



community food centres
CANADA good food is just the beginning

COMMUNITY FOOD CENTRES CANADA THEORY OF CHANGE

WE'VE GOT FOOD ISSUES

We've got complex, joined-up food issues in Canada: household food insecurity, diet-related illness, an unsustainable food system. These issues disproportionately affect the poor and have enormous social, economic, environmental and health-related costs.

Household Food Insecurity

Rates of household food insecurity in Canadian provinces and territories are either rising or persisting.

- *4 million Canadians experience some level of food insecurity, 1.15 million of them children (Tarasuk et al., 2014).*
- *62% of food insecure households rely on employment as a source of income (Tarasuk et al., 2014).*

The number of people who depend on food banks is high. It increased after the 2008-09 recession and never returned to pre-recession levels.

- *841,191 people used a food bank in one month alone in Canada in 2014, more than a third of them children. Food bank use has increased by 25% since 2008 (Food Banks Canada, 2014).*

While food banks provide an important source of emergency food, many food banks and other emergency food programs are under-resourced and struggle to provide reliable supplies of adequate, appropriate and healthy food.

- *32% of food banks are entirely volunteer-run and 38% had to cut back on the amount of food they provided to each household in 2012-13 because of insufficient resources (Food Banks Canada, 2013).*
- *A case study assessing the nutritional value of food hampers at a southwestern Ontario food bank concluded that 99% of hampers analyzed did not provide sufficient nutrients, energy or food group servings for the intended three days they were meant to provide for (Irwin et al, 2007).*

- *A nutritional assessment of charitable meal programs serving homeless populations in Toronto revealed that an increase in dairy products and fruits and vegetables was necessary for the meals to meet adult nutrient requirements (Tse & Tarasuk, 2008).*

Accessing emergency food programs can be a stigmatizing experience for the recipient.

- *Only 27.8% of food insecure Toronto households surveyed had accessed a food bank in the previous year (Kirkpatrick & Tarasuk, 2009). Many people do not use food banks because of the stigma associated with them (Food Banks Canada, 2014).*

Accessible and affordable fresh, healthy food options are few and far between in many low-income communities.

- *Only 27% of residents in Winnipeg's Inkster neighbourhood live within one kilometer of a grocery store. The neighbourhood contains 19 convenience stores but only two grocery stores (Food Matters Manitoba, 2014).*

Poverty is the primary predictor of food insecurity.

- *70% of households that rely on social assistance as their main source of income are food insecure (Tarasuk et al., 2014).*
- *Minimum wage earners in Nova Scotia are consistently unable to meet their nutritional needs after paying for other essential monthly expenses (Newell et al., 2014).*
- *Income inequality in Canada is rising, with incomes for the highest-earning 20% of Canadians increasing by 29% and those of the lowest 20% dropping by 23% between 1976 and 2010 (House of Commons Standing Committee on Finance, 2013)*

Our social safety net is failing its most vulnerable citizens. Social assistance rates are inadequate, condemning people who rely on them to a life of poverty. Increases in the cost of living – especially of food, housing and transportation – have far outpaced increases in social assistance rates.

- *Between 1999 and 2009, inflation increased by 45.9%, and most welfare incomes across Canada did not keep up. As a result, many people on welfare now are worse off than recipients in earlier decades. In several cases, welfare incomes decreased by 20% or more (National Council of Welfare, 2010).*
- *Across the country, welfare rates fall well below Statistic Canada's Low-Income Cut-Off (Tweddle, Battle and Torjman, 2013).*
- *In 2013, the cost of a nutritious food basket in Toronto was \$266.50 per month for a single person (Toronto Public Health, 2013), which is inaccessible considering Ontario's social assistance rate of \$626 (Daily Bread Food Bank, 2014) and the average bachelor apartment rental cost of \$896 (Settlement.Org, 2014).*

Diet-Related Illness & Food Illiteracy

Many preventable illnesses are linked to unhealthy eating.

- *80% of premature heart disease can be prevented through lifestyle, including healthy eating (World Health Organization, 2009).*
- *In 2012, only 40.6% of Canadians reported eating the daily recommended amount of fruits and vegetables (Statistics Canada, 2013).*
- *60% of Canadian adults have a chronic disease (Public Health Agency of Canada, 2013), and chronic illnesses are the leading cause of death in Canada (Statistics Canada, 2014).*

Rates of diet-related illness are at historic highs.

- *More than 9 million Canadians have diabetes or pre-diabetes (Canadian Diabetes Association, 2012). Canada has one of the highest rates of diabetes among all OECD countries (OECD, 2011).*

The burden of diet-related illness on our health-care system is enormous.

- *Diabetes alone costs our health-care system almost \$12 billion annually, and by 2020, it is estimated that this number will rise to \$16.9 billion a year (Canadian Diabetes Association, 2011).*
- *Cardiovascular disease will cost Canadians \$28.3 billion per year by 2020 (Conference Board of Canada, 2010).*

Diet-related illness affects the poor more than the wealthy.

- *According to the Canadian Community Healthy Survey, Type 2 diabetes rates are 4.14 times higher in the lowest income group than in the highest income group (Dinca-Panaitescu et al, 2011).*

People are losing the skills, knowledge and confidence to grow, cook and choose healthy food.

- *A societal transition in cooking and food preparation skills has been taking place over the past several decades in the developed world that is characterized by a greater reliance on pre-prepared, packaged and convenience foods requiring fewer preparation skills than 'from scratch' cooking. The trend is exacerbated in some low-income households for reasons of time poverty and lack of access to affordable fresh ingredients, cooking appliances and garden space (Government of Canada, Improving Cooking & Food Preparation Skills, 2010).*

Social Isolation, Disengagement & Mental Health Issues

Low income and social isolation are often linked.

- *Survey respondents above the Low-Income Cut-Off (LICO) were 2.31 times more likely than those below to report a sense of belonging in their neighbourhood (Stewart et al, 2009).*

Despite the social benefits of eating with others, more and more people are eating alone.

- *46% of all adult eating occasions are undertaken alone, up from 44% two years prior (Hartman Group, 2013).*

Low-income people often feel disempowered to make change in their lives. Yet, when given the opportunity, they can and will become engaged citizens.

- *Voter turn-out in the last federal election was only 61% (Elections Canada). This figure tends to be lower among those in lower income brackets (Uppal & LaRochelle-Côté, 2012).*

Low-income and food-insecure populations have a higher risk for mental health issues.

- *Food-insecure Canadians are 1.69 times more likely to suffer from a mental illness (Muldoon et al, 2013).*

“Poverty ... is both a cause and a consequence of poor mental health” (Peterborough Social Planning Council). People dealing with mental health issues often live in poverty and poverty is a known risk factor for developing mental illness.

- *Canadians with the lowest incomes are 3 to 4 times more likely than the highest income-earners to report fair to poor mental health (Statistics Canada, 2013).*

HOW DOES THE COMMUNITY FOOD CENTRE ADDRESS THESE FOOD ISSUES?

We believe that complex, joined-up food issues require a complex, joined-up response. CFCs are tailored to meet local needs and offer multifaceted, integrated and responsive programming in a shared space where food builds health, hope, skills and community. Together, CFCs are working to create fundamental changes in how we think and talk about food in Canada.

1. Increasing access to healthy food in a respectful and dignified manner

Recognizing that there is no adequate policy response to the chronic problem of food insecurity, CFCs offer emergency food access programs, operating them to the highest standards of health and quality and using the most accountable, transparent policies possible. While we don't start new food banks, we sometimes partner with existing food banks and work with them to expand the programs they offer. CFCs also offer healthy community meals as a standard component of the program mix at each centre, which meet immediate needs and provide the opportunity for social connection and connection to other community resources.

CFCs avoid the traditional signifiers of food banks and soup kitchens to create a dignified and respectful environment. Knowing that people are more likely to get involved in places where they feel comfortable and valued, CFC gathering spaces are designed to be bright and aesthetically pleasing. CFCs adopt professional service standards that are respectful, avoid intrusive questions and line-ups, distribute food fairly and consistently, and offer an access point to other supports, programs and services.

We also believe that sustainable, local food is good for the environment, rural communities and our health — and we believe everyone should have access to it. CFCC and CFCs work to bridge the gap between local, sustainable farmers and low-income communities by finding ways to subsidize the direct purchase of good quality, sustainable food, and to support the infrastructure necessary to make it available in low-income communities (e.g. through purchasing policies, supporting/operating markets, public education and fundraising mechanisms).

- *92% of all CFC participants surveyed reported that the CFC provides them with an important source of healthy food. **A participant at The Stop CFC in Toronto shared:** “The Stop makes me feel that in the days ahead of me, I have something to eat. And if you don’t have anything to eat, you have no hope.” **A participant at Toronto’s Regent Park CFC explained:** “[It gives me] peace of mind. I don’t have to run around from shelter to shelter looking for food. Everything in one place. [It’s] absolutely peaceful here. Everyone here is very nice here. No one is fighting or being abusive.”*
- ***A participant in the community meals program at The Table CFC in Perth, Ontario explained:** “Dignity is one of the main ingredients in what they do here. The fact that you don’t stand in a line-up and the food they cook is not filler. This place feeds the soul.”*

2. Improving knowledge, skills and behaviours around healthy eating

We know that healthy food skills, knowledge and attitudes are key to promoting healthier eating habits. CFCs offer hands-on cooking and gardening programs that help people build the skills, knowledge and confidence necessary to feed themselves a healthy diet and that empower people to take as much control over their personal health and nutrition as possible within the context of their circumstances. We believe greater self-efficacy and confidence in the kitchen and garden, combined with healthy food knowledge and skills, can improve the quality of one’s diet.

- *Involvement in food preparation at home is linked to lower fat intake and higher intake of key nutrients (Government of Canada, *Improving Cooking & Food Preparation Skills*, 2010). Also, increased frequency of cooking suppers at home, rather than eating out, is associated with consuming fewer calories and an overall healthier diet that includes more fiber, fewer carbohydrates and less sugar (Wolfson & Bleich, 2014). 74.5% of CFC food skills participants surveyed in 2014 had started cooking more meals from scratch at home.*
- *Participation in community garden programs is linked to increased consumption of fruits and vegetables (Kinsley et al, 2009; Wakefield et al, 2007). 80% of CFC community garden participants surveyed in 2014 reported that it was important for them to take home fresh produce harvested from the garden.*
- *79.3% of all CFC participants surveyed in 2014 had made healthy changes to their diets as a result of having participated in programs at the CFC. The most common change mentioned was eating more fruits and vegetables. Other changes included eating less salt and meat, less overall and fewer sugary and fried foods. **One participant at The Table CFC shared:** “I’ve lowered my cholesterol, and my blood pressure has gone down now that I’m not eating a lot of salt. I feel more active now that I’ve changed my diet and realized what I was eating before was no good.”*

- 54.5% of all CFC participants surveyed in 2014 reported improvements in their physical health over the past year that they attributed to their involvement in the CFC. **A participant at The Table CFC in Stratford, Ontario shared:** “I've lost 76 pounds from eating healthier and coming here.” A participant at The Local told us: “I have had no [more] dizzy spells or heartburn. I was more depressed and confused. I was going to the doctor every 3 months, and now he doesn't want to see me for 6 months. So what does that tell you?”

3. Reducing social isolation and increasing connections to a variety of supports

We understand that social support is a key determinant of health and believe that food is a powerful tool to bring people together. Community gardens, community cooking groups and produce markets have all been associated with increased social capital. CFCs offer these and other programs that give people the opportunity to come together around food in a warm, welcoming and relaxed setting where they can make friends and share experiences.

We also recognize that meeting people ‘where they are at’ often requires going beyond food issues and connecting community members with responsive wrap-around supports that address a variety of needs. People who arrive at a CFC often have many pressing needs that are not directly related to food. CFCs train peer advocates with lived experience of poverty and marginalization to help community members access necessary material supports in the wider community and provide them with important social supports. CFC peer advocates also place an important emphasis on reducing stigma by working to provide a welcoming atmosphere and respectful and dignified service.

- *Wider benefits that have been associated with higher levels of social capital include better economic performance, lower levels of crime, more effective government institutions, higher educational performance, improved problem solving and improved physical health (Claridge, 2004; Putnam, 1993). 80.8% of CFC participants who were surveyed in 2014 had made new friends with other participants and 87.9% felt that they belonged to a community at the CFC. **One participant at The Table CFC shared:** “A lot of times I sink into a depression and if I’m alone I forget to cook. Coming here, I have more family-style dinners and I have comfort because of it.” A participant at The Stop told us: “I am part of a community of people I would not normally know and that makes me mentally stronger.”*
- 25.7% of all CFC community members surveyed in 2014 had visited the CFC’s Advocacy Office over the past year and made use of the supports provided by Advocates. 85.2% of these service users surveyed reported that their visit to the Advocacy Office helped them to resolve the issues that they were facing.

4. Creating inclusive opportunities for participants to get involved on issues impacting their community

We know that low-income people are most impacted by food issues such as food insecurity, diet-related illness and an unsustainable food system and therefore are an essential voice in the development of any real and lasting solutions. CFCs engage community members in civic engagement activities and workshops that connect them to the issues and empower them to make their voices heard. We look for ways to foreground community leaders in everything we do. CFCs also work to encourage leadership and input from participants via volunteer opportunities and training.

- *Benefits of civic engagement include an increased likelihood of addressing personal and social challenges, greater control over one's own life, improved social skills, greater self-confidence and self-esteem, closer ties with family and peers and stronger feelings of compassion for others (Parliament of Canada, 2010; Youniss & Yates, 1996). A participant in The Local CFC's Community Action program explained how being a part of the program had changed their outlook: "It's made me more aware of what's going on in my community and I have a yearning to help." One Stop participant and volunteer reported: "[Volunteering] led me on to self-confidence, hope, education and future."*

5. Building a stronger community food sector

We understand that the community food sector is an important source of on-the-ground knowledge of food issues and, if properly resourced and valued, will be able to contribute to effective change on these issues.

Community food programs are often under-resourced and their work undervalued. Organizations often depend on volunteers and fluctuating small grants, with several deleterious results: lack of consistent programming; staff overwork and burnout; lack of ability to maximize organizational stability and sustainability by reaching out to make connections or seek out new funding streams/ opportunities/ partnerships.

We need to value the non-profit sector and highlight the importance of multidimensional programming and diversified funding. CFCC works with its partners to ensure they're resourced at a minimum staffing level; to provide the resources they need to plan and evaluate high-impact programs; to create fundraising and communications capacity; and to put policies/procedures in place that create a strong and effective organization.

Robust evaluation systems are key to understanding our impact, strengthening what we do and garnering support for our work. CFCC is implementing robust evaluation systems at each CFC and a strong central evaluation repository to collect, analyze and output data on the impacts and outcomes of community food programs in the areas of healthy food access and behaviours, social inclusion, civic engagement and sustainable food systems.

CFCC's Good Food Organizations initiative aims to increase the capacity of community food security organizations to offer healthy and dignified food programs in their communities. The program offers resources, customized training, grants, and chances to network and promote shared priorities. By working together through a set of shared principles, the Good Food Organizations initiative connects like-minded organizations around the country in a collective commitment to achieving a healthy and fair food system.

CFCs AND OTHER COMMUNITY FOOD ORGANIZATIONS CAN'T SOLVE THESE FOOD ISSUES ALONE

We never lose sight of the role of government in solving the problems of food insecurity and poverty, diet-related illness and our unsustainable food system at scale. While CFCs offer much-needed services,

supports and programs, only government policies addressing income security, housing, health, agriculture and other underlying issues can affect widespread change.

Canada is a signatory to the International Covenant on Economic, Social and Cultural Rights, and, as such, has a legal obligation to respect, protect and fulfill the right to food for all its citizens (*UNSR on the Right to Food Mission to Canada Report, March 2013*). Yet our governments have not prioritized providing access to healthy food for all and have not implemented systems that connect the dots between healthy food, good physical, mental and social health and a healthy food system. This is a public health issue, an ethical issue as well as a pragmatic issue in terms of a preventative approach to the joined up food issues described above.

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