforts beyond hospital walls into the food environments that contribute significantly to shape community health outcomes.

A key objective of the convening was for the Nourish team to listen with humility to the wisdom within the system, particularly from community health leaders, and to start to generate new conditions, collaborations and commitments around alignment — not competition — between sustainability and equity. often tripped up around affordability, when it comes to food security and the role the healthcare sector can play in making change.

Just a few of the insights that came up were:

- **Equity and sustainability are difficult to hold at once, but they are interconnected in the pursuit of people and planetary health.**
- **Existing power dynamics between hospital and community health actors need to be addressed in order to shift power and risk across the continuum.**
- **Centring the work at the grassroots is needed to create an accountability for institutions to meet the needs of their communities.**
- **There is significant potential to reconfigure roles, relationships, and resources across health providers, from preventative community health to acute care hospitals, to address issues of burnout and disconnection, and to achieve greater health outcomes for all.**

The two day retreat was facilitated by Vanessa Reid (Living Wholeness Institute) and the Nourish team (Hayley Lapalme, Jennifer Reynolds, Cheryl Hsu), who used creative and collaborative exercises to explore personal perspectives in the current system, and to generate visions of ideal futures together based on shared values. While we cannot re-create the experience of the retreat with this report, we hope to take you through key moments sharing insights and momentum for moving forward in our collective work.

Seeing and Sensing our System: Anchoring the Present

“Be the answer to your ancestors’ prayers.”

When the participants arrived to Wasan Island, they arrived with big questions relating to interconnection, complexity and boldness such as:

- **“How can I invite a broader group of actors to buy into the idea that we have infinite or boundless assets to solve the problems we share?”**
- **“How do we build the relationships of multiple levels to reclaim access to food as medicine?”**
- **“How do we build better connections between us -- to leverage our capacity and build belonging?”**
- **“How do we balance the tension between responding to the urgency of inequity and climate change, while slowing down enough to hold the complexity and address the root causes?”**
- **How might we “be the answer to our ancestors’ prayers?”**

It was important to foreground who was in the room and how the current configurations of relationships, roles and resources that exist between hospitals and their communities. As part of a constellation exercise, participants identified where they stood on the following: 1. Whether they work at the level of the grassroots, the institutional or policy; and 2. Whether they prioritize sustainability and/or equity in their work.

The former question generated a discussion about the nature and pace of work at each of these scales, with grassroots work being the most nimble and responsive to community needs, in contrast to organizational and policy change work taking progressively longer but also embedding the change. An idea that resonated for the group was that grassroots, frontline work should inform the work happening at the other two scales, and that it’s important for work to happen at all scales concurrently. There was also a sense that while sustainability and equity are interconnected, both are difficult to hold at once when resources for the work are limited.

After getting a snapshot of the various roles and functions that are visible within the current system, the Nourish team introduced the iceberg model to identify and reveal the underlying structures and relationships, and implicit beliefs and mental worldviews, that lie under the events and actions that are visible to us. Participants named powerful forces like capitalism, racism, and the history of colonization in Canada that continue to reinforce inequities in the healthcare system. A participant shared the image of the Sankofa (a bird that carries an egg in its mouth, with its head turned backwards while its feet face forward) to symbolize the importance of looking back to history in order to move forward.

Embodying the Possible Future

In order to transition from the current state into the possible future, participants were invited into an exercise called **4D mapping**, which draws on insights learned through embodied movement. Participants took on a role (e.g. Physician, CEO, Patient, Food Services, Earth, Elder etc.) within the system and physically arranged themselves into a collective tableau that was representative of the current dynamics within the system. The participants were then asked to intuitively shift from the current reality to the possible future of the system.

CEO were close together, but disconnected from the community resources and assets that can support the continuum of care; and the Elder and First Nations community held the Earth. When the group was asked to physically embody the highest aspiration of the system, people immediately started joining hands and linking themselves together into an organic and interconnected system circling the patient and the planet. The speed and intuition of the collective movement surfaced what a participant described as "what we know to be true".

The objective of the 4D mapping exercise was to surface shared insights and intuitions around the shifts needed to transition toward a more equitable and sustainable future. Themes that came up in the debrief included the shift:

From fragmented to interconnected systems: Participants emphasized the role of the bridge-builder and link-creator in forming connections within the existing health system to address how it is fragmented. The existing work of community-centred care needs more resources and power shared with hospitals in a way that deepens the quality and seamlessness of the care.

From mechanical to organic: The current system has a high degree of path dependency (e.g. capital invested in current operating systems) in a paradigm of efficiency that is mechanical, but paradoxically produces a lot of undesirable outcomes, like food waste and an inability for hospitals to support local food producers. This rigid system could evolve to mimic more natural, organic forms of self-organizing that seek greater balance between people and planetary ecosystems.

