

Charitable Meal Provisioning in Greater Victoria 2008-2011

by

Elietha Bocskei
BSFN, University of British Columbia, 2004

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of the Requirements for the Degree of

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in the Social Dimensions of Health

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Abstract

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Charitable food assistance programs such as food banks, food pantries, soup kitchens and community meals are the main food resource available to Canadians who are experiencing food insecurity. A survey was conducted with 48 agencies that operate food assistance programs in Greater Victoria, 30 of which were providing meals. In comparison to groceries or hampers, meals made up the majority of food relief available in the region. An exploration of the characteristics, resources and resource-related challenges of charitable meal programs provided insight as to how the food relief system operates, who is being served and the limitations facing agencies responding to food needs at the community-level. A comparison of meal provisioning in a selection of meal programs in 2011 to a similar survey conducted in 2008 found meal provisioning increased two-fold over this three year time span, all while agencies relied more on food donations and nearly half underwent major changes to their services mainly due to constrained resources. This study afforded the opportunity to discuss responsiveness of this system to food insecurity in Greater Victoria.

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1. INTRODUCTION

The 1990s were marked by a fundamental shift in Canadian social policy and a decline in the welfare system. Federal and provincial governments reduced spending on social assistance, unemployment insurance and social programs which resulted in increased poverty rates.

Household food insecurity emerged as a major public health issue as more people could not afford to meet basic food needs (Gaetz, Tarasuk, Dachner, & Kirkpatrick, 2006; Vozoris & Tarasuk, 2003b; Riches, 2002). Rates of homelessness also rose, particularly in major urban centres such as Toronto, Vancouver, Edmonton, Calgary, and Montreal as neo-liberal shifts in government policy supported a competitive housing market and diminished opportunities for affordable housing (Riches, 2002; Gaetz, Tarasuk, Dachner, & Kirkpatrick, 2006).

Communities, recognizing the growing need for food, began to establish charitable food assistance programs such as soup kitchens, food banks and street outreach because no other food resources were available. These programs have continued to grow and expand (Food Banks Canada, 2011b) and today, are entrenched community responses to food insecurity (Riches, 2002; Tarasuk & Dachner, 2009; Tarasuk, 2001).

Food Banks Canada and The Salvation Army identify national usage rates of charitable food assistance among their member food banks and outreach programs. In 2011, Food Banks Canada reported that 850,000 people accessed a food bank, a 26% increase over the prior three years; 2008-2011. In 2011, they also reported a concurrent 3% increase in meal provisioning to a total of 3.2 million nationally (Food Banks Canada, 2011b). In 2010, Salvation Army community service programs and food banks provided food, clothing and personal assistance to 1.1 million people in Canada and Bermuda¹. Their shelter, addictions and rehabilitation

¹ Salvation Army statistics are only provided for Canada and Bermuda together.

programs served a total of 2.8 million meals during this same time (The Salvation Army in Canada, 2011).

While these national estimates suggest the system of charitable food assistance is considerable in size and widespread across the country, few studies have taken a comprehensive look at charitable food assistance systems in communities. Yet, it is at the community level where the system is constructed and accessed by Canadians experiencing food insecurity every day.

The limited research suggests service users experience a number of barriers to accessing charitable food assistance programs (Dachner & Tarasuk, 2002; Tarasuk, Dachner, & Li, 2005; Tarasuk, Dachner, Poland, & Gaetz, 2009; Li, Dachner, & Tarasuk, 2009; Miewald, Ibanez-Carrasco, & Turner, 2010). The research also indicates that many agencies have limited resources and services that constrain their operations (Bocskai & Ostry, 2010; Dachner, Gaetz, Poland, & Tarasuk, 2009). Dachner and colleagues found that resource constraints such as staffing and agency mandates - often based on religion - were factors that shaped program planning and delivery, rather than community food needs. This raises questions about the role, capacity and responsibility of charitable meal programs to respond to food insecurity in communities across Canada (Dachner, Gaetz, Poland, & Tarasuk, 2009).

In Toronto, Vancouver and Greater Victoria, the system of charitable meal programs has been explored in some detail (Bocskai & Ostry, 2010; Miewald, Ibanez-Carrasco, & Turner, 2010; Tarasuk & Dachner, 2009). A combination of various meal programs and grocery food distributions, such as food banks or hamper programs make up the system of food provisioning in communities across Canada. However, in comparison to food banks, charitable meals

programs offer food for immediate consumption and on a much more frequent basis. Those who access meals do not require skills or facilities to prepare food so many programs are often accessed by people who are homeless (Miewald, Ibanez-Carrasco, & Turner, 2010; Tarasuk, Dachner, & Li, 2005). Yet since food banks institutionalized in the 1980s, they quickly became and have remained the “public face of food charity in Canada” (Riches, 2002), and charitable meal programs, mainly outside of this institution, have remained largely unaccounted for and unrecognized to date.

It is important to better understand this system of charitable meal programs and how they are evolving over time as they are the main, regular and immediate food resource available to the 961,000 households in Canada that are experiencing food insecurity (Health Canada, 2010) - a group who also suffers disproportionately poorer health status and social exclusion as a consequence (Che & Chen, 2001; Health Canada, 2007; Vozoris & Tarasuk, 2003a).

1.1 Research Objective

The objective of this research was 1) to examine the nature and scale of charitable meal programs in Greater Victoria in relation to the entire system of charitable food assistance (that includes grocery programs); and, 2) to examine how charitable meal provisioning changed over a three year period by comparing the survey results from 2011 to a similar survey conducted in 2008. A selection of agencies offering meal programs in the region (22 of the 30) were compared to examine the difference in meal provisioning overall and changes occurring within agencies in this period. Lastly, drawing on these findings, insight was gained to the systems’ responsiveness and implications for food insecure Canadians.

1.2 Thesis Overview

The first chapter sets the context for charitable food assistance and outlines changes in basic economic and social indicators of Greater Victoria during the period of 2008 to 2011. The final section of this chapter provides information on the policy context for charitable food programs in Canada and the reasons behind a focus on Canadian literature. Chapter two provides an overview of food insecurity in Canada including who is affected, factors affecting access to a secure supply of food and the associated health impacts. Chapter three discusses the history and overview of the system of charitable food provisioning in Canada and describes the literature specific to both food banks and to charitable meal programs over the last two decades. Following these three chapters on background information, chapter four discusses methods, chapter five, research results. Chapter six presents the discussion and conclusion by situating the results in the literature and describing study contributions, limitations and opportunities for future research.

1.3 Research Context

1.3.1 Defining charitable food assistance

For the purpose of this thesis, charitable food assistance is defined as the provisioning of food for free or a low fee as a direct response to severe food insecurity or multiple indications of disrupted eating patterns and reduced food intake among household members (Health Canada, 2007). Charitable food assistance programs were only included in the survey if they targeted adults. Programs aimed at children in households experiencing food insecurity, such as school meals or breakfast clubs, were not included as they are not seen as direct responses to severe food insecurity. The literature suggests that school meal programs/breakfast clubs have moved away from their original intention of reducing child hunger at school, to a much broader agenda

servicing multiple purposes such as nutrition education, socialization and children from low income families (Power, 2005; Vozoris & Tarasuk, 2003b). Therefore, the nature and characteristics of such programs and recipients cannot be categorized as community responses to food insecurity at the local level the research was intended to capture (Tarasuk, 2009).

1.3.2 Food banks and charitable meals

Food banks and charitable meals are categorized together as “charitable food assistance” because they often share clients and resources such as funding and food donations. However, the food that each provides can serve a different purpose for those that access them. Food banks provide a limited supply of mainly non-perishable food to supplement household food resources (Tarasuk & Eakin, 2003; Irwin, Ng, Rush, Nguyen, & He, 2007). Food hampers or bags are available to recipients once per month and non-perishable food items require preparation and space for storage. In contrast, charitable meals offer recipients immediate sustenance when accessible. Meal programs such as soup kitchens and “community meals” are accessed by some of the most vulnerable (e.g. the homeless) and are likely to be located in low-income neighbourhoods like Vancouver’s Downtown Eastside (Miewald, Ibanez-Carrasco, & Turner, 2010).

1.3.3 Greater Victoria 2008, 2011

The Greater Victoria area is a relatively wealthy region in British Columbia with low rates of unemployment (Province of British Columbia, 2011) and a median household income above the national average (Statistics Canada, CANSIM, table 111-0009, 2011). During the years 2008 to 2011, Greater Victoria, like the rest of Canada, experienced a period of economic hardship. Rates of unemployment and social assistance increased throughout the region. Although these rates were lower in Greater Victoria compared to the Canadian average in both

2008 and 2011, unemployment was more than twice as high in the region in 2011, as it was in 2008 (Figure 1).

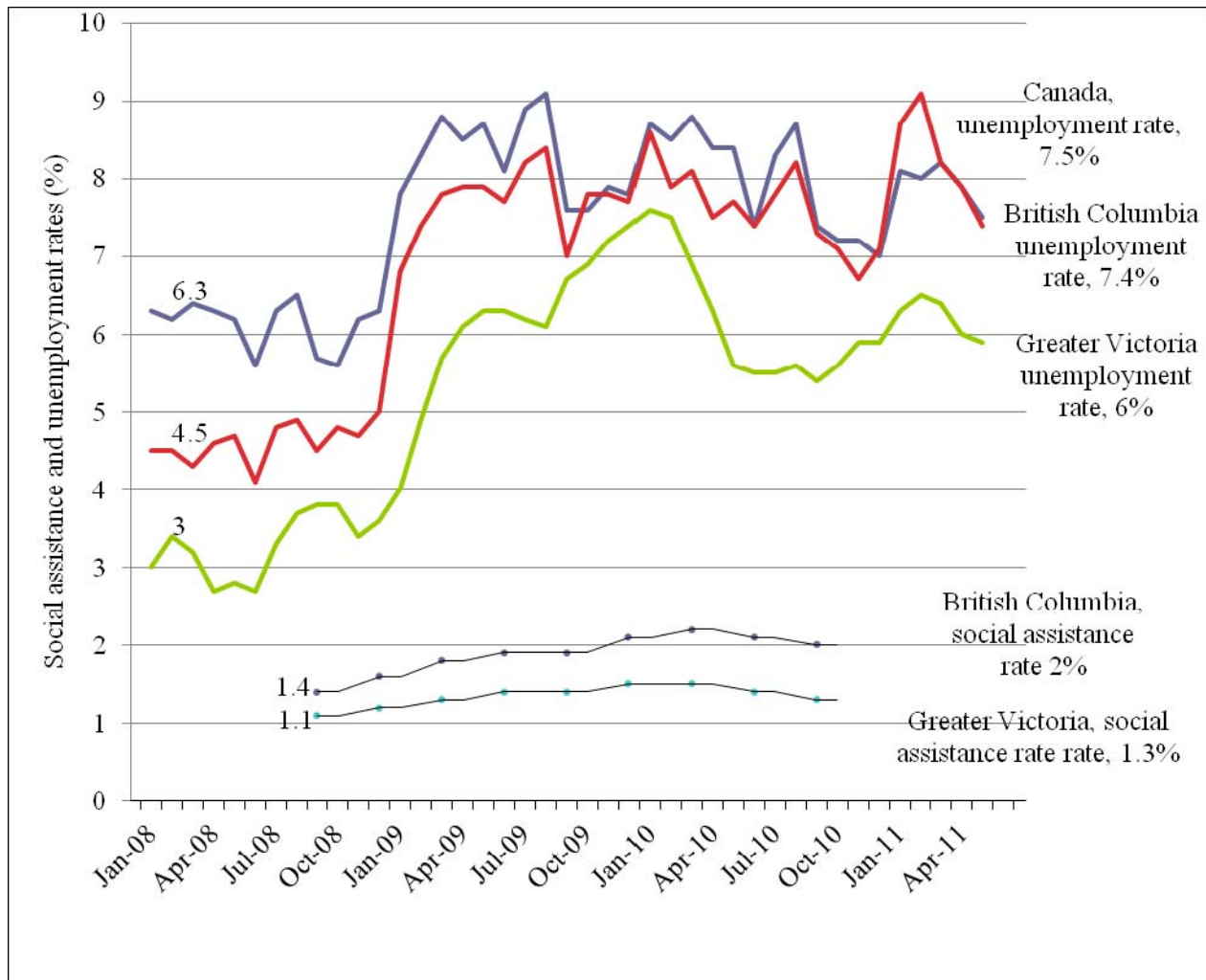


Figure 1. Unemployment and Social Assistance Rates in Greater Victoria 2008-2011

For those individuals and families on the economic margins, Greater Victoria became an increasingly difficult place to live. Between 2007 and 2010, Victoria’s rental affordability index² declined 17% making it one of the least affordable places to rent in Canada (Canada Mortgage and Housing Corporation, 2010). As well, the regions’ affordability index calculated

² Canadian Housing and Mortgage Corporation defines as the median income of renter households that is necessary to rent a two-bedroom apartment (Canada Mortgage and Housing Corporation, 2010)

as the hourly wage required to afford basic expenses (such as food, shelter, clothing, transportation, child care, health care, education, emergency savings and other basic living requirements) for a family household (two working adults and two children), increased by 10% (from \$16.39 per hour in 2008 to \$18.03 per hour in 2011) (Community Social Planning Council, 2011).

Increased rates of homelessness in Greater Victoria were also documented in this time despite the start of a targeted municipal housing strategy to reduce homelessness and the number of low income people in need of housing in 2007 (Capital Regional District, 2012). The Greater Victoria Coalition to End Homelessness reported that from 2009 to 2010, in the city's eight main shelters, total shelter stays increased by 2.4% to 67,595, and unique shelter stays by 6.6% to 1,943 (Greater Victoria Coalition to End Homelessness, 2010). In February 2011, a point-in-time facility count found that 1,143 people were staying in temporary accommodation, a number which does not include those who are sleeping outdoors, couch surfing or are in overcrowded accommodation (University of Victoria; Greater Victoria Coalition to End Homelessness, 2011). The last homeless count in Greater Victoria was in 2007 and found a similar number at just over 1,200 people homeless in the region (Cool-Aid Society, 2007).

1.3.4 Canada

Much of the literature used in this review is focused on Canada with some reference to research conducted in the United States. Although charitable food assistance operates in many countries around the world, differences in the level of government involvement directly with programs or with other forms of support provided to low-income residents, make it difficult to compare findings from studies conducted in different countries. For example, while Canada provides little to no direct government support, the United States federal government continues

to have a major role in supporting food assistance programs through the Emergency Food Assistance System (EFAS). In the early 1980s, the United States Department of Agriculture was pivotal in spurring the growth of the food banking movement by distributing surplus commodities directly to agencies. This program, the Temporary Emergency Food Assistance Program (TEFAP), continues today with core funding for the purchase of commodities that are then distributed to major food banks and local organizations such as soup kitchens, food pantries and community agencies that directly serve the public (United States Department of Agriculture, 2012).

In Canada, charitable food assistance is not directly supported or guided by any federal programs or policy; however, some provinces provide various types of support. In British Columbia, community gaming grants are available to non-profit organizations that provide food assistance programs or services of direct benefit to the broader community. The provincial Community Food Action Initiative (CFAI) provides core funding to BC health authorities to carry out community-led actions to support food security work to improve the accessibility and availability of healthy food. Funding can be used as financial or in-kind support to emergency food programs as well as a range of other activities such as gardens, community kitchens or food policy councils (Province of BC, 2011).

Recently the federal government, through the Canadian Food Inspection Agency and Agriculture and Agri-foods Canada developed a safe food handling training program for food banks “to ensure that employees and volunteers at food banks across the country are taking appropriate steps to safely handle the food provided through their programs”. These resources assist with needs assessment and personnel training free of charge to all food banks through Food Banks Canada memberships (Food Banks Canada, 2011d).

Unlike the United States where ongoing financial support is provided to low-income populations through the Supplemental Nutrition Assistance Program, or Food Stamp Program (United States Department of Agriculture, 2012), Canada offers very few and limited income supplements for food. US federal food assistance supplements are much larger in scale than food distributed by the US Emergency Food Assistance System (Ohls & Saleem-Ismail, 2009).

While some food and nutrition supplements are provided through provincial and national public health programs in Canada, these are limited to specific vulnerable groups and offered in amounts that are likely to only minimally contribute to household food resources. In BC, two programs: the (national) Canadian Prenatal Nutrition Program (CPNP) (Public Health Agency of Canada, 2011) and the Farmer's Market Nutrition and Coupon Program (BC Association of Farmers' Markets, 2011), are two examples of this type of support. However, food vouchers provided through the former program have been found to contribute very little to the total dietary needs of recipients and often do not get provided to those that need them most (Vozoris & Tarasuk, 2003b). For the latter, coupons are also limited in value, the seasonality of markets and subject to ongoing funding/political support.

2. INDIVIDUAL AND HOUSEHOLD FOOD INSECURITY IN CANADA

2.1 Background

Health Canada defines food security as “*when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life*” (Food and Agriculture Organization, 1996). At the individual and household level, food security relates to the financial ability to access adequate food (Mikkonen & Raphael, 2010; Hamm & Bellows, 2003). Food insecurity then, at this level is “*the inability to acquire or consume an adequate diet quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so*” (Davis & Tarasuk, 1994). As household income declines, the likelihood that a household will report some experience of food insecurity increases dramatically (Kirkpatrick & Tarasuk, 2008b; Health Canada, 2007; McIntyre, 2003; McIntyre, 2000; Vozoris & Tarasuk, 2003a). Food security is a fundamental determinant of health and human dignity and a prerequisite for healthy eating (Mikkonen & Raphael, 2010; Hamm & Bellows, 2003).

Food insecurity was first referred to as “hunger” in early literature on poverty. Awareness of food insecurity surfaced in Canada during the economic recession in the early 1990s and persisted as governments subsequently reduced spending on income assistance and the support of social programs and social housing. Fundamental changes were made to the way that federal funding was provided to provinces and territories for welfare and supplements giving them greater discretion in the extent and manner that funds were reallocated to support residents. In 1996, federal funding to provinces and territories to support those in need of financial assistance under the Canadian Assistance Plan was replaced with the Canada Health and Social Transfer (CHST) as “block” funding which, in addition to welfare and supplements, also

included health and education. As a result, many provinces and territories reduced spending on social assistance as national standards were eliminated under the change. Tightened eligibility, work to welfare schemes and dramatically reduced or eliminated associated health and social benefits (e.g. dental, moving costs, vision) were introduced to reduce deficits while prioritizing health and education. Other supplements intended to lessen financial hardship such as the Canada Child Tax Benefit were also reduced for families on welfare, and funding for social housing were more cuts that could also no longer be contested federally under the CHST. Although the economy has improved in recent years, social support has not resumed to levels seen previously and most recipients are not able to have a standard of living adequate for health and well-being (Herd, Lightman, & Mitchell, 2008; Cook, 2009; Riches, 2002; Vozoris & Tarasuk, 2003b).

2.2 Monitoring Household Food Insecurity

With poverty and hunger or food insecurity becoming more visible in the 1990s, communities responded to this growing need by providing charitable food assistance to those in need. The number accessing food banks was used as the first indicator of the extent to which the dissolving welfare state was affecting Canadians (Riches, 1997) but because food assistance was only sought by some who were in need of food, this was an underestimate. Early population level surveys suggest that only one-fifth to a third of households experiencing food insecurity seek food charity (Rainville & Brink, 2001; McIntyre, 2000; Vozoris & Tarasuk, 2003a). Although this rate increases among those facing severe food insecurity, it is infrequently their only food acquisition strategy (Dachner & Tarasuk, 2002; Dachner, Gaetz, Poland, & Tarasuk, 2009; Rainville & Brink, 2001; Kirkpatrick & Tarasuk, 2009).

Individuals and households experiencing food insecurity are more likely to employ a number of different strategies to acquire food other than or in addition to seeking food assistance. Strategies can include: increasing the supply of money, juggling the budget, cutting or stretching the food supply or alternative food acquisition strategies such as binning, trading or stealing (Dachner & Tarasuk, 2002; Miewald, Ibanez-Carrasco, & Turner, 2010; Tarasuk, 2001). Measuring these experiences of food insecurity at the household level was recognized as a much more accurate representation of the number of Canadians affected.

Health Canada plays a leading role in monitoring food insecurity in Canada. Prior to adopting the Household Food Security Module in 2004, indicators used to measure food insecurity since the mid- 1990s, were inconsistent and difficult to track over time (Health Canada, 2010). The Household Food Security Module was the first validated tool that could be used to monitor changes over time. It characterizes households as “food insecure” that confirm more than one sign of disrupted eating patterns such as cutting the size of meals, skipping meals or not eating for a whole day and reducing food intake due to a lack of money during the previous year. Multiple indications were characterized as “severely” food insecure. Since 2004, Health Canada has incorporated the module into the Canadian Community Health Survey (CCHS) and, in 2010 it was used in the Survey of Household Spending (SHS). Health Canada however, has not included the 2004 (CCHS 2.2) results in the trend analysis of food security due to changes in survey methodology in forthcoming national surveys. Therefore the first results that can be used as ongoing national population level monitoring of food insecurity is from the 2007-2008 survey (Health Canada, 2010). Continued and more rigorous monitoring of food insecurity is necessary to be able to monitor food insecurity over time and at a more specific

level (e.g. within communities) and to better understand trends in food insecurity and the implications of policy changes.

2.3 Who is Food Insecure?

The last comprehensive estimate of food insecurity in Canadian households was the 2007-2008 CCHS. The survey found that 7.7% or 961,000 households experienced food insecurity over the year prior to the survey. Moderate food insecurity affected 5.1% of households and the other 2.7% reported indications of severe food insecurity (Health Canada, 2010).

In the latest national survey (CCHS 5.1, 2009-2010), the food security module was an optional component elected by most provinces and territories. It was conducted in households in all provinces except Prince Edward Island and New Brunswick (Statistics Canada, 2011). These results found a total of 7.9% of households food insecure with 5.2% being moderately food insecure and 2.7% severely food insecurity (unpublished analysis of data from CCHS 2009-10). Although the national results are very similar to the 2007-2008 results, both provinces that did not elect to participate (PEI and NB) formerly exceeded the national average rate of food insecurity (Health Canada, 2010). Therefore, the 2009-2010 findings may be an under-representation of the actual proportion of Canadians experiencing food insecurity and might suggest that food insecurity is growing.

The CCHS 2009-2010 survey found that the rate of food insecurity was higher in BC and Victoria than the national average. While the total provincial rate of food insecure households was 8.2% (5.2% moderately food insecure and 3.0% severely food insecure), this rose to 9.5% in Victoria with 5.5% of households food insecure and 4.0% severely food insecure (unpublished analysis of data from CCHS 2009-10 by Tarasuk, 2011).

A major limitation of the CCHS survey in measuring food insecurity is that it does not include people who are homeless or of Aboriginal ancestry living on-reserve; both groups that have been identified as particularly vulnerable to food insecurity (Lawn & Harvey, 2004a; Lawn & Harvey, 2003; Lawn & Harvey, 2004; Hagan & McCarthy, 1997; Hamelin, Mercier, & Bedard, 2007; Tarasuk & Dachner, 2009). Therefore, all estimates of food insecurity by CCHS likely under-represent the problem.

2.3.1 Populations at risk of food insecurity

Analysis of CCHS reveals that food insecurity is experienced disproportionately by some population subgroups in Canada, particularly with low income. Cross-tabulations of the 2007-2008 survey found that people in the lowest income decile had quadruple the rate of food insecurity compared to the national average; and, 56% and 25% of those receiving social assistance and workers compensations/employment insurance were food insecure respectively (Health Canada, 2010).

The analysis found that food insecurity affected 21% of Aboriginal people living off-reserve and 13% of recent immigrants. More households with children reported experiencing food insecurity compared to the average household (9.7% versus 7.7%), with those with young children and more than three children at home affected most (11% and 14% respectively). Food insecurity was experienced by 25% of households led by female lone parents, which was twice the rate experienced by male lone parents (11.2%) and four times the rate of households led by couples (6.3%) (CCHS 2007-2008) (Health Canada, 2010).

Although on-reserve Aboriginals are not included in CCHS, some estimates suggest the rates of food insecurity are highest among this group. In 2001 and 2002, surveys by Lawn and Harvey found that the rate of food insecurity ranged from 60-83% of households in different

isolated Aboriginal communities located in Ontario, Nunavut and Nunavik were food insecure (2004; 2003; 2004a). A recent survey of 1,103 Aboriginal adults living on-reserve in 21 BC communities found food insecurity affected 41% of First Nations households (34% being moderate food insecurity and 7% severe food insecurity). This study measured food insecurity using questions similar to that used in the Household Food Security Module and found that rates varied from 13% to 47% across eco-zone/culture areas and affected 25% of households with children (Chan et al., 2011). Given that, of 1.2 million Canadians who identify themselves as Aboriginal, just over 26 per cent live on a reserve (Statistics Canada) extrapolating from Chan and colleagues BC survey, results suggest that food insecurity is a major issues among Canada's on-reserve Aboriginal people.

CCHS also does not capture people who are homeless, a vulnerable group that struggles to meet basic daily food needs (Tarasuk , Dachner, Poland, & Gaetz, 2009; Hagan & McCarthy, 1997; Hamelin, Mercier, & Bedard, 2007; Khandor & Mason, 2007). In addition to having lower incomes, the homeless may also face additional barriers to food security as there can be limited facilities to store, prepare and cook food in shelters; and, there may be fewer opportunities to purchase food on a limited budget in the downtown core (Hickey & Downey, 2003). Recent estimates are that 130,000 to 260,000 homeless people live in Canada, mainly concentrated in urban areas (Echenberg & Jensen, 2008). However, as "homelessness," is understood to encompass a variety of housing situations and homelessness experiences and measuring this population poses significant methodological challenges, further research is needed and in particular to elucidate the experiences of food insecurity in this group (ibid).

2.3.2 An individual or household's ability to secure a food supply

Income is critical to being able to secure an adequate supply of healthy food. Income is highly dependent on an individual's ability to work, their job skills and education, availability to work in the job market, need for day care and working conditions (Mikkonen & Raphael, 2010). High living expenses, in particular housing costs, can also encroach on income available for food. Nearly one in five residents in Vancouver, Toronto and Montreal are spending more than 50% of their income on rent; and, across Canada, social housing makes up only 5% of the total housing stock (Mikkonen & Raphael, 2010).

In addition, other factors such as education and immigrant status have been linked to food insecurity in cross tabulations (Health Canada, 2010); however, it is difficult to draw conclusions of these as risk factors without conducting multi-variate analyses. According to Tarasuk's personal correspondence (2012), both education and immigrant status often fall out of multi-variate analyses of food insecurity risk factors because they are not independent factors.

2.4 Health Impacts of food Insecurity

The chronic management of food insecurity affects the physical and mental health of individuals and families. However, since most of the studies on health, nutrition and food insecurity have been cross-sectional, 'impact' as it is discussed here, implies a causal relationship only.

Food insecurity can manifest as a profound lack of control and choice leading to feelings of powerlessness, inequity and frustration (Hamelin & Beaudry, 2002). Food insecurity impacts psychological well-being and leads to anxiety and feelings of hopelessness and helplessness (Cook et al., 2006; Vozoris & Tarasuk, 2003). People experiencing food insecurity also report poorer social support and more often major depression (Vozoris & Tarasuk, 2003). Those

experiencing food insecurity are socially excluded from regular market channels of food access (Dachner & Tarasuk, 2002) and from participation in normal social activities (Power, 2005).

People living in households experiencing food insecurity are also more likely to report poor or fair self-rated health, poor functional health, restricted activity, multiple chronic conditions (McIntyre, 2000; Vozoris & Tarasuk, 2003a; Che & Chen, 2001). An analysis of the CCHS 3.1 survey in BC showed people on lower-income and experiencing food insecurity had higher rates of diet-related chronic disease such as heart disease, diabetes and cancer compared to higher income earners (Health Officers Council of BC, 2008).

For people experiencing food insecurity, achieving daily food and nutrient requirements is difficult because food selection and adequacy can be compromised due to low income. Diets of the food-insecure typically lack fruits, vegetables, and milk products (Glanville & McIntyre, 2006; Kirkpatrick & Tarasuk, 2008a; Li, Dachner & Tarasuk, 2009). A regression analysis of the 2004 CCHS found increased risk of nutritional inadequacies in adults (and to a lesser extent adolescents), for protein, vitamin A, thiamin, riboflavin, vitamin B-6, folate, vitamin B-12, magnesium, phosphorus, and zinc. However, there was little indication of nutrient inadequacy in children (Kirkpatrick & Tarasuk, 2008a).

Over the short term, compromised food intake may have few consequences for a healthy adult; however, when nutritional needs are higher and/or when reduced intake is sustained, health can be compromised. For example, during pregnancy, inadequate nutrition along with other factors can contribute to low birth weight increasing risk of morbidity and mortality (da Silva, 1994). Poor nutrition in seniors can lead to muscle wasting, a weakened immune system and increased risk of infection (Che & Chen, 2001).

The literature suggests that food insecure children may be protected from the nutritional impacts of an insecure supply of food at home but not the health consequences. Diets of food insecure mothers are consistently worse than their childrens' which likely means that mothers restrict their own food intakes to spare their children (Radimer et al., 1992; McIntyre et al., 2003). A recent longitudinal survey spanning a 10-year period found that among children, both "ever" being hungry and multiple episodes of hunger were associated with poorer general health. Youth who experienced hunger were found to have higher rates of chronic conditions and of asthma in comparison to their counterparts who did not experience hunger (Kirkpatrick, McIntyre & Potestio, 2010). While studies with a smaller sample size, such as work by Broughton and colleagues (2006) in 142 Vancouver preschoolers offer insight to the effects of food insecurity on the health and nutrition status of children, these should be interpreted with caution.

Individuals with a diet-related chronic disease are also more likely to face challenges managing their health condition when experiencing food insecurity. A review by Seligman and Schillinger (2010) in the US found food insecure people with diabetes were 40% more likely to have poor glycemic control and had almost twice the incidence of hypoglycaemia compared to their counterparts who were food secure. Food-insecure people with diabetes have also reported reducing the amount of medication they take in order to have enough money for food, or going hungry to afford medication (Seligman & Schillinger, 2010). A study in Canada also found that people with diabetes who also were food-insecure had increased likelihood of unhealthy behaviours (poor diet, physical inactivity and smoking), psychological distress and poorer physical health compared to those who were not food insecure (Gucciardi, Vogt, DeMelo & Stewart, 2009). Aboriginal people may be particularly vulnerable to the impact of food

insecurity because of the higher rates of diet-related disease such as diabetes in this group (Power, 2008; Chan, Receveur, Sharp, Schwartz, Ing, & Tikhonov, 2011).

3. CHARITABLE FOOD ASSISTANCE IN CANADA

3.1 History and the Institutionalization of Food Banks

The establishment of the system of charitable food assistance in Canada has been traced to a rise in food needs during the recession of the 1980s and 90s (Riches, 2002; Dachner, Gaetz, Poland & Tarasuk, 2009). In conjunction with the steady erosion of Canada's welfare state that followed in the 1990s fundamentally changing the country's system of social support, higher rates of poverty and food insecurity have been sustained ever since (See Section 2.1).

This history of charitable food assistance is mainly drawn from records of the "food banking movement" as they rapidly proliferated and were institutionalized in the 1980s and 90s. This is because little has been documented about the history of charitable food assistance before this time, or of other forms of food assistance at the community level such as charitable meal programs that operate outside of food banks. There is evidence that soup kitchens were widespread during the Great Depression when food needs increased but the economic expansion in the post-war decades led to their demise (Canada Library and Archives, 1931; Ostry, 2006). It is likely that, similar to findings in Toronto, other cities also saw a proliferation of charitable meal programs concurrent with the expansion food banks in the 1990s (Tarasuk & Dachner, 2009). There are also indications that community level efforts to coordinate the redistribution of surplus food to the needy occurred earlier, like the "free food stall" that operated in Victoria, BC from 1951-1969. This particular "food stall" functioned like a food bank as it redistributed food from local farmers and businesses to those on welfare (Brown, 1969; Francis, 1953). Interestingly, one of these newspaper articles reports that the stall closed because it was being used as an excuse to withhold welfare increases, yet the coordinator continued to claim instead that it "pointed out that the need exists and that the community wants to help" (Brown, 1969).

To date, the extent, origins and activities of charitable meal programs is not well documented while there is more information on the history of food banks. Current investigations are underway to better understand charitable food provisioning and its history in five Canadian cities more comprehensively (Tarasuk, 2009).

The first food bank in Canada was established in Edmonton (1981) to respond to growing food needs in the city. At this time, food banks had already begun to spread across the United States based on a model developed by John van Hengel of Arizona. Van Hengel's concept of a food "bank" (1967) was to facilitate "deposits" from those with resources (e.g. food or money) in trust for those who, when in need, could "withdraw". Focusing first mainly on the "deposit" of unsalable food items from grocery stores, food banks were seen as a win-win for both non-profit groups who could distribute this food to the needy; and, for corporations who could offload waste product (America's Second Harvest, 2004; Edmonton Food Bank, 2011). Critics such as Riches recognized the establishment and growth of food banks as evidence of governments' failure to provide an adequate social safety net and a legitimization of hunger (1986). However, community groups across Canada accepted the responsibility of responding to local food needs and they continued to establish and expand charitable food operations across the country. Ten years after the first food bank was established, there were 1,800 food programs in 300 communities across Canada (Wilson, 1999).

In 1988, the Canadian Association of Food Banks (CAFB) was formed around the same time at the US-based association for food banks was established, Feeding America (at that time, named Second Harvest). Riches describes this as one of the first signs of the institutionalization of food banks as part of Canada's system of social welfare (Riches, 2002). An institution that according to Power, solidifies a division for Canadians as the "haves", those who are able to

deposit food, and the “have-nots”, those in receipt of food charity (Power, 2005). CAFB, later renamed Food Banks Canada, continued to expand by partnering with national food companies to gain large scale food donations and capturing media attention. Through their annual report, HungerCount, Food Banks Canada continues to publicize its members’ services (Food Banks Canada, 2011b) which Riches recognizes as to be a major part of Canada’s public safety net (2002).

3.2 Overview of Charitable Food Assistance

Charitable food assistance encompasses a broad array of food provisioning efforts aimed to provide those in need in the community with basic sustenance for free or for a nominal fee (See Section 1.3 for a definition for the context of this thesis). Programs or services range from food banks that provide monthly food hampers to small food cupboards operated by community centres for client emergencies; and, from various sized meal programs offered at shelters, drop in centres, or handed out on the streets (mobile outreach) (Bocskei & Ostry, 2010; Tarasuk, 2009; Tarasuk & Dachner, 2009; Dachner, Gaetz, Poland, & Tarasuk, 2009). Programs and services vary widely in terms of their type and way that food is offered and scheduled (e.g. weekly, daily, monthly, seasonal, meals, groceries, food hampers, snacks, eat in, take-away) based on the agency or organizations priorities, philosophies and resources, particularly food donations (ibid). Different services are accessed by different users depending on their geographic location, available cooking or storage space facilities, or capacity to acquire and prepare food (Miewald, Ibanez-Carrasco & Turner, 2010). In 2011, Food Banks Canada reported that of the approximately 900,000 people assisted by food banks; 32% were under the age of 18 years; 40% were families with children; 7% were seniors and 15% were Aboriginal. Most were on social

assistance (43%), disability (25%) or received income from a job (11%) (Food Banks Canada, 2011b). Less is known about the characteristics of those accessing meals.

For community –level food assistance providers, the giving of food to those in need is rooted in a myriad of different religious and political philosophies. Some faith-based agencies view food provisioning as one service that could help to achieve their spiritual mission. For example, William Booth, founder of Salvation Army in Canada founded the philosophy of ‘soup and salvation’ under the premise that “there is little point preaching ‘salvation’ to hungry people”. This philosophy still underpins the social service programs that the Army operates across Canada and the world today (Salvation Army, 2011). In contrast, the anarchist principles of Food Not Bombs are those of “redefining urban anti-hunger politics” and direct action politics to resurrect the “right to food” (Heynen, 2010). Food banks have even expanded across University campuses as founders recognize that the financial assistance for students is inadequate to meet basic food needs. Campus HungerCount enumerated 51 campus food banks across Canada in 2004 (Ferguson, 2004).

Charitable food programs make up a “system” of food relief that has been mainly established (and defined) by community-level agencies with the exception of some national and international networks (e.g. the Salvation Army, Food Not Bombs, St Vincent de Paul). However, to date, with the exception of work in Toronto, Victoria and Vancouver, the system has not been examined nor has it been included in most national estimations.

3.2.1 National estimates of charitable food provisioning

Annual counts by Food Banks Canada (as HungerCount) and the Salvation Army offer some insight to the national scale of food provisioning efforts, however; these estimates are limited to charitable food provisioning efforts defined in the context of their organizations.

The HungerCount study by Food Banks Canada was originally conducted in 1989 and 1990 and re-established as an annual survey in 1997. The 2011 HungerCount surveyed 1,723 food banks serving approximately 900,000 Canadians - 200,000 more people than reported in their first count over a decade earlier (1999) and close to 20 times the number of food banks reported in existence in 1985 (n=94) (Food Banks Canada, 2011b; Riches, 1986). Eleven percent or approximately 90,000 people were reported as visiting a food bank for their first time in 2011 (Food Banks Canada, 2011b). In addition to food hampers, the food banks with over 2,400 agencies (distributing groceries and serving meals) served 3.2 million meals in a month in 2011, a 2.8% increase over the number estimated three years earlier in 2008 (Food Banks Canada, 2011b). It is unknown whether the increase in food provisioning measured by Food Banks Canada reflects an increase in the need for food or the severity of food needs, or alternatively, the increased availability of food banks or acceptability of their use (Power, 2005). In 2011, Food Banks Canada claimed that HungerCount included 85% of food banks in Canada (Food Banks Canada, 2011a). Yet since there has never been a comprehensive estimate of number of food banks in Canada, it is difficult to know what extent of charitable food assistance that HungerCount actually includes or excludes across the country.

The Salvation Army Canada also provides estimates of their national food provisioning activities in their annual review. In 2010/2011 they reported providing 1.1 million persons with food, clothing or practical assistance in addition to distributing 2.8 million meals to those staying in their shelters or participating in addictions and recovery programs (The Salvation Army in Canada, 2011).

3.2.2 Charitable food assistance and food donations

Although charitable food programs have evolved in many ways since they were first established, most continue to share one common characterization from van Hegel's early concept of a food bank: that is, the redistribution of food donations. For most charitable food programs studied, food donations comprise a major part of their food supply, which in turn, determines their daily routines and provisioning services. This is because food donations are unpredictable. They often vary in quality and quantity, arrive bruised, crushed, partially spoiled or even rotten requiring significant labour to manage, often a task for volunteers (Riches, 1997; Tarasuk & Dachner, 2009; Tarasuk & Eakin, 2003; Bocskei & Ostry, 2010).

Food donations are typically some combination of food collected from the public (e.g. food drives) and industry surplus: unsalable or otherwise wasted product from wholesalers, grocery stores, restaurants; close-dated products or day-old baked goods from bakeries; or, food left over from special events or cancelled orders. Some donations are regular and others are periodic, such as when a food manufacturer mislabels a product or a farmer has an unexpected surplus due to changes in weather (e.g. flooding) (Bocskei & Ostry, 2010; Riches, 2002; Tarasuk, 2009; Teron & Tarasuk, 1999; Poppendieck, 1998).

The redistribution of food, particularly perishable products, requires a fast turnaround. Organized central redistribution centres have taken on a brokering role in many cities. In Edmonton, Toronto Vancouver and Kamloops centralized systems for collecting food donations and redistributing them reduce the work and resources required by individual agencies to procure the same amount of donations on their own. On a larger scale, the National Food Sharing System organized by Food Banks Canada collects and redistributes large scale food donations received from major players in the food industry (e.g. Kraft, PepsiCo, Campbell's, McCain etc) to their member food banks nation-wide. The intention of this system is to ensure large food

donations are equally shared across food banks and provinces. Food banks are then expected to share these food donations with other community food assistance programs including other food banks and charitable meal programs (Food Banks Canada, 2011b).

The quantity of food that is donated to charitable food programs in Canada is massive although exactly how much, what kind of food or where the food comes from has not been published; and it is likely to a large extent, not accounted for. In 2010, food banks in Canada collected more than 6 million kilograms of food donations by the food industry and major food drives through the National Sharing System (Food Banks Canada, 2011b). In 2011, Quest Food Exchange in Vancouver collected \$4.3 million dollars worth of food which was both redistributed to charitable food assistance programs and sold in their low cost food store (Quest Food Exchange, 2012). The Greater Vancouver Food Bank's 33,000 square feet warehouse had over 4 million kilograms of food moved in and out over the year (Greater Vancouver Food Banks Society, 2012). While corporations dispose of their "waste" food products free of charge to charitable food assistance programs, staff and volunteers must scramble to collect, manage and re-distribute whatever they receive to clients.

3.2.3 Literature review of charitable food assistance in Canada

Research on charitable food assistance in Canada has mainly focused on the characteristics and nutritional status of service users (Jacobs Starkey, Gray-Donald, & Kuhnlein, 1999; Teron & Tarasuk, 1999; Dachner & Tarasuk, 2002; Hamelin & Beaudry, 2002; Jacobs Starkey, Kuhnlein, & Gray-Donald, 1998; Jacobs Starkey & Kuhnlein, 2000), the nutritional quality of food offered at food banks (Hoisington, Manore, & Raab, 2011; Irwin, Ng, Rush, Nguyen, & He, 2007; Jacobs Starkey, 1994; Teron & Tarasuk, 1999), a meal programs in Toronto (Tse & Tarasuk, 2008). There has been less research program structure, operations or

community-responsiveness to food needs (Dachner, Gaetz, Poland, & Tarasuk, 2009; Tarasuk & Dachner, 2009; Tarasuk & Eakin, 2005; Tarasuk & Eakin, 2003; Bocskei & Ostry, 2010).

Research in the 1980s and 90s focused mainly on food banks, however in the last five years, several studies have included charitable meals programs. These studies in Toronto (Tse & Tarasuk, 2008; Dachner, Gaetz, Poland, & Tarasuk, 2009; Tarasuk & Dachner, 2009), Vancouver (Miewald, Ibanez-Carrasco, & Turner, 2010) and Victoria (Bocskei & Ostry, 2010) found that a major component of the charitable food system at a local level is made up of charitable meal programs. The reason for the initial attention to food banks may be at least in part because they were a new model of food delivery with a high public profile given the need to solicit donations, which was not true for charitable meal programs. Section 3.3 and 3.4 discuss the literature on food banks and charitable meal programs separately, recognizing that they are distinct in their services, clientele and role within systems of charitable food assistance. While the literature on charitable meal programs may be more relevant to this thesis, examining the research on food banks is still relevant as they have been instrumental in shaping the research that has been conducted on charitable meal programs and, food banks continue to provide relevant insight to the system of charitable food as a whole and those that access it.

3.3 Food Banks

Riches' criticisms of food banks in the 1980s was followed by a series of studies in the 1990s focused on better understanding the characteristics and experiences of those accessing food banks (Jacobs Starkey, Gray-Donald & Kuhnlein, 1999; Teron & Tarasuk, 1999; Jacobs Starkey, Kuhnlein, & Gray-Donald, 1998; Jacobs Starkey & Kuhnlein, 2000) and the nutritional quality of food served (Jacobs Starkey, 1994; Teron & Tarasuk, 1999). In the early 2000s, the structure and operations of food banks was examined (Tarasuk & Eakin, 2003; Tarasuk & Eakin,

2005). While food banks were reported as a critical food resource (albeit the only) for those unable to access regular market channels (Hamelin & Beaudry, 2002; Tarasuk & Beaton, 1999), studies have consistently revealed their shortcomings in reaching those in need (McIntyre, 2000; Vozoris & Tarasuk, 2003a; Rainville & Brink, 2001), meeting the needs of those that do access them (Irwin, Ng, Rush, Nguyen, & He, 2007; Jacobs Starkey, 1994; Tarasuk & