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Hospitals as anchor institutions: Eco-systemic leadership to nourish patient, community, and planetary health

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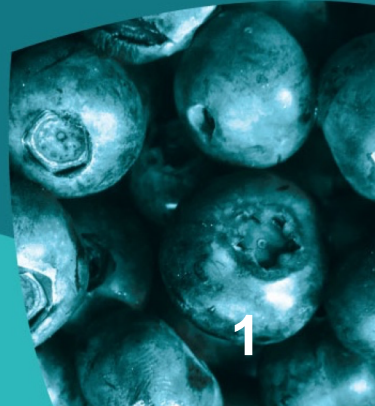
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Hospitals and Communities as Anchor Collaboratives

Eco-systemic Leadership to Nourish Patient, Community, and Planetary Health

Cheryl Hsu & Hayley Lapalme
RSD8 Chicago, Illinois
October 17, 2019





OVERVIEW

1. Background

1. Insights from 3 years of Nourish

1. Present day strategy development - what does a made-in-Canada anchor strategy look like?

Background: Evolution of a Question

How might we leverage the power of food in health care...



Nourish 1.0



Nourish Innovators

1. Elaine Addison, Horizon Health | New Brunswick
2. Danielle Barriault, Alberta Health Services | Alberta
3. Carlota Basualdo, Alberta Health Services | Alberta
4. Kathy Berger, Health Sciences North (HSN) | Ontario
5. Charlotte Pilat Burns, Saskatoon Health Region | Saskatchewan
6. Leslie Carson, Yukon Hospital Corporation | Yukon
7. Stephanie Cook, Regina Qu'Appelle Health Region | Saskatchewan
8. Cheryl Cooke, Interior Health | British Columbia
9. Shelly Crack, Haida Gwaii Hospital and Health Centre | British Columbia
10. Travis Durham, Grove Park Home | Ontario
11. Anne Gignac, CHU de Québec-Université Laval | Quebec
12. Kelly Gordon, Six Nations Health Services | Ontario
13. Theresa (Tessie) Harris, Northern Haida Gwaii Hospital and Health Centre | British Columbia
14. Suzanne House, Central Health Newfoundland | Newfoundland
15. Marianne Katusin, Halton Healthcare | Ontario
16. Donna Koenig, Interior Health | British Columbia
17. Josée Lavoie, CHU de St-Justine | Quebec
18. Kathy Loon, Meno Ya Win Health Centre | Ontario
19. Annie Marquez, CIUSSS | Quebec
20. Dan Munshaw, City of Thunder Bay | Ontario
21. Michelle Nelson, Covenant Health | Alberta
22. Kevin Peters, The Ottawa Hospital | Ontario
23. Claire Potvin, CIUSSS | Quebec
24. Louise Quenneville, Glengarry Memorial Hospital | Ontario
25. Tina Strickland, IWK Health Centre | Nova Scotia
26. Bernice Wolfe, Children's Hospital of Eastern Ontario | Ontario



NOURISH
The future of food
in health care.



INSIGHTS GOING IN

“You cannot change a system unless you change the awareness of the people who work inside the system.”

