

The following table provides a general list of groups that need to be involved for the successful planning, design or delivery of food infrastructure for planetary health projects; it is offered as a working draft or a guide for you and your teams to upgrade together.

HOW TO USE THIS TABLE

The left half of the table (green) has information about the actors who typically need to be engaged from the start. On the right half of the table (blue), there is space for you and your team to identify the individual actors who should be engaged, the stages at which they should be involved, and the key roles they have in your project.

As not all organizations will have dedicated or formalized roles and capacities related to food, key champions and integrated processes will be required. Community of practice supports can be invaluable to expand awareness and grow capacities needed to fill gaps (see [Playbook](#) for examples). Collecting lessons learned about required roles, capacities and champions required can help your team to make the business case to secure resources required for implementation of future projects.

KEY ACTORS (General groups)	Key Roles and Functions (General) & Key Considerations	KEY ACTORS (Individuals fulfilling role in your context)	FACILITY DELIVERY LIFECYCLE STAGE ENGAGED (see Playbook)	KEY ROLES, INPUTS & OUTPUTS (and needs for successful implementation)
Ministry of Health	<p>Key Roles and Functions: High-level policy and priorities (including final approval of business plans)</p> <p>Key Considerations:</p> <ul style="list-style-type: none"> Engage early Key for decision-makers to understand the value of food as medicine as a key dimension of quality care. <p>Note: different branches of Ministries of Health will approach this work differently, but the interdisciplinary nature of food provides an opportunity to integrate efforts across silos (e.g. strengthening efforts between food, planetary health, natural asset management, resilience, health equity, etc.)</p>			
Host Nations	<p>Key Roles and Functions: Host Nations have stewarded the reciprocal health of lands, waters and all living systems (all their relations) according to their distinct natural laws since Time Immemorial. They hold inherent rights and responsibilities to the lands and waters of their territories - as recognized in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP, 2007) now legislated federally (UNDRIPA, 2021) and provincially (DRIPA, 2019; DRIPA Action Plan, 2022). Their community members together hold vital knowledges and maintain rich cultural practices and protocols important for food system health, food sovereignty, and self-determination.</p> <p>Key Considerations:</p> <ul style="list-style-type: none"> Engage early, through proper protocols <p>Note: each Indigenous Nation and community is distinct with distinct laws, language, cultural practices, priorities and protocols. Start by familiarizing yourself with the information they share on their Nation's website and completing basic cultural humility and cultural safety training. Work with your Indigenous health, engagement and reconciliation leads to understand how to best move forward, for instance through building on existing relationships, supporting advancement of reconciliation and working to decolonize systems, structures and approaches that inhibit these efforts.</p>			
Care Recipients and their Support Networks (patients, long term care residents, etc.) (families, loved ones and other hospital visitors)	<p>Key Roles and Functions: End users of interventions (i.e. the people health care systems exist to serve).</p> <p>Key Considerations:</p> <ul style="list-style-type: none"> Work with patient advisors and advisory networks, internal Indigenous and community engagement teams, and additional external consultants as required Ensure efforts are grounded in health equity, anti-oppression, cultural humility and cultural safety Look for synergies with related guidelines, training and capacity-building (e.g. cultural safety training, Indigenous design guidelines, power literacy, co-design, etc.) <p>Note: different individuals will have different needs; it is important to understand these different needs, and what competencies and capacities will be required of you and your teams to address them.</p>			
Indigenous and Community Health Engagement Teams	<p>Key Roles and Functions: These teams ensure Indigenous and community voices are heard, advise on requests for proposals (RFPs) to ensure proper engagement is embedded, advise on integration of cultural safety protocols and practices necessary for health equity; and may be able to help support internal engagement efforts.</p> <p>Key Considerations:</p> <ul style="list-style-type: none"> Engage early and throughout (i.e. from initial planning through to post occupancy evaluation) Work together to align efforts with existing cultural safety, cultural humility, anti-oppression training and capacity building, and with Indigenous design guidelines <p>Note: If your context does not have these resources, work with your internal teams to see how they might be collaboratively created in right relationship with key actors (i.e. Host Nations, Care-recipients, etc.) and explore examples in the Playbook for ideas and potential contacts (who might be able to share valuable learnings).</p>			



