

Title: Hospitals as Anchor Institutions: Eco-systemic Leadership to Nourish Patient, Community, and Planetary Health

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Nourish has been a three-year experiment in collaboration to leverage the healthcare sector's influence for transformative change in sustainable food systems and wellbeing. It aims to leverage the influence of the sector as a big public purchaser of food and by tapping into the sector's reputational credibility in markets and in civil society. Currently, Nourish aspires to scale its impact by transitioning from a person to place-based approach to organizing for systems change. Similar to Ezio Manzini's concept of cosmopolitan localism, the approach seeks to build more resilient local place-based economies and systems, while holding the learnings as an way to connect learnings across the country. By taking an anchor institution approach, which recognizes hospitals as rooted in their local communities that can leverage "economic, human, intellectual and institutional resources" (Democracy Collaborative), the program is evolving from helping people who are disempowered in a system to claim their power to empowering whole-of-organization anchor institutions that act in the interest of developing local health and wealth within their communities.

This paper presents the systemic learnings over the past three years about the food-health system, and presents the shift in strategy and form that accompanies a shift in the scale of impact that Nourish aspires to have. Activating these networks requires enhancing the capacity for health care institutions to work and collaborate beyond the walls of the hospital, and to design for impacts on the social determinants of health within their communities.

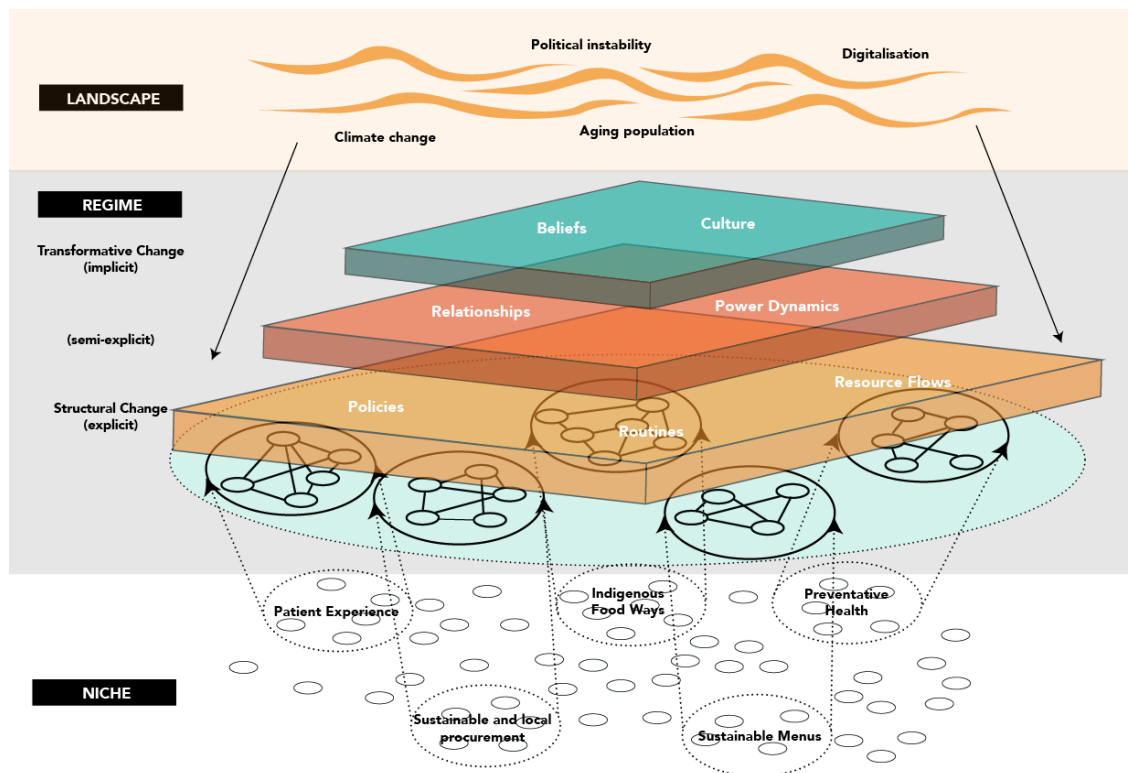
Harnessing awareness-based leadership for place-based systems change

For two years, Nourish focused on networking and developing the leadership skills of a cohort of food service and procurement leaders to seek alignment between patient and planetary health through food. The program 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, Lave and Wenger 2012;). Innovators, with the sponsorship of their organizations, participated in both individual projects and in five national collaborative projects that emerged to address the underlying structures holding the food and health systems in place.

Underlying the work of the cohort, it was clear that experiential learning and human relationships were powerful drivers of the deep paradigm shifts that lead to recognizing and valuing the complex connections between food, culture, and health. Peers learned from each other and were empowered seeing others like themselves achieve outcomes they may not have imagined possible (Lave and Wenger, 2012). adrienne marie brown writes that "Critical connections are more important in a long-term transformation process than critical mass" [brown, 2017]; these relationships were the foundation of the more transformative innovations within the cohort.

Working with Innovators who are deeply embedded within their healthcare organizations and provincial/territorial contexts provided powerful opportunities to sense the system, and surface the perverse incentive structures that commonly prevent organizations from achieving the full extent of their missions.

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, when the community of practice became more ambitious in scaling the impact from the niche innovation to systemic change at the regime level, it became apparent that a change in scale also requires a change in strategy and form. To unlock the full leadership potential of their organizations, 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 - from colonial mindsets around food safety and wellbeing or outdated procurement practices that favoured the incumbent.



One of the key learnings was that changing food service within individual healthcare facilities is necessary but not sufficient to reaching the goal of food being understood as fundamental to health, for people and the planet. Ultimately, interventions around the role of food in wellness need to move upstream beyond the hospital walls to a consideration of the broader social determinants of health.

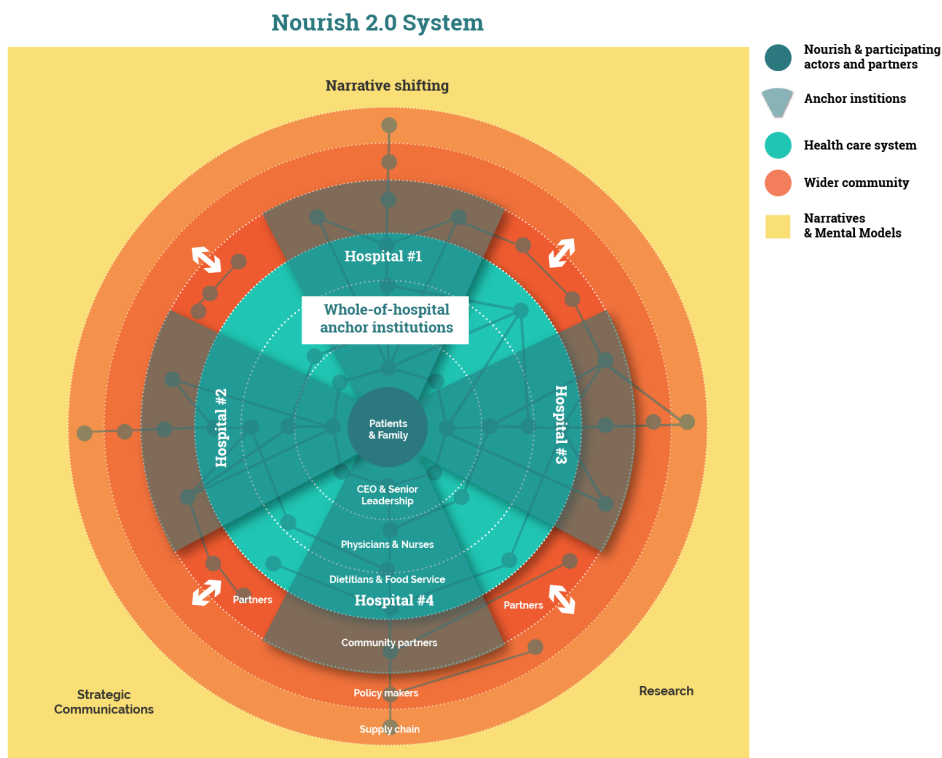
Getting from niche innovation to transformative change

There is a growing body of evidence that “the primary factors that shape the health of Canadians are not medical treatments or lifestyle choices but rather the living conditions they experience,” including access to affordable housing, food, and education (Mikkonen 2010). While health care leaders and policy makers are aware that more upstream action is required to address these social determinants of health (Dutton, D., Forest, P., Kneebone, R. and Zwicker, J. 2018; Mikkonen 2010), there is an gap between knowledge and action undertaken.

Moving forward, Nourish is evolving its strategy to bridge theory and action and create the conditions to support hospitals to become anchor institutions within their communities. Anchor institutions take a place-

based lens to the role of public institutions, like universities and hospitals, in ensuring that their local community is vibrant, safe and healthy. They are “nonprofits, [that] once established, rarely move location, unlike today’s highly mobile corporations. Regardless of the prevailing economic winds, their mission, invested capital, and customer relationships bind anchors to their communities” (Zuckerman 2013). Nourish is positioning food as a pathway into anchor-institution leadership from the health care sector. It aspires to scale the work started by the cohort of Innovators and their organizations to unleash a nation-wide movement that understands the complex connections between food, land, culture, history, wealth, and health.

The connection between people, community and planetary health are ecologically interdependent and complex. There is the direct impact of household food insecurity on health outcomes, leading to rising annual healthcare costs (Tarasuk V, Cheng J, de Oliveira C., Dachner N., Gundersen C., Kurdyak P. 2015). Indigenous peoples, disconnected from their traditional foodways and land-based practices, experience a health gap exemplified by a ten-year disparity in life expectancy compared to the total Canadian population (Statistics Canada 2017). Access to healthy food and water is also affected by climate change and environmental devastation, from the pollution and poisoning of our air and water to the impact on agriculture, and intersects with racism and inequality where communities that are the most disenfranchised continue to suffer from colonization. Addressing the root causes and social determinants of health that span across sectors and systems, from food access to health care to housing, requires cross-disciplinary collaboration.



It is the ambition of the Nourish program to inspire the healthcare sector to take up its moral authority and purchasing power to build bridges across silos, and weave together solutions that support patient, community, and planetary health. Hospitals, as trusted institutions promoting health and wellness, can activate the willingness to collaborate among public institutions in order to instigate change at scale. Nourish is exploring in-depth ways of incentivizing whole-of-organization approaches within health care organizations - from hospitals to long-term care and Indigenous health centres - to use food as a point of connection across place-based organizations to build health and wealth in their communities. Nourish aspires

to catalyze place-based collaborations of diverse and cross-sectoral teams, inclusive of senior leadership, patients, physicians and nurses, food services within the organization, and local community partners.

As it moves forward, Nourish faces critical questions around how to scale the highly relational learning that has characterized its first iteration in order to unleash the cascading effects of a national movement of food for health. The anchor institution approach supports health organizations to move from just “doing good things for the community” to recognizing the ecosystemic role that they can play by “leveraging all of their assets to ensure the well-being of the community in which they are based” (Norris, T., Howard T. 2015). The next generation of the program will integrate the awareness-based and place-based strategy of engagement that would support public and community organizations to collaborate to unlock the full potential of institutions to build health for patients, communities and the planet.

Citations:

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