-- Otto Scharmer

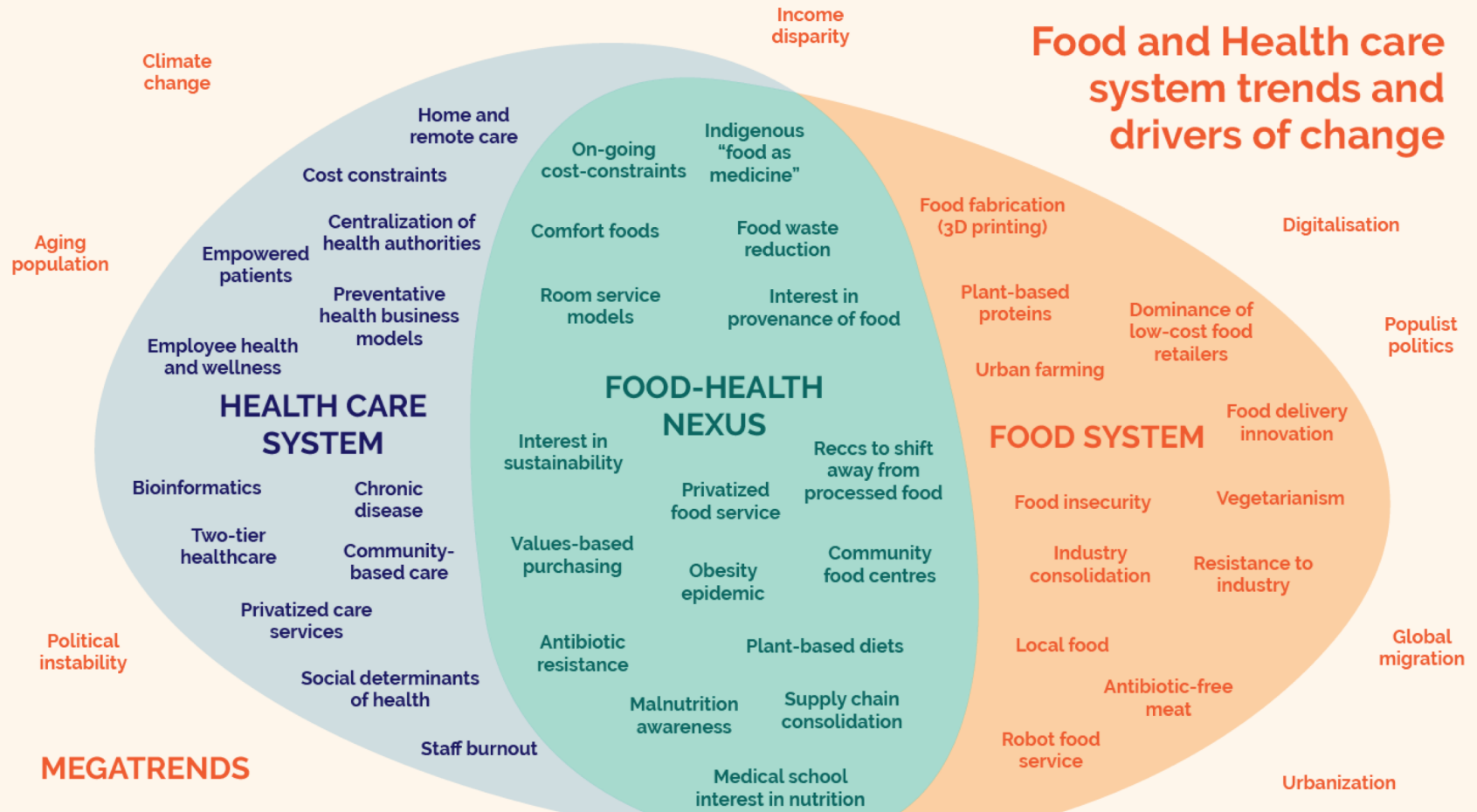
INSIGHTS GOING IN

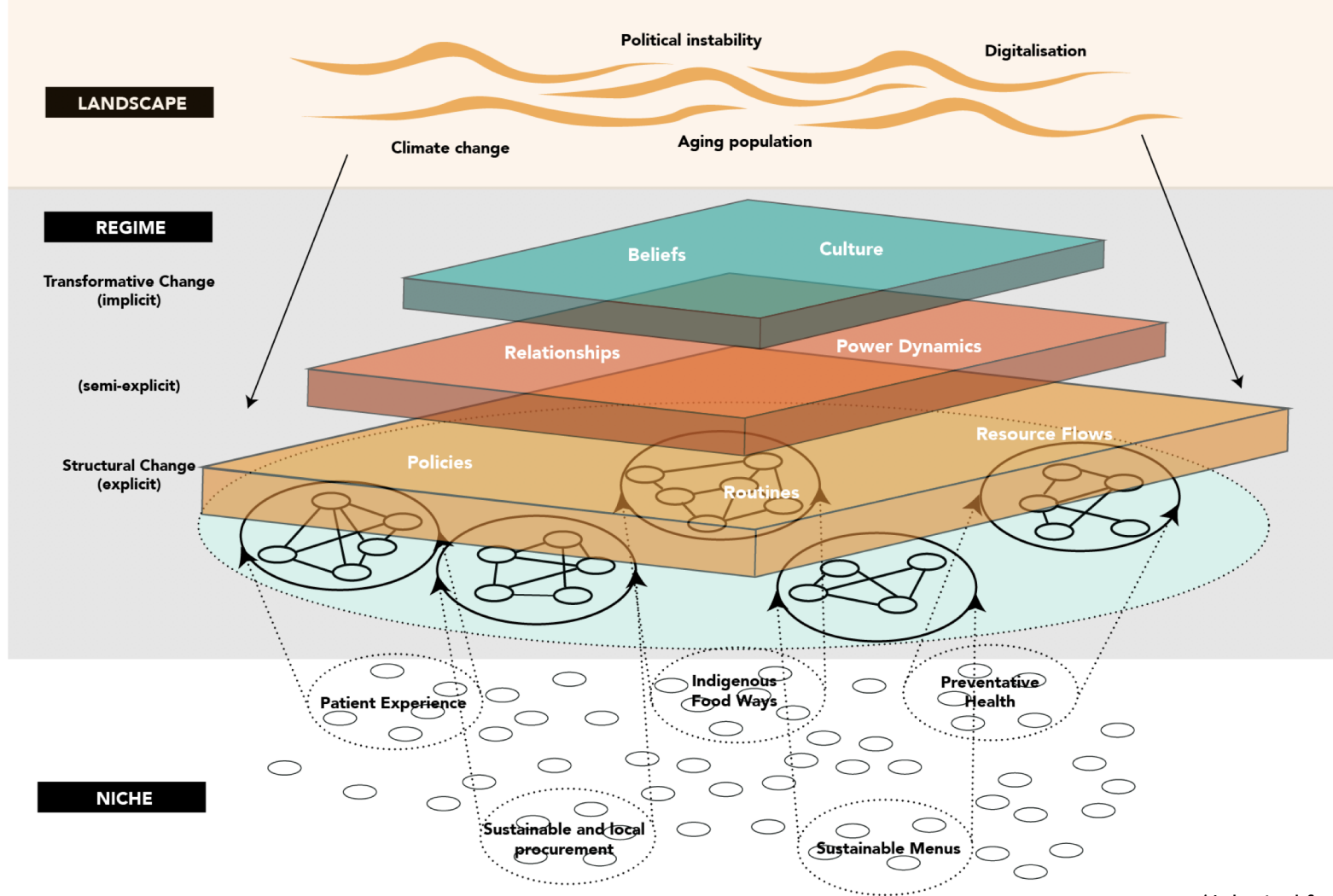
“Critical connections are more important in a long-term transformation process than critical mass.”