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Executive Leadership	<p>Key Roles and Functions: Strategy endorsement (including approving business plans before submission to ministry of health, and approving RFPs)</p> <p>Key Considerations:</p> <ul style="list-style-type: none"> Engage early Key for leadership to understand and champion value of food as medicine as a key dimension of quality care 			
Capital Projects (chief project officers, senior project managers, clinical, space, equipment planners, project managers, etc.)	<p>Key Roles and Functions: Management of health facility planning, design and construction and renovations</p> <p>Key Considerations:</p> <ul style="list-style-type: none"> Engage early and throughout Key for capital projects teams to understand the value of food as medicine as a core project objective and food infrastructures to support it to maintain alignment through implementation, and leverage synergies with other objectives for value-adding co-benefits 			
Food Services (directors, managers, supervisors, leaders, etc.)	<p>Key Roles and Functions: Food services teams comprise an array of experts, including managers, supervisors and leaders, who are responsible for menu development, food procurement, service execution, and operational management. These teams cater to care-recipients (inpatients and long-term care residents) and offers retail food services to out-patients, visitors, and staff. Food services teams contribute to the health and well-being of patients, residents and communities by providing “food as medicine” and creating a positive meal experience.</p> <p>Key Considerations:</p> <ul style="list-style-type: none"> Work with dietitians and integrated care teams to understand needs of care-recipients and with Indigenous and community engagement and Indigenous health teams to embed culturally mindful foods and related practices Work with chefs and procurement teams to develop menus that meet identified needs Work with capital projects, facilities, sustainability teams, and planetary health champions to identify infrastructures needed, such as space, services, equipment, staff, etc. Work with environmental health officers (EHOs) and infection control teams to ensure compliance with food safety standards 			
Registered Dietitians (RDs)	<p>Key Roles and Functions: RDs are regulated health professionals committed to using evidence-based knowledge and skills to advance health through food and nutrition. In clinical and residential settings, RDs provide “food as medicine” interventions and guidance to meet care-recipient’s needs as part of integrated care teams. In community and broader settings, RDs contribute expertise, leadership, and support to programs and projects to improve population health. RDs contribute to the health of individuals by assessing their nutritional needs and designing, implementing, and monitoring nutrition care plans to support healing and recovery in acute illness and/or help manage chronic health conditions (i.e. “food as medicine”).</p> <p>Key Considerations:</p> <ul style="list-style-type: none"> Food is only nourishing if it is eaten, and food that is not eaten may be wasted. Therefore, planning and design considerations that support frequent interactions between RDs and care recipients facilitate regular monitoring of eating so that menus and care plans can be personalized and optimized to provide nourishing food with less waste Involve through decision-making stages to effectively integrate their expertise from from value-case development in early pre-design, through design development, and post-occupancy evaluation) Ensure that the business case development prioritizes space and resources to support integrated care Ensure that design development supports the RD role - including: discussions about how food and nutrition data will be collected (e.g. care recipient preferences, allergies, consumptions) and integrated (e.g. providing input on food service models, menu development, needs regarding co-working spaces for integrated care, etc.) Post-occupancy evaluation integrates RD-(co)led nutrition analysis 			



