

Maple Leaf Centre for Food Security Dialogues on Food Prescribing, 14th June 2023

Dr. David Nabarro Report & Reflection

28 July 2023

This is my report as curator of the Dialogues on Food Prescribing in Toronto on 14th June 2023. It is submitted to the Dialogue Convenor, the Maple Leaf Centre for Food Security. What is written in this report should be seen as my personal views. No part of this report should be read as a commentary on policies or processes in any jurisdiction or organization.

Introduction

On June 14th, 2023, a group of practitioners came together in Toronto to discuss possibilities for widening access to food prescriptions in Canada. Their dialogue focused on how Canadian people who experience food insecurity could, by 2026, benefit from being able to access food prescriptions. The expectation would be that a roll-out of food prescribing will also reduce the pressure on health services in Canada.

Organized by the Maple Leaf Centre for Food Security, the exploration event was a facilitated multi-stakeholder Dialogue among 55 practitioners, policymakers and academics.

Scene-setting

At the start of the event, I shared my perspectives on the value of multi-stakeholder dialogues for enlarging the solution space on complex and contested issues. I stressed that vulnerable people in all countries (especially including indigenous persons, ethnic minorities, and people with disabilities) are coping with severe cost of living crises. These have impacted on their essential needs, contributing to greater inequity, and increased demands on food systems. To tackle these challenges in ways that bring together different professions and stakeholders, novel ways of thinking and working are needed.

Our 4SD Foundation has developed an approach for aligning multiple actors around new narratives in response to food insecurity that is based on multi-stakeholder dialogues (Further information on the 4SD Foundation Dialogues methodology can be found [here](#)). It has been applied extensively in connection with the 2021 UN Food Systems Summit.

The event was introduced by Sarah Stern, Executive Director, Maple Leaf Centre for Food Security, who described how this dialogue fits in to a wider advocacy program by the Centre. Sarah indicated that the Centre is committed to encouraging policies and actions that will make a measurable difference to levels of food insecurity.

Sarah provided a clear and concise description of the challenge. 6.9 million Canadians struggle to access the food they need due to financial and other constraints. They are food insecure. The difficulties they face are increasing because of the escalating cost of living seen across Canada (and much of the world). Food insecurity has serious implications for people's health and wellbeing, and this leads to a major burden on the health care system.

The Centre recognizes that most food insecure people in Canada do not have access to food banks and other charitable support. Hence the Centre has begun to explore how to reach people with food insecurity through large scale and distributed infrastructure, such as the healthcare system. At the same time the Centre is exploring ways both to reduce the health

and nutritional consequences faced by people who experience food insecurity and to reduce the impact of people's food insecurity on health systems within Canada. The Centre has been inspired by reports of work supported through the Rockefeller Foundation, and others, that demonstrate a positive impact of food prescribing in the USA.

Panel session

I had the chance to interview two panelists, Jennifer Reynolds, Co-Executive Director, Nourish, and Dr. Andrew Boozary, founding Executive Director of the Gattuso Centre for Social Medicine at the University of Toronto Health Network. They shared their experiences with food prescribing and what they saw as the pluses and minuses of the approach. They offered their perspectives on how food prescribing in Canada might be scaled up. They identified some of the constraints with taking community-based responses to scale. They also speculated on how advancing food prescriptions might influence government strategies for addressing the root causes of poverty.

The panelists stressed that the fault-lines in Canada's food systems were laid bare by what happened when actions were taken to reduce risks associated with outbreaks of COVID-19. Some of these actions had profound effects on low-income households: responses had to be adapted to people's needs within their localities and it was necessary to enrich food systems with new response capacities. The panelists suggested that existing systems have constantly to adapt to respond adequately to the needs of poor people.

During the discussion there was an emerging consensus that making progress on food insecurity among vulnerable people in any community is difficult unless food insecure people are met where they are. It is important that they, as potential clients, are involved in enabling them to be food secure. The political context for responding to food insecurity is both complex and ever-changing. There may be many groups involved in devising and implementing responses. This can make it hard to secure convergence – among multiple stakeholders - on strategy, on sources of finance and on approaches to implementation. Some of the differences of view are being reflected in local, provincial or national political debates. This can reduce the room for maneuver when exploring and agreeing ways forward. Hence the potential value of multi-stakeholder dialogues as one means to enable practitioners with different experiences and views to explore options for alignment.

Impressions of the Dialogues

During the dialogues, participants explored the role of food prescribing within the context of other support needed by, and available for, people who are food insecure in different contexts. The importance of close attention to context was emphasized: the support must be meaningful in the local context.

Principles and best practice

Principles for good practice in food prescribing, together with propositions for taking food prescription to scale, emerged through the dialogues. The best practices that were identified include:

- 1 Pay constant attention to the dignity of potential clients for food prescriptions. Build on the (generally) high levels of trust between food insecure people and health care providers. Provide prescriptions for foods that are culturally relevant as well as healthy. Involve clients in design of food prescribing efforts.

- 2 Maximize the health impact of prescribed foods by looking at the needs of people, identifying those who may have a high need for food prescriptions through screening those known to have chronic illnesses, offer nutritious foods (fruits and vegetables) in the prescription, accompany prescribing with food skills training.
- 3 For taking food prescribing to scale, devise a seamless and accessible service that matches client expectations, with food prescribing as part of a comprehensive approach to food security. It should be offered through a personalized service, with the full engagement of food producers and retailers, including community markets. The clients should be partners in implementation: it is important that there is transparent information about the cost of food prescriptions per client and that this is kept at a reasonable level for the client (in terms of opportunity cost for accessing prescribed food), for the prescribing entity, for the community and for the provincial or federal government.

Building popular momentum

There was extensive discussion of how to frame the issue to build political momentum for tackling food security through food prescribing, as part of poverty reduction strategies that increase people's agency and opportunity.

Three reflections on the event

- 1 Participants proposed that food prescribing should be part of an integrated constellation of support for vulnerable people at risk of food insecurity that is provided in a way that meets people where they are and responds to what they want.
- 2 Participants were outspoken about the need to encourage and build on local initiatives for introducing food prescribing within the wider pattern of support for food insecure households. They stressed the importance of designing these initiatives in close partnership with organizations that are rooted within communities that experience food insecurity.
- 3 Participants wanted to explore how best to advocate for wider uptake of food prescribing as an element of strategies for reducing the burdens faced by food insecure people in Canada. They proposed that advocacy should be undertaken through multiple channels, with a view to nurturing a movement that seeks to minimize food insecurity and encourage food prescribing. Whichever means of advocacy is used, it should be accompanied by rigorous monitoring of feasibility and impact, and exploration of the benefits of alternative approaches to partnering.

Potential next steps

Dialogues can be a valuable means for *mobilizing energy around complex issues* and in *securing agreement about ways to navigate them*. There are now explorations into the role of food prescribing as part of the overall response to people's food insecurity underway in multiple locations in different countries. It would be great if these explorations provided

opportunities for using *facilitated multi-stakeholder dialogues* as a way both to design effective responses and to reinforce trust between the clients and those who seek to serve them.

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