-- adrienne marie brown



Food and Health care system trends and drivers of change





(Adapted from Geels, 2011)

SCARCITY

ABUNDANCE

“What’s the cost?”

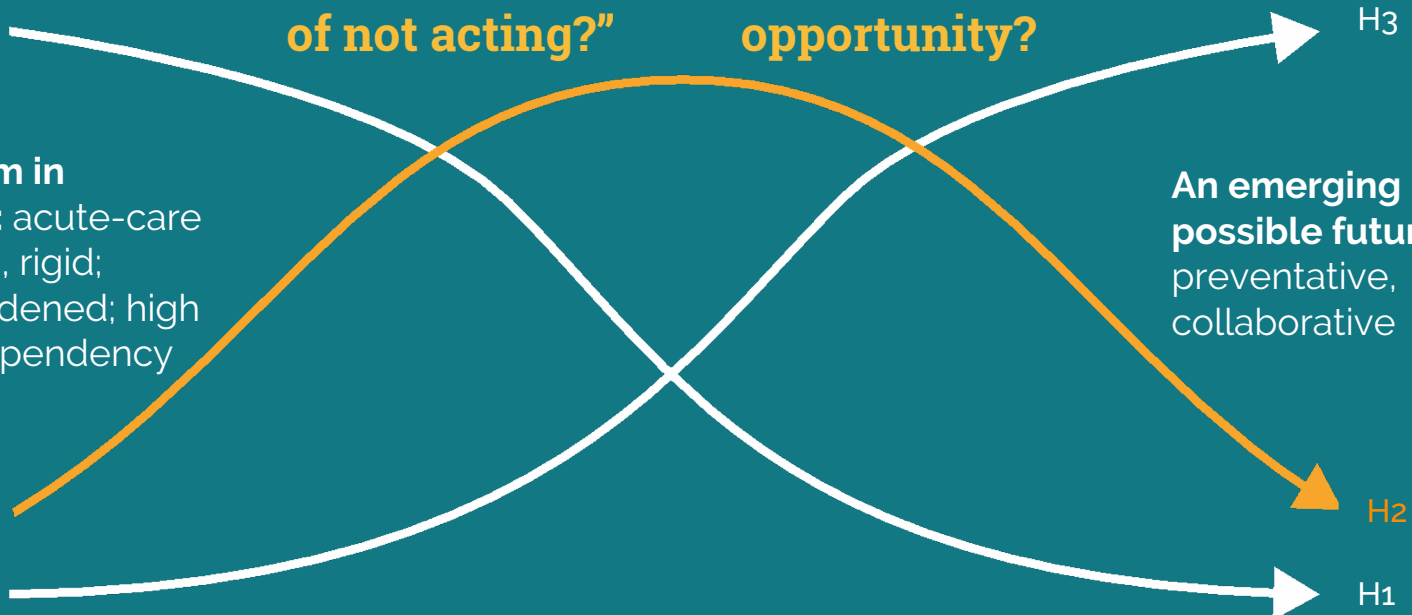
“What’s the cost
of not acting?”

What’s the
opportunity?

“We believe that people
and planetary health are
interconnected.”

A system in
decline: acute-care
focused, rigid;
overburdened; high
path-dependency

An emerging
possible future:
preventative,
collaborative



INSIGHT GOING OUT

We're not just working in the food and health systems, we're working in **deeply entrenched and invisible systems of power**, like colonization and capitalism.



INSIGHT GOING OUT

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



DESIGNING NOURISH 2.0

With new **ambitions**
come new **questions**,
a new **scale** &
a change in **strategy** and **form**.

**How might we unlock the power of
food in healthcare as a pathway to
anchor institution leadership that
builds health for people & planet?**

(Reframe, and another trojan horse.)

WHAT IS AN ANCHOR INSTITUTION?

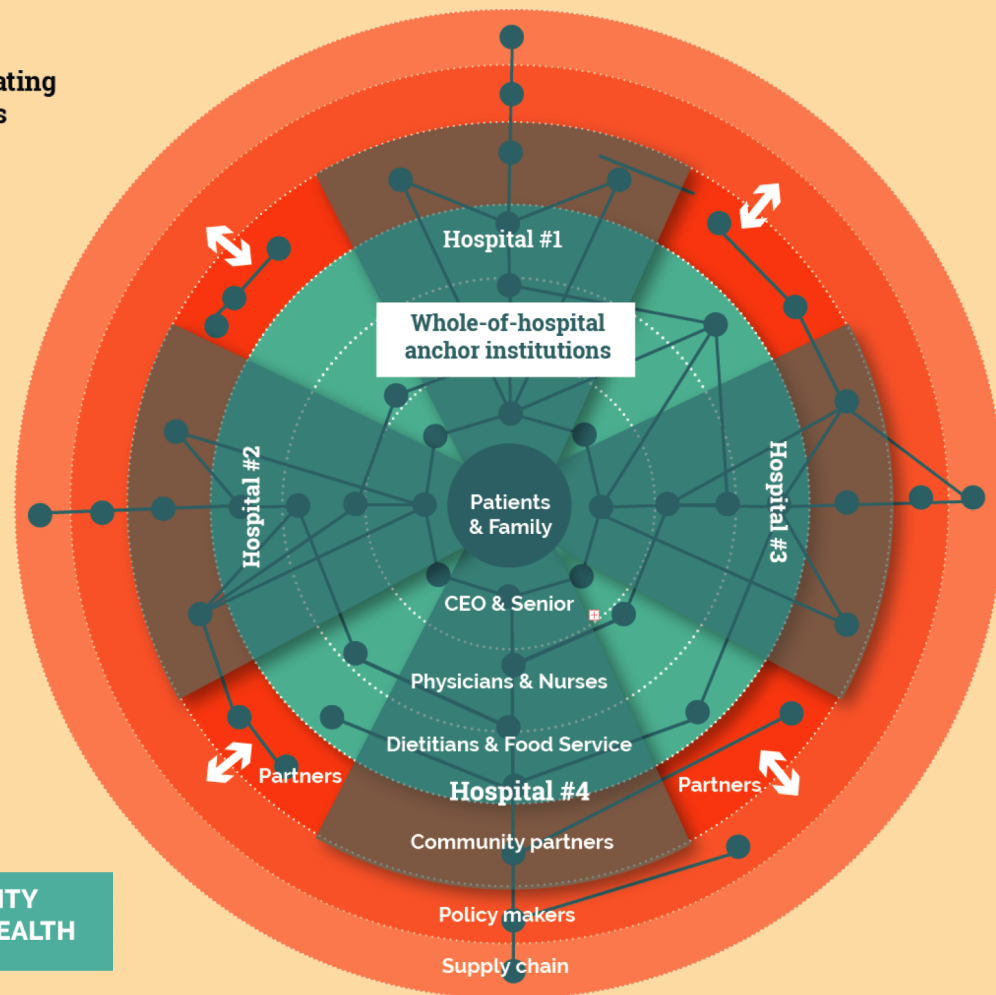
1. **Publicly-funded** institutions or non-profits
2. **Place-based organizations** that rarely move locations
3. **Mission binds them to long-term welfare of their communities**
4. Have **assets that can be leveraged** for local development - procurement, hiring, research and evaluation

(adapted from Zuckerman, 2013 and Howard, 2015)



What is a Made-in-Canada Anchor Collaborative?

Partnerships that leverage the assets of **anchor institutions**, **communities**, and their **organizations** - in a place and land-based way.



EQUITY

CLIMATE
LEADERSHIP

COMMUNITY
HEALTH & WEALTH

CONSIDERATIONS FOR ANCHOR COLLABORATIVES

- **Bridging paradigms**, building trust, creating the conditions for **collaboration**.
- Finding ways to **share power and risk**.
- Weaving and **resourcing various traditions of wisdom and evidence**; de-centering the hospital and supporting a stretch into mission.
- Recognizing **policy windows** and investing in influential communities.
- **Humility** (and a principles-driven approach) in aspirations for change-at-scale.



CONCLUSION

**It's really complex
to get to change
at scale.**

But we think it's worth trying. Again.





Thank you!

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