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Horticultural Therapists (HTs)	<p>Key Roles and Functions: HTs use plants, garden landscapes and horticultural activities to promote well-being for participants. Efforts are goal-oriented and process-based and offer many physical, mental and emotional health benefits, including: practicing social skills, promoting physical activity, increasing cognition (such as focus, memory, sequencing), organizational skills and capacities, and for calming, mood lifting effects. Such efforts increase connections to nature and natural food systems, assist in learning new skills and capabilities or regaining skills that have been lost, ultimately improve holistic wellbeing.</p> <p>Key Considerations:</p> <ul style="list-style-type: none"> Engage early Work with HTs to develop KPIs in pre-design and post-occupancy evaluations 			
Environmental Health Officers (EHOs)	<p>Key Roles and Functions: EHOs provide education and guidance to ensure food safety and protect public health. They focus on compliance with health standards, enforce regulations to prevent health hazards, and promote safe food handling practices. EHOs also collaborate with other agencies to monitor food-related health risks and respond to outbreaks, protecting the community from food borne illnesses.</p> <p>Key Considerations:</p> <ul style="list-style-type: none"> Engage at every stage of food service, from facilities planning to ongoing operations through regular inspections, to ensure food safety standards are met and maintained Crucial to engage EHOs when incorporating local foods into healthcare food operations, including traditional foods, donated items, and produce from local farms or gardens 			
Facilities Maintenance and Operations	<p>Key Roles and Functions: Ensure proper function of facility systems; for example, landscape maintenance, kitchen and equipment repairs, etc.</p> <p>Key Considerations:</p> <ul style="list-style-type: none"> Engage them early and throughout to integrate their knowledge These teams are invaluable resources and are among the most impacted by decisions made throughout facilities delivery lifecycle stages 			
Sustainability and Planetary Health Teams	<p>Key Roles and Functions: These teams measure environmental impacts; guide environmental benefits; and advise throughout facility project delivery (i.e. on project definition and objectives, design and construction strategies, implementation and continuous quality improvement)</p> <p>Key Considerations:</p> <ul style="list-style-type: none"> Engage early and throughout Align with low-carbon resilience guidelines or other relevant sustainability and planetary health guidelines 			
Transformation Teams	<p>Key Roles and Functions: These teams support organizational change, strategic priorities and system/project design interventions to improve the safety, quality and consistency of patient/resident care and staff wellbeing.</p> <p>Key Considerations: Engage early to ensure they are aware of core goals and to identify potential synergies with other related efforts</p>			
Clinicians (Physicians, RNs, LPNs, etc.)	<p>Key Roles and Functions: Clinicians are a group of providers involved in direct patient care with various tasks and responsibilities. As trusted advisors, they can be powerful advocates and champions for these transformational projects, and bring the clinical perspective to the table.</p> <p>Key Considerations:</p> <ul style="list-style-type: none"> Engage Identify local champions who support the project, and can bring their peers along in educating on the role of food as medicine among their peers, as different clinicians will have varied degrees of exposure to nutritional and planetary health education 			



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TYPICALLY EXTERNAL TO HEALTH ORGANIZATIONS	<p>Community Collaborators and "Food Assets" (e.g. community gardens, farmers market, other local distributors, food security NGOs, etc.)</p> <p>Key Roles and Functions: External groups involved with:</p> <ul style="list-style-type: none"> Producing, processing, and storing (e.g. growing, harvesting, butchering, peeling, dehydrating, canning, temporarily storing offsite, local delivery, etc.) Connecting foods to recipients in need (e.g. NGOs that recover unsold food from farmers markets, local retail stores and transport to shelters; etc.) <p>Key Considerations:</p> <ul style="list-style-type: none"> Map local food assets early to surface potential opportunities for synergies Engage key participants early to collaboratively explore viable reciprocal relationships. These partners may have innovative ideas that would be unrecognized or unimplemented without their early and equitable engagement 			
	<p>Specialty Consultants (e.g. planning, engagement, architecture, kitchen design, landscape architects, interior design, engineering)</p> <p>Key Roles and Functions: Experts external to health organizations that are contracted to provide services ranging from planning, engagement and research, to design, contract management, and post-occupancy evaluation.</p> <p>Key Considerations:</p> <ul style="list-style-type: none"> Ensure core values, goals, principles, and related performance requirements are clearly embedded in procurement materials like RPFs and contracts Ensure integration into project delivery quality control and assurance frameworks (e.g. in KPIs evaluated at key milestone design reviews, in outline and general specifications, etc.) 			
	<p>Construction Teams (e.g. general contractors, construction managers, sub-trades, etc.)</p> <p>Key Roles and Functions: External teams responsible for construction, and may also include construction management, demolition, deconstruction, hazardous materials removal, etc.</p> <p>Key Considerations:</p> <ul style="list-style-type: none"> Involve early on for pre-construction services to make integrated design process more effective for greater efficiencies and co-benefits) Ensure core values, goals, principles and related performance requirements are clearly embedded in procurement materials like drawings, specifications and any supplemental tender documents 			

Additional Notes: