



# Executive Summary

Developing an Institutional Garden for The Ottawa Hospital

## Background

Hospitals and other healthcare institutions recognize the benefits of gardens and have sought to incorporate more natural environments in their facilities. These institutional gardens serve various purposes including relaxation and leisure, use as a social space, and landscape beautification. Many healthcare institutions are also looking to develop gardens for both therapeutic and food production purposes.

The Ottawa Hospital (TOH) is interested in developing institutional gardens for therapeutic purposes in the short term and for food production in the long term. Institutional gardens would provide TOH with opportunities to meet the therapeutic needs of patients, improve health outcomes for both patients and staff, and enrich the overall experience of visitors to the hospital, which is in alignment with TOH's mission and core values.

Institutional gardens will also offer invaluable opportunities to strengthen community engagement, foster a range of research opportunities, develop partnerships, and strengthen TOH's position as a leader in promoting and improving health in the Ottawa community. The aim of this study was to develop a model to support these short- and long-term goals by examining opportunities and potential issues associated with constructing gardens and engaging with potential community partners.

## General Approach

To develop this model, the research team explored the specific needs of TOH by drawing from the perspectives of relevant departments within the hospital, interviewed representatives from other healthcare institutions with existing gardens to learn from their practical experience, and examined ways to develop sustainable partnerships with potential stakeholders. Participants completed 30-60 minute semi-structured interviews. The participants were categorized into one of three groups: TOH staff, representatives from gardens at health institutions, and potential stakeholders.



Group 1

Group 1 participants ( $n=9$ ) comprised TOH staff in the Facilities, Food Services, Occupational Health & Wellness, Patient Advocacy, Finance, Security & Safety departments. Representatives from these departments provided critical insights into hospital operations including organizational policies, program development and utilization, finances, patients' experiences, and operational logistics.



Group 2

Group 2 participants ( $n=5$ ) comprised representatives from health institutions with institutional gardens. These participants provided important insights into the day-to-day running of a garden program, risk management, finances and funding opportunities, and community partnerships and engagement.



Group 3

Group 3 participants ( $n=5$ ) comprised representatives from local organizations and businesses who may have interest in becoming potential partners in the development of the garden.

# Findings

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**Group 1**

Participants from Group 1 strongly voiced their enthusiasm regarding the potential development of a therapeutic garden. The longer-term goal of using the garden for food production was met with mixed reviews. Despite the majority of staff advocating for the inclusion of fresh local produce in hospital meals, many wanted to better understand the feasibility and sustainability of on-site food production.

Key considerations highlighted by TOH staff were costs, food preparation methods, patient safety, and space constraints. A number of design considerations were identified, some of which included locating the garden in an easily visible and safe location, ensuring accessibility (e.g. tailoring design to user groups), and collaborating with the Facilities Department to ensure adherence to building codes and regulations.

TOH staff suggested that the effectiveness of the garden could be measured by relying on patient feedback, patient outcomes, and incorporation of produce into cafeteria meals. In order to ensure sustainability, TOH staff suggested securing external management for the garden, recruiting volunteers, and enlisting the help of project 'champions'.



**Group 2**

Participants from Group 2 provided useful insight and advice regarding the planning and development of an institutional garden. The participants identified several uses of the gardens including education, community outreach, and food production for cafeteria, patient meals, farmers' markets, and community supported agriculture.

Model gardens were used for outreach, public relations, food production, and an overall commitment to personal and community health improvement. Design considerations at the gardens included accessibility, seasonality, and the use of organic practices.

Finances to cover garden costs included donor funding, grants, and departmental financial support. Community partnerships and collaborations were common and included partnerships with recreation centers, libraries, schools, universities, non-profit agricultural organizations, local food pantries, and other local community groups. Challenges with the gardens included selecting an appropriate location for the garden, finding a meaningful use for the produce, and securing sufficient funding.



**Group 3**

Participants from Group 3 showed more interest in collaborating on the therapeutic garden than on the food production site. Potential stakeholders can contribute to the gardens by providing design expertise, equipment, volunteer services, and connections to local farmers for food production.

Suggested design considerations included using raised garden beds, wheelchair accessible pathways, and selecting a location near the hospital. Potential stakeholders agreed that a food garden would heighten patients' interests in meals and advised on challenges such as food policies, seasonality, and volume of food that can be produced.



## Short-Term Recommendations for Therapeutic Garden

- Create an interdisciplinary planning and design team that includes TOH staff (senior executives, nurses, doctors, facilities management, etc.) and community partners to ensure positive results
- Collaborate with the Facilities Department throughout the planning and design process
- Collaborate with an occupational therapist throughout the planning and design process to ensure accessibility and the inclusion of design features conducive to therapy goals
- Collaborate with gardening organizations/ farmer familiar with institutional facilities throughout the planning and design process to ensure that the appropriate planting material is used for healthcare environments and to ensure that the garden will be able to accommodate future food production practices
- Collaborate with design programs at universities and trades programs at colleges to reduce costs
- Tailor garden location to needs of user groups (patients, staff and visitors)
- Ensure garden is in an area that is visible from patient rooms and the hospital interior
- Ensure garden is in close (walking) proximity to the occupational therapy ward
- Ensure sufficient storage space
- Ensure unrestricted physical access for patients in wheelchairs and other walking aids through wide, flat, non-slip pathways with handrails
- Ensure sufficient space for staff use and privacy through designated areas
- Tailor garden features to needs of user groups (patients, staff and visitors)
- Ensure raised garden beds are accessible to patients in wheelchairs and other walking aids
- Ensure that the garden stimulates the senses (touch, smell, sound, etc.) to optimize therapeutic effects
- Ensure sufficient seating area



## Long-Term Recommendations for Therapeutic Garden

- Use produce from the garden in the cafeteria meals or for an occasional on-site farmer's market
- Ensure close communication between kitchen staff and food garden staff to balance supply/demand needs and to coordinate with seasonal menus
- Grow crops that require the least amount of preparation (e.g. cherry tomatoes) and can be readily incorporated to meals
- Be cognizant of possible barriers such as crop failure or soil or weather conditions, etc and how these may affect food production
- In order to extend the growing season, consider the use of crops suitable for cooler conditions (e.g. spinach) and hoop-houses (less expensive alternative to greenhouses)
- Identify and connect with an external farmer who will be responsible for managing the food garden. With their extensive experience working with farmers, long-term partners like Just Food should be a starting point to link up with potential farmers



## General Recommendations

- Use evidence-based design and an interdisciplinary team in order to execute the most effective and efficient design and implementation of The Ottawa Hospital's vision
- Collaborate with hospital departments and relevant external hires at each implementation stage. Drawing from this diverse knowledge will increase capacity of the garden to meet its expectations
- Create community partnerships to harness expertise, social capital, and community buy-in
- Assign the management of the garden to someone who will be fully responsible for overseeing garden operations
- Decide on funding strategies, sources and timeline early on in the process for planning, design, construction and maintenance. Funding sources include: philanthropic organizations, individual donors, corporate sponsors, fundraising campaigns, grants, and self-financing by the hospital
- Begin with a therapeutic garden and use this therapeutic phase to build capacity and proficiency with gardening operations before expanding into food production
- Outline clear goals and roles/responsibilities for staff and stakeholders. Align incentives for all groups involved to help sustain interest in the initiative
- Recruit volunteers from interested stakeholder groups to facilitate garden operations and alleviate financial costs
- Seek champions from senior administration and clinical front-line workers
- Use organic practices
- Implement community engagement programs (e.g. tours, food and nutrition classes) to advertise the institutional garden, and as a way to give back to the community