From competing goals to shared mission: The physical separation of the actors in the current system is reinforced by capitalism, that gives rise to a scarcity-driven competitive dynamic for limited resourcing. On the other hand, there was speed and intuition in the group's reformation around the "true" mission — which is the health and well being of the patient and of the earth. How is competition keeping actors distracted from shared values that underlie the work? How can we create the conditions for power-sharing and collaboration that draw out the wisdom of all stakeholders in a system?

From disenfranchisement to empowerment: Many actors in the system, from food buyers, to community activists to medical students to hospital employees, feel stuck, undervalued, overwhelmed and burnt out within their roles. How do we transition toward a system that values the services at every level and location in the system, creating meaningful work and meaningful outcomes for all?

The discussion for the day closed around how the group can find ways to validate the emerging future that they want to usher in. In a healthcare system that is risk-conscious and path-dependent, **how might we shift the narrative from "what is the cost" to "what is the cost of not acting"?**

> *"When you are well, you want to connect with community; but when you're sick, you take the detour out to the hospital. We have to consider the continuum of well being and illness when we look at the role of the hospital in the health care."*

Wayfinding toward an equitable, sustainable future

Wayfinding from the Land

As the group started to identify the opportunities towards an equitable and sustainable future, **Kitty R. Lynn Lickers**, a Traditional Knowledge Keeper in the Six Nations community, guided the participants to take a walk alone on the island, reflecting on their inherant connection to the land, to see what emerges. After this meditative solo time on the land, participants shared back personal reflections on what they learned and received from the land. The emergent stories were powerful and emotional, and provoked insights about the desire for quiet and restfulness; about the present disconnection (and the desire for reconnection) with land and the past; about histories of displacement; and the hope of a return to a world of abundance where "together, we have enough to share."

Making the intangible tangible

From this place of embodied hope, the group responded to the question "What can this group uniquely work on together as it relates to our organizations' building more equitable access to sustainable food?" through the exercise of prototyping ideas, interventions and opportunities in the system. The following projects were identified as pathways for further exploration towards sustainability and equity.

Moving beyond industrial supply chain to a circular regional system

Using the local example of Ontario, this group talked about separation of the Northern and Southern regions of the province and the resulting challenges around the regional distribution of food. They proposed the development of reciprocal relationship between the community and institutional health system through a distribution enterprise that can collaborate on filling trucks to send back and forth, with cost-sharing involved in facilitating the distribution of food and other goods instead of empty trucks.

As a second prototype, they also shared the idea of inviting hospitals to do one patient meal (e.g. "a Wednesday lunch") a week that is sourced from local community farmers, partners and suppliers together. This would be a low-barrier commitment for hospitals that find it challenging to overhaul everything to take a step in developing the partnerships and show that is is possible.

Educating physicians and health professionals on food systems and inequality

Educating health professionals earlier about the broader historical and diverse contexts that they work in is a powerful intervention point. This group suggested the inclusion of an educator and community knowledge holder in medical school, whose role is to connect hearts to the heads. They emphasized the importance of learning and integrating other diverse perspectives as where individual learning can intersect with culture change and where work with stakeholders currently working in healthcare needs to focus.

Advance and liberate the narratives of belonging and well-being into the health care sector

Bridging narratives for the transition from a rigid, colonial health sector that is in decline, towards a new emerging future for belonging and well-being, may require trickster, trojan

horse approaches in communication. Like an elastic band, shifting narratives that impact change and policy require an elasticity and stretching of language to transition actors from the old system to a new one. The importance of influencers in the system was emphasized as a key way to transmit the evidence for the change needed. Partnerships that develop trust will be essential as a foundation. This also requires the valuation of alternative forms of qualitative evidence (e.g. with stories, bodies) balanced with the authoritative weight and legitimacy of traditional quantitative data to build legitimacy for the emerging future.

Creation of local food strategy bringing together the hospital with place-based actors (e.g. farms, non profit orgs)

Looking at the specific case of the Jane-Finch neighbourhood in the Northwest region of Toronto, this group proposed the development of a local food strategy that prioritizes food justice and sovereignty around the needs of the predominantly racialized community. Taking a strength-based perspective around the assets that already exist in the community (e.g. hospital, community health centre, food banks, supermarkets and social services), the strategy is an opportunity to coordinate the different people and groups together towards the shared opportunities around food for health.

Using subsidized affordable markets to enhance food access for low-income populations at-risk for diet-related disease

Community health centres and other community-based organizations are well-placed to provide low-cost or incentivized fresh produce markets that reach low-income people at risk for diet-related disease. Whether it is on a Six Nations Reserve or in downtown Toronto, they can serve community members in a welcoming and community-oriented way. These markets can be open to the public, and also receive health-driven referrals for subsidized food. Hospitals may be suitable partners to leverage their purchasing power to enable low-cost access to healthy food by providing referral or "prescriptions" to patients who are not in acute care. However, it was also discussed that hospitals may not be the best suited to operating markets within their own facilities due to the barriers created by the institutional environment and the conditions of the patients at the hospital.

Values-based procurement that ensures the protection of workers

During dinner, another conversation emerged around the unsafe and unprotected conditions of migrant and temporary workers in the food system, in relation to the recent death of a temp worker at an industrial bread company. The group discussed that the procurement tools of hospitals and the public sector lack criteria to evaluate the labour practices of food suppliers. Ideas emerged about how institutional procurement tools needed to evolve to include an evaluation of the labour practices of companies, to create greater accountability in the food supply chain.

> *"Procurement can miss information when they only get a partial picture. Even when you include criteria, if you don't give metrics to evaluate, they don't happen. Public institutions are so disconnected from what is on the ground that the accountability is lost."*

Living our strategy forward

Throughout the three days, 21 people weaved together from across the food and health systems spending time mapping, reflecting on the land, and connecting over meals. They named problematic dynamics within the present system, surfaced shared visions of an emerging future, and determine high potential areas of opportunity.

The generosity of the rich feedback and insight around the upcoming 5-year strategy was greatly appreciated by Nourish team, who aspire to do justice to the recommendations shared by the participants:

- **Focus on big picture urgent action:** "Every single action that was named here is important: truth and reconciliation; worker equity and safety etc. But how important are they if there is no planet for us to stand on when we do them."
- **Include the lens of food justice:** Turn towards conversations about inequity, diversity and colonization in the work in order to create new systems that are nourishing, sustainable and equitable.
- **Define sustainability:** The word sustainability is a buzzword and Nourish has to define what it means for its work and how it includes the environmental, economic and/or social aspects.
- **Don't make the community an afterthought:** "Nothing for us without us." Working with community means that you have to centre communities along with hospitals and include them as a central part of the work.
- **Translate your messages:** Know the audience you are trying to work with and identify when you need different forms of delivery to make the case to them.
- **Reconciliation needs to be weaved into everything:** Indigenous reconciliation cannot be separated out as an impact area, it should be foundational to all of the work. It cannot be done without local input and starts with relationships.
- **We can't shift the system without hospitals:** Working with hospitals as one of the key actors is a fundamental leverage point for change. Be aware of and harness the power they hold within the current health care system to shift it.
- **Change and shift policy:** Work at the intervention point of policy needs to happen more and Nourish is uniquely positioned here. Help create arguments for better food and health systems through the pathways to authority and government.
- **Your work should reflect your capacity:** If you spread yourselves too thin, are you going to truly move the mark? Draw upon and enable the collective wisdom of the network to do work together.

> *"To Nourish is to feed and cause to grow, to support, to maintain, to encourage, to foster, to cherish, to comfort, to educate, to instruct, to bring up, to nurture, to promote growth, to gain nourishment…"*

Wasan Participant List:

- **Evita Basilio,** St. Michael's Hospital
- **Rebecca Clayton**, The SEED
- **Shelly Crack**, Northern Health
- **Leticia Deawuo,** Black Creek Community Farm
- **Lori Davis Hill,** Six Nations health Services
- **Cheryl Hsu,** Nourish
- **Sophia Ikura**, Health Commons Solutions Lab
- **Hayley Laplame**, Nourish, McConnell Foundation
- **Joseph LeBlanc**, Northern Ontario School of Medicine
- **Phoebe Lee**, Black Creek Community Health Centre
- **Kitty R. Lynn Lickers**, Six Nations
- **Anan Lololi,** Afri-Can FoodBasket
- **Kate Mulligan**, Alliance for Healthier Communities
- **Dan Munshaw**, City of Thunder Bay
- **Kim Perrotta,** Canadian Association of Physicians for the Environment
- **Vanessa Reid,** Living Wholeness Institute
- **Jennifer Reynolds**, Nourish, McConnell Foundation
- **Kathryn Scharf,** Community Food Centres Canada
- **Moorthi Senaratne**, FoodShare
- **Wendy Smith,** MEALsource
- **Fei Tang,** Access Alliance

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We invite you to stay in touch by following Nourish on Twitter @**NourishLead** or sign-up for updates at **www.nourishhealthcare.ca**

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The future of food in health care.