
Nourish: The Future of Food in Health Care

Developmental Evaluation: Early Insights



This summary report follows the activity of Nourish to date (Summer 2018).

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 videoconference for the first time in December 2016. The intent of this evaluation is to help the program staff, lead partners and project advisors examine how the initiative has started to take shape, adjust strategies, and assess early signs of progress towards longer-term objectives.

This report was prepared by Jamie Gamble in collaboration with the Nourish team:

Vidhi Gupta
Cheryl Hsu
Beth Hunter
Hayley Lapalme
Jennifer Reynolds

What the Evaluation Explores

The developmental evaluation explores four inter-related aspects of the Nourish initiative. Nourish's first two years (including preparation and recruitment for the 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 (Developed):

Developing leaders,
showcasing ideas & projects



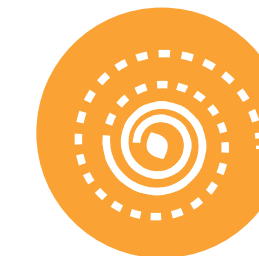
Projects (In development):

Individual and
collaborative initiatives



Network & Narrative (In development):

New allies,
partnerships, strategic
communications.



Policy (Emerging):

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. Current evaluation is generally built around a linear logical approach which works very well 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 product or result of a successful developmental evaluation process is informed changes in what is being evaluated.

Sources of this developmental evaluation

This development update drew 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 staff. Nourish team members systematically track the Nourish program including partnership activity, Innovator actions, and projects.
- **Advisory group:** Nourish has an advisory team that provided observations and reflections on the first year of Nourish.
- **External interviews:** A small sample of interviews (5) with external stakeholders were done in April 2018.



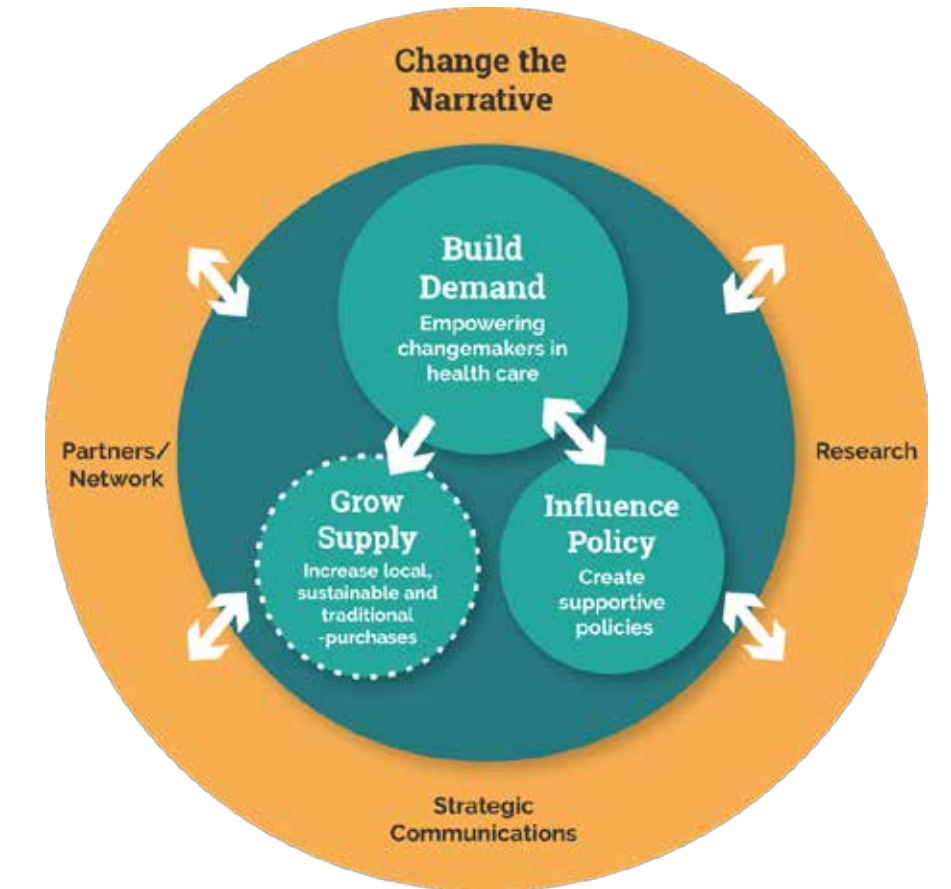
Nourish Theory of Change

The backbone of Nourish's work is to **build demand for a future where food is valued as fundamental to health and healing**, and local, sustainable and traditional foods are valued as central to healthcare. Through this changed demand, we expect the supply of local, sustainable and traditional foods to grow through new and strengthened relationships with a greater diversity of suppliers.

We aim to **influence the creation of a policy environment** that supports food for health initiatives, and we are working to **change the dominant narrative to one that values the interconnections between the food system and health system**, and 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, although it shifted early on to make 'Changing the Narrative' a circle that encompasses all the other work, and to note that building partnerships, doing research and strategic communications are specific aspects of it.





The innovator program A focus of Nourish in the first year

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 25 institutional Innovators was 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 oversee foodservices across a number of sites or an entire health authority.

Most of the Nourish Innovator's organizations contributed \$3,000 - \$5,000 as a participation fee. In a few cases, full scholarship was provided by Nourish.

Innovators are from Anglophone, Francophone, and Indigenous communities in rural and urban contexts across Canada.

What do innovators value the most?

Overall, the various elements of the Innovator Program are well received by the Innovators. Their ranking of what they find useful sorts into three categories: highest (consistently seen as very useful by all or almost all innovators), high (a majority find very useful but not as strongly rated overall) and medium-high (some find it very useful and others, less so);

Highest: Retreats, Informal exchanges with their peers, collaborative projects;

High: Working groups, webinars, informal exchanges with facilitators and mentors;

Medium-high: Peer learning, coaching, 1-1's.

What to keep the same

Retreats: Essential feature of the program to build trust, rapport and deepened understanding that effectively engages advisors, coaches, and mentors.

Individual Projects: Projects are a key activity with different levels of engagement among Innovators. They are a pathway for Innovators to conduct experiments and engage their organizations.

Contribution Payments: Over 90% of organizations have contributed financially to Nourish. This has helped signal commitment, and provided some additional resources for the initiative.

1-1 Calls: Hourly calls 3-4 times per year help build trust and support personal leadership development.

Webinars: Provides a way to be responsive to the cohort's interests and provide a simple mechanism to engage others such as colleagues of Innovators and the public.

What to adjust

Peer Learning Circles: There is varied commitment and interest among Innovators, however, these are seen as worth doing as Peer Learning Circles are not resource intensive to deliver.

Wayfinding Maps: There is 70% adoption of the maps. Those who are using them report that they gain useful insights. For Nourish, Wayfinding Maps are a valuable as a way to track who is working on what, and get a picture of the Innovator's local ecosystem and other variables.

Learner Coaching & Peer Mentoring: Learner Coaching with

Nourish staff & advisors: appreciation varied from very high to low so it was made optional in year 2 (a majority wanted to continue).

Online Forum: Very low adoption of online platform (Gateway) and challenges in using alternative tools (e.g. Google platform). Has been abandoned for an internal digest, "Nourish Ma'iingan."

Cohort Updates and Blogs: Are working well. More to be done to improve how these are shared more broadly.

What's emerged?

Supporting Colleagues: Nourish Innovators have been encouraged to include their colleagues in various activities. There has been good take-up (very strong in some orgs).

Virtual Retreat: Intensive on-line engagement helped bridge connecting between face-to-face retreats, and helped Innovators bring in their organizations.

New Members: There is 100% continuity with the original participating organizations, but substituting some individuals has helped accommodate individual turn-over or low participation.

Drop-Ins (on-line learning sessions): These emerged as a lighter and more accessible way to deliver content and increase access to practice.

Collaborative Project Process: The idea of facilitating group projects was there from the start, but the level of investment (\$100k for 5 projects) and collective selection process has resulted in a suite of projects that aspire to leave a legacy on the system.

Regional Meet-ups: Staff have been opportunistically using events (conferences, other meetings) in various regions to tack on additional meeting of small groups of Innovators.

Observations and Lessons

Individual Change

- The **most transformational individual growth seems to emerge from 1-1 interactions** with people with different perspectives, followed by the willingness of an individual to internalize what they have learned, and do something extraordinary with it.
- **Several Innovators have been promoted** or invited into leadership roles or leadership programs.

Organizational Change

- The recruitment of the program was wide open, however, it was primarily middle managers who applied and it has turned out that in the leadership program, **Nourish is "working with the willing"** -- motivated individuals who are generally early adopters or champions within their organizations.
- It is **key for innovators to have the support of senior leadership**. Their efforts can be undermined quickly (e.g. with budget cuts) however, many are managing to build senior leadership support, pointing the Nourish team to a need to increase efforts to connect with and influence senior leadership and their priorities.
- **Some Innovators are in jurisdictions that have undergone significant reorganizations toward centralized health authorities**, which have affected their positions, or provincial mandate to move toward centralized meal production. The implications of this varies; it can either augment or diminish the innovator's influence.
- Going forward it would be useful to think how Nourish can **better connect with the priorities of senior leaders in organizations**.



“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



“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



Innovator & Collaborative projects

Each Innovator's individual project works to address one or more major themes in food in healthcare. The individual projects are exploring several innovative ideas and are also expected to reveal insights on how change can happen in food in health care.

Five collaborative projects emerged from the cohort and are led by multiple innovators across Canada. They started in Fall 2018 and are in early planning at this time.

Innovator Projects

The purpose of the innovator projects is to develop and showcase innovative ideas that advance food in healthcare, and to reveal larger lessons about related systems opportunities and barriers. The projects can be grouped in these areas:

Procurement (21 projects)

Several of these are focused on local food options. A conversation is emerging about the need to think more systemically about sustainable and traditional foods.

Gardens (5 projects)

New gardens or building on existing gardens. These have therapeutic value for patients and supplement purchased food.

Menus (15 projects)

Showcasing more local, sustainable food, including better communicating these efforts to patients and staff.

Understanding the Patient Experience (7 projects)

Data collection and analysis to understand what affects the patient experience during mealtime.

Culturally safe food and reconciliation (10 projects)

Various initiatives (new sourcing relationships with local First Nations to scaling successful traditional foods programs) by Indigenous and non-Indigenous cohort members. 5 projects pre-date Nourish.

Staff and Patient Education (12 projects)

Emphasizing the importance of mealtimes to non-food service staff, raising awareness of local food being sourced, hosting

local food events or local vendor showcases and seeking support around meal times. A thread of cohort members are strengthening their ability to speak about the importance of sustainable food and the social determinants of health as it intersects with food.

Observation and Lessons

- **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 Innovator's 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 these projects are able to have, that is, can we shift more reluctant organizational cultures?
- There are strong regional differences and 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 changes, 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. 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.

Collaborative Projects

The suite of collaborative projects centre on five strategic opportunities, or five leverage points, related to food in care. These group projects are still largely in the discovery phase. It can be easier for Nourish Innovators to push more boundaries in the group projects as they aren't immediately pressing up against the constraints in their organizations. On the other hand, because these projects generally aren't in the Innovator's main job descriptions, it can be very hard for them to make the time to focus on this work.

1. Indigenous Foodways

The project aims to support organizations considering developing a traditional and/or country foods program, including tools for managers/leaders who are ready and responsible for the implementation of culturally-safe food programs for Indigenous people.

2. Values-Based Procurement

The creation of a National Food RFP Model will take place through research around current RFP models, documentation of

compliance rules and the engagement of major stakeholders to co-develop the model.

3. Food for Health Policy

This project advocates for a baseline for local purchasing to be introduced in the Ontario Local Food Act so that more Broader Public Sector (BPS) institutions will review their procurement processes.

4. Measuring Patient Food Experience

This project proposes the development of a patient food experience tool as part of an Ontario OMAFRA funded research study.

5. Sustainable Menus

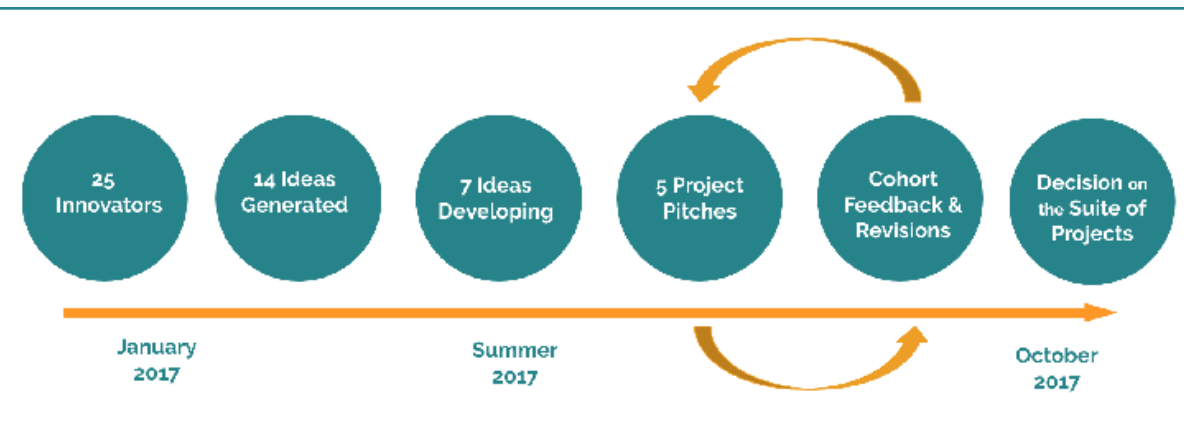
The objective is to develop a simple tool that facilitates informed decision-making around creating sustainable menus for health care institutions.

Observations and Lessons

- **The topics selected are critical issues** for advancing food in health care.
- These projects **show a lot of potential for engaging other partners** and food-health ecosystems.
- For the Innovators leading these projects, they are **proving to be excellent opportunities for leadership development** (for example, surmounting the challenge of getting participation from a group of very busy people; ensuring that many voices are heard etc.) however, because these projects aren't part of their jobs, it can be difficult to make time for meeting and coordinating the collaborative projects. Collaborative projects present an **opportunity to gain leadership experience in working across provincial jurisdictions and languages.**
- **Key individuals have been critical** to moving collaborative projects forward.

Development of collaborative projects

\$100,000 of funding was on the table for the cohort to collaboratively decide how to allocate. The Innovators internally generated fourteen project ideas, selected seven to develop, and pitched the five that were ultimately funded. The cohort, advisors, and mentors provided feedback and recommendations that led to a refinement of the project ideas.





Partners & network

Nourish aims to build a national conversation on food in healthcare.

Nourish is in a relationship development phase. Year one emphasized building new connections, introducing individuals and organizations to Nourish and sparking a national conversation on food in health care.

Partners & network

Nourish has deepened partnerships with the early partners (Food Secure Canada, Healthcare Without Harm, HealthcareCAN, Canadian Coalition for Green Health Care, Sustainable Food Lab, Greenbelt Foundation, Academy for Systems Change) and explored or developed several newer partnerships or organizational relationships: Dieticians of Canada, Canadian Foundation for Healthcare Improvement, Canadian Medical Association, Health Canada, MaRS Solutions Lab, Open Lab, Public Health Agency of Canada.

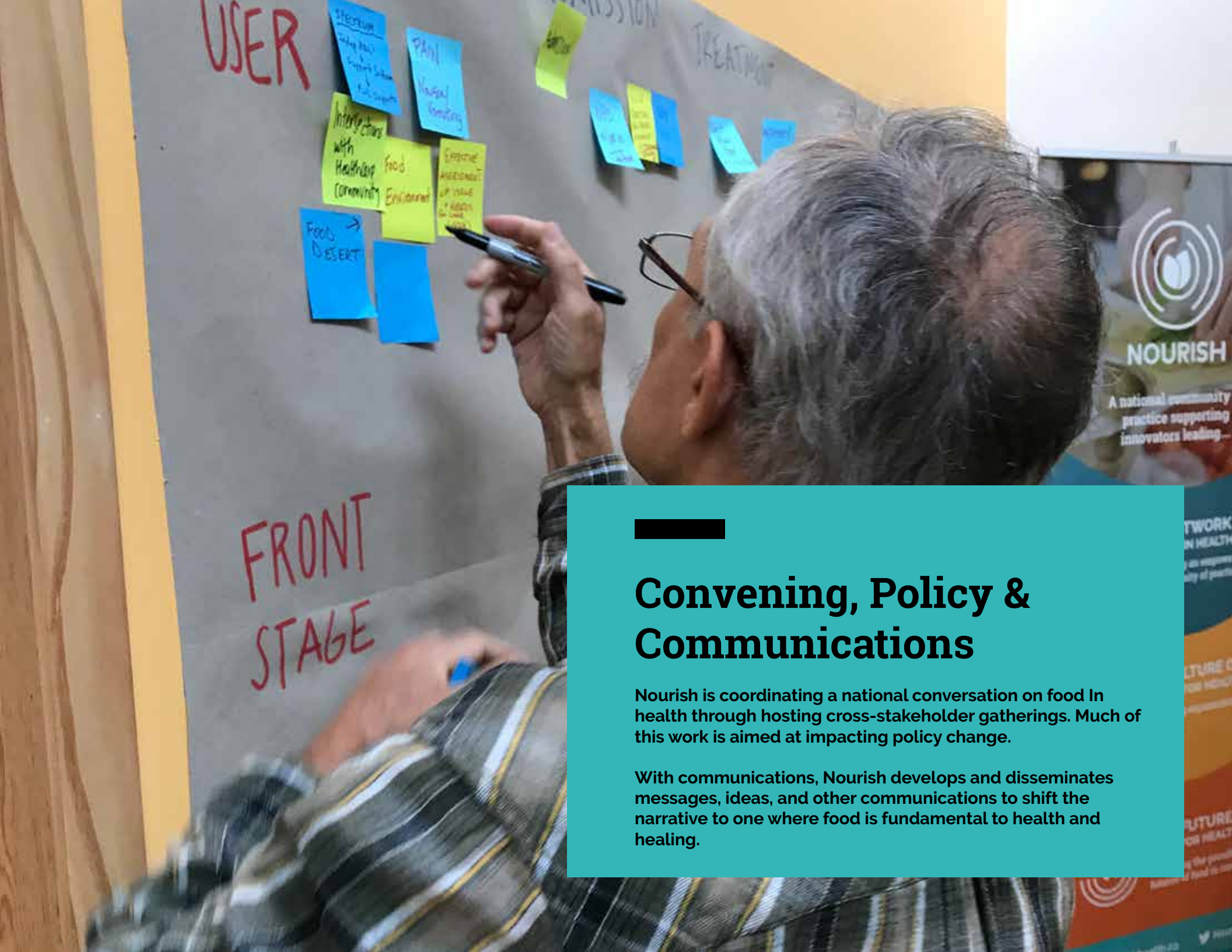
The primary activity with partners to date has focused on sharing information and joint participation in events, conferences, webinars, presentations, and panels.

Collaboration on the Nourish Infographic was a significant collaborative moment: several formal and informal partners provided input, got organizational endorsement, and contributed to the public launch via social media and their websites and newsletters. It has surfaced that greater clarity on what constitutes a partner for Nourish could be helpful.

Observation and Lessons

- **The cohort network is developing.** There is growing interaction among the more active Nourish Innovators.
- Nourish has **stimulated a national conversation** on food in health care
- Nourish has **established a credible, multi-lateral voice** in food health systems.
- Nourish has given a structure and framework to have **conversations across provincial jurisdictions.** More focus on provincial decision makers is recommended by some system stakeholders.
- Nourish has **positioned itself as a health stakeholder**
- Nourish has not yet reached out *in a scaled way* to food service managers, senior leaders in health care organizations, dieticians, physicians, and procurement managers
- **A collective agenda has not yet emerged,** although the collaborative projects highlight areas of interest and Canada's Food Guide is seen as a strategic intervention point





Convening, Policy & Communications

Nourish is coordinating a national conversation on food in health through hosting cross-stakeholder gatherings. Much of this work is aimed at impacting policy change.

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 up until summer of 2018 were the Innovator retreats and a **Wasan Island retreat of 19 leaders from across healthcare, government and food sectors** in September 2017. The purpose was to explore the role of food in healthcare in Canada. 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. A second Wasan Island **retreat focused on environmental nutrition** and a Montreal policy workshop, both held in September 2018, will be covered in the next evaluation.

Nourish also been **presenting at health care conferences and events** such as National Health Leadership Conference (NHLC), HealthAchieve and Upstream. Going forward, we are asking whether it is more strategic for Nourish to create and host its own events, (which allows for creative facilitation but may reinforce an echo chamber) or to seek a presence at external events such as NHLC (where healthcare audiences are already present but there is less potential for innovative design).

Policy

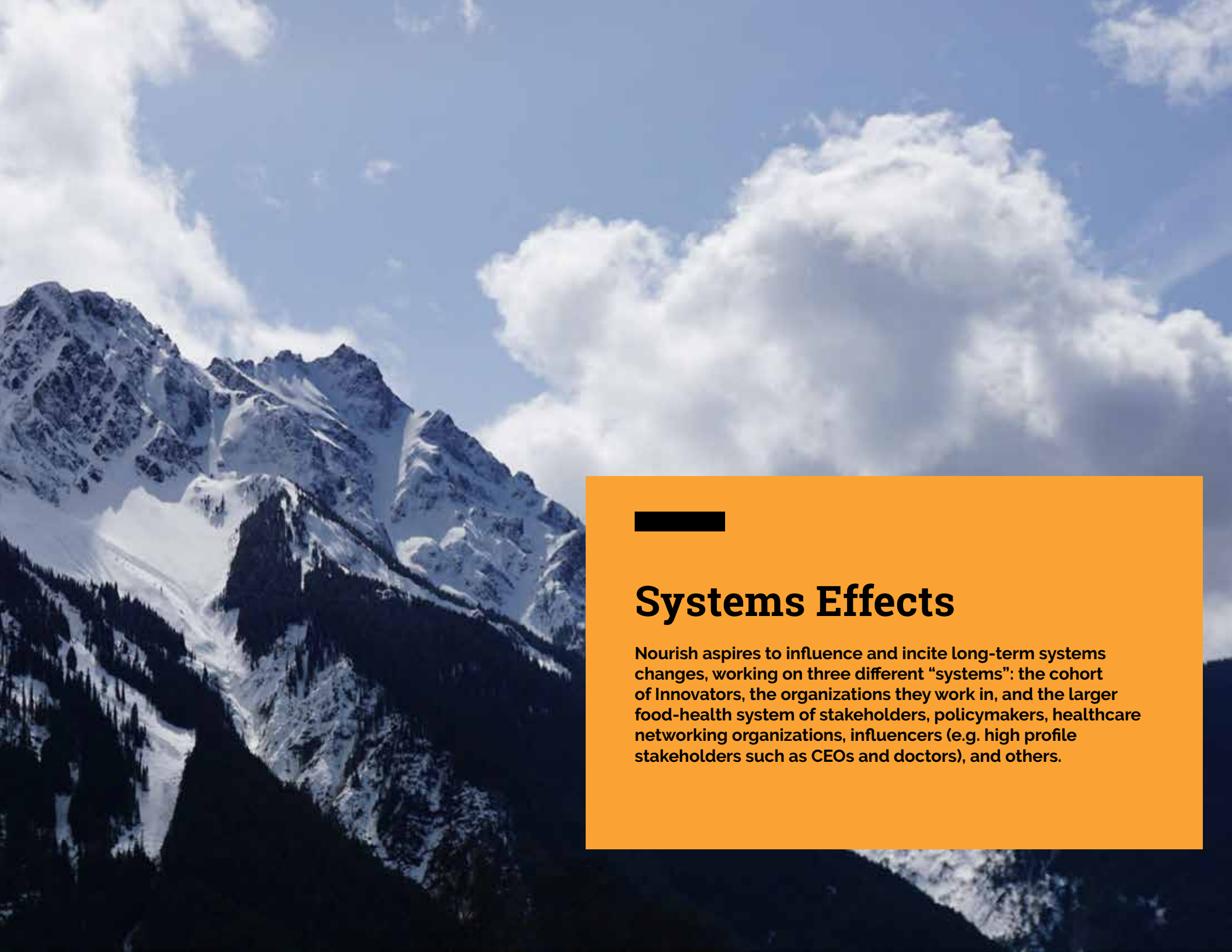
At the time of the writing this report, Nourish was also preparing a **Food for Health Policy workshop** for senior provincial and territorial government officials (held in September 2018). One of the Collaborative projects (Food for Health Policy) is focused on public policy, and discussions with individual health authorities, provinces and territories, and federal agencies have been on-going.

Evaluation of this newer aspect of Nourish's work will be evaluated more fully in the next developmental evaluation report.

Communications

Nourish has been working on a variety of different communications efforts in order to change the narratives around food and health. The key channels have been around hosting public webinars, a quarterly newsletter, and presentations at key conferences and events. Nourish will be focussing more on public relations and influencing key stakeholders through a potential ambassador program.

- Nourish has an **external newsletter, and has put out four issues thus far.**
- Nourish has **hosted 5 public webinars with a total of over 350+ in attendance** around the topics of reconnecting food and health, traditional food programs, values-based procurement, anchor institutions, and the collaborative projects.
- Over 14 months, there have been 14,172 website views and 37,802 page views on the Nourish website (the most popular content is the Nourish Infographic (526 views) and "True Returns of Food in Health Care (241 views)
- There has been a **steady increase over the first year in all communications channels:** 355% increase in mailing list, 175% increase in Twitter followers, and 155% increase in monthly website views.
- Nourish is starting to share with larger audiences by **co-publishing newsletter articles** in other media such as the Canadian Medical Association blog and Healthcare Without Harm's Medium channel.
- Nourish has successfully **co-published several articles with both senior healthcare leaders and physicians.**



Systems Effects

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

Systems Effects

What we should expect at this stage of the Nourish initiative:

- A group of healthcare innovators who have formed into a networked cohort of peers.
- A few examples of ways that organizations are positively and negatively responding to the ideas, projects, and other work of the cohort. These are not likely to be widespread, rather promising examples as well as illustrations of what may be common challenges.
- No major systems effects yet in the larger food in health system at this time.

We note that collaborative projects as well as specific communications (media strategy including an Ambassador program) and policy efforts are getting underway, and these are directed at systems level issues -- however it is too early to see results.

To assess systems changes, Nourish will examine ways in which the following are shifting: beliefs/culture, power/authority, resources, policy, routines, and relationships (see diagram on the next page). The program is in the early days, but there are some encouraging signals regarding systems effects, and several notable challenge areas.

Beliefs and Culture

Nourish is working on 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 has shifted over a year 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, many of them 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). A handful of innovator organizations are making organizational level changes such as being more supportive of scratch cooking or organic in addition to local food purchasing with support from a hospital foundation.

Food-health system: Beyond the organizations of the Nourish cohort, Nourish is developing better access to food managers in health care. In many institutions, there is limited openness to change at this time. In the broader community, a couple of Innovators are seeing good community receptivity to ideas and initiatives.

So what?

There are some powerful shifts among cohort members which signal that beliefs and culture shifts are possible – while recognizing that the cohort is likely a group that are predisposed to this kind of opening. What will it take to move these ideas from early adopters to early majority (on the diffusion of innovation curve)? Can Innovators increasingly influence executives in their institutions?

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 you have to choose between, rather than understanding the relationship between them. The experience so far suggests that creating powerful personal experiences should be an important part of Nourish's strategy to shift beliefs.

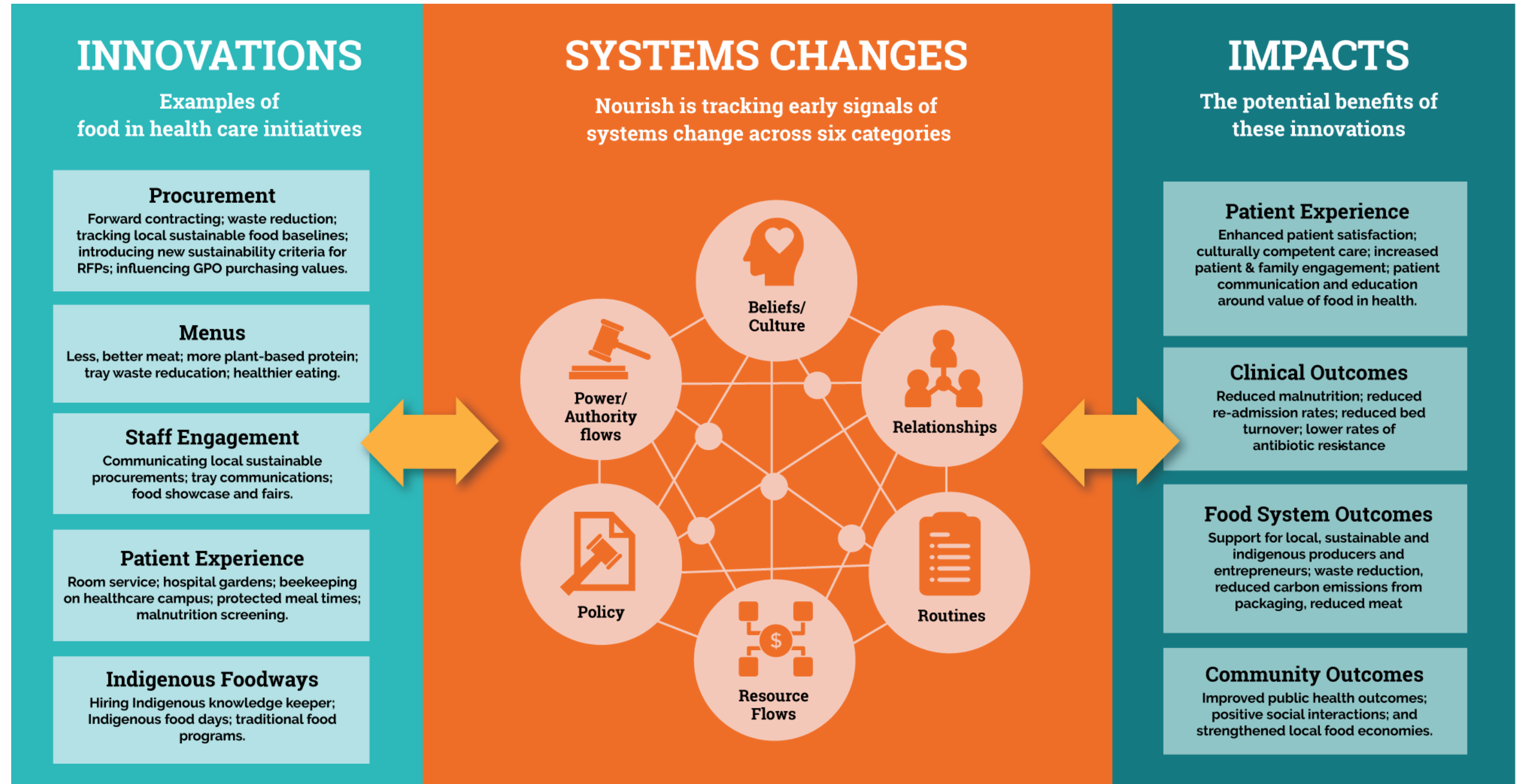
Resource Flows

Resource Flows are things like budget commitments, local grower capacity, and wholesale pricing for food.

Cohort: Most cohort members have very limited agency over budgets and resources. Many special projects are however underway as part of their individual initiatives.

Organization: There are four examples of dedicated new contracts that commit resources that let someone hire a new person 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 budget cuts (that in turn affect food) and no-sell lists as an institutional barrier in some examples.

Food-Health System: There is nothing emerging at this time. What can Nourish do to start to change incentive structures?



There are significant jurisdictional challenges (e.g. public health/healthcare schism) to overcome. Nourish will present 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?

There are some promising examples emerging, however, it will be challenging to scale in a resource constrained environment. If shifts in beliefs and culture do occur, resource commitments should follow. How, for example, can the planning cycle be influenced to secure capital investments for food in healthcare (e.g. cooking infrastructure) and long term food-provider contracts (e.g. existing operating systems from dominant food providers create path dependency within the system)?

Power and Authority Flows

Power and Authority are things like increased commitment among influencers and decision makers, and growing influence among system actors.

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 building social capital within their organizations. The challenge will be how to effectively help them translate their current positions into ones where they can have more impact.

Organization: We have yet to see evidence of changes to power and authority flows in organizations.

Food-Health System: Nourish is at the table in the work underway to revise Canada's food guide.

So what?

Being a part of Nourish seems to garner 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 position into a position where they can have more impact. Clinical nutrition holds a lot of power within the system, and stands to possibly lose influence in a re-imagined food in healthcare. How does the work on culturally safe food and reconciliation translate into systems level challenges to the colonial aspects of the health system?

Policy

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

Cohort: Collaborative projects are at a research and development phase. Nourish is undertaking a policy landscape scan in preparation for Policy Workshop.

Organization: We have yet to see evidence of changes to policy in organizations.

Food-Health System: Collaborative projects are working towards these. Nourish is engaged in various communications regarding Ontario's Local Food Act. The upcoming Food for Health Workshop for provincial/territorial/indigenous health officials is getting good response, although confirming participation at the most senior level is difficult. Is this a symptom of the problem that food is a low priority, that it does not sit clearly in any one topic area, or something else?

So what?

It is too early to expect substantive change on policy. This should emerge out of collaborative projects, the policy workshop, and the larger conversation that Nourish is stimulating.

Routines

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

Cohort: Innovators are exploring ideas such as room service models, waste audits, tasting panels, and simple 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.

Organization: This would include things like procurement processes, waste management practices, training and hiring practices. There are lots of interesting one-offs and pilots that get at some of these issues. Some health authorities are centralizing menus which generally reduces flexibility and ability to provide seasonal food -- can it be leveraged in positive ways if the change is inevitable?

Food-Health System: We have yet to see evidence of changes to routines in the food-health system.

So what?

Routines will be very hard to shift. How can promising examples from pilots and become more embedded in organizations? This question is a focus of upcoming communications work.

Relationships

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

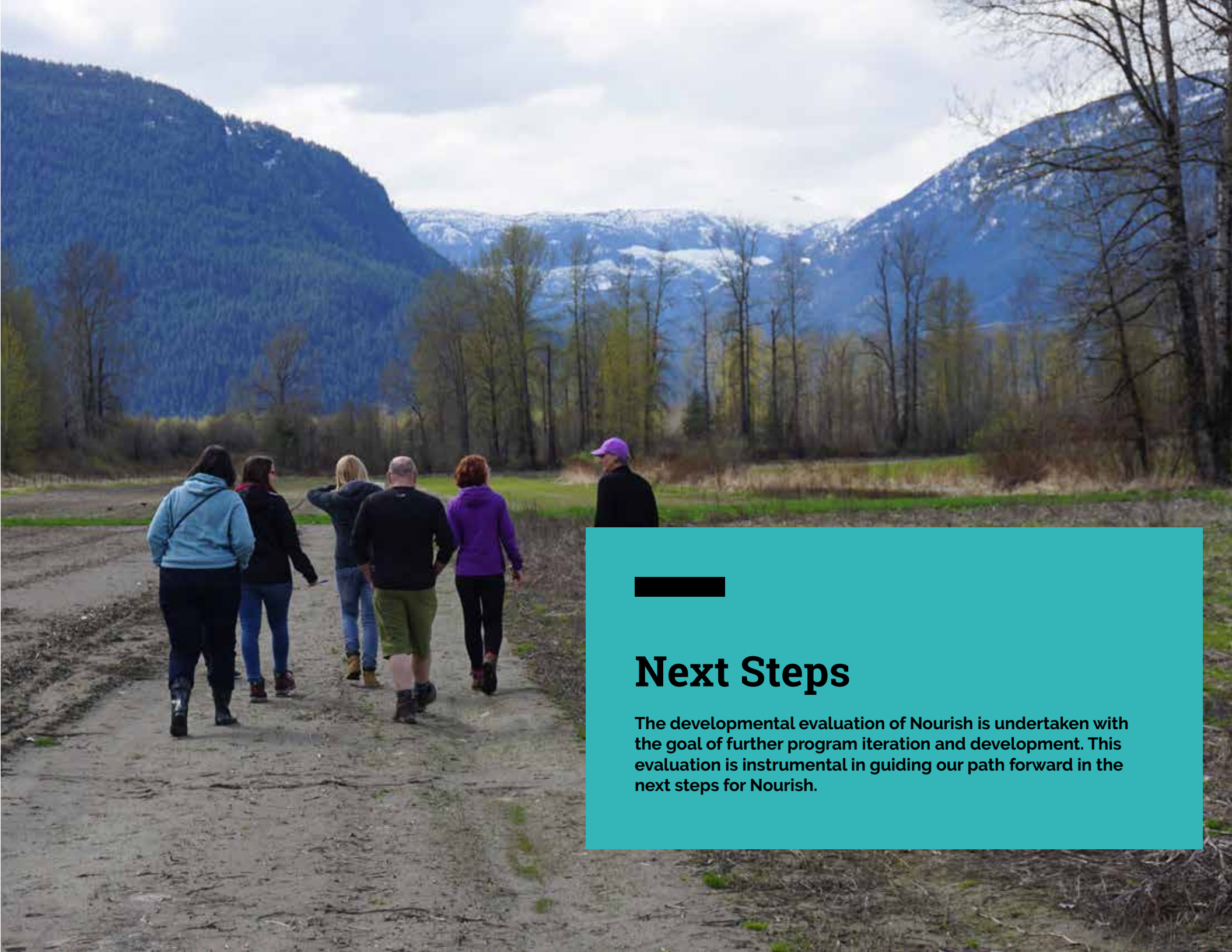
Cohort: Cohort members connect sporadically to share information and advice, but primarily connect through Nourish activities and projects. Nourish is building bridges between anglo-franco colleagues, and Indigenous-settler or non-Indigenous colleagues.

Organization: Cohort members are using Nourish activity (e.g. webinars) as a way to convene a 'food for health' conversation within their organization.

Food-Health system: The network of organizations (especially national organizations) that are connected to Nourish has grown throughout the first year and relationships have deepened. Examples of this include multiple stakeholders making commitments to publishing a complex infographic or making joint funding proposals.

So what?

This is a key foundational step and is critical for building momentum and scaling as Nourish moves forward. This is the strongest systems effect so far, and a promising early sign.



Next Steps

The developmental evaluation of Nourish is 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.

Next steps

There is a lot of momentum coming out of the Nourish Innovator leadership program. The stage is set with five promising national collaborative projects, each targeting a different leverage point in the food and health systems. Morale is also high due to the rich learning that emerged in the first year, the interest of many senior leadership teams in Innovator projects, and positive responses at multiple conferences and through various communications channels. Over the remainder of the leadership program, which formally ends in January 2019, we intend to continue to support the goals and experiments across the cohort, and to look to align these with broader interest from partners in the food-health ecosystem.

Nourish is moving into a phase of greater emphasis on communications, both to tell the most compelling stories coming from Innovators and their organizations, and to engage champions beyond the cohort to increase understanding among key stakeholders of the importance of food for health and healing, for people and the planet. We are also now actively engaging with policy makers, notably in provinces and territories, to identify the best ways to create supportive policy environments for the Nourish work. And we are looking to deepen relationships and commitments from senior healthcare leaders.

In the coming months we will be looking for greater clarity around which pathways forward will be the most effective in advancing our missions, within the various initiatives of the leadership program and across our convening and communications efforts.

Some of the next steps moving forward are:

- **Complete programming** for the final months of the Nourish cohort;
- **Support collaborative projects;**
- Undertake a **provincial/territorial/indigenous policy workshop** and a deep dive partnership building retreat at Wasan, focused on **environmental health**;
- Continue **communications work, launch a media strategy and an Ambassador program** to amplify the stories of what's possible and the 'food is health' message;
- **Organize a Capstone event** to look back at achievements and learning, and launch what is next;
- **Deepen strategic planning, partnership development and funding partnerships** to identify priorities and support for 'Nourish 2.0'.



Nourish Developmental Evaluation

www.nourishhealthcare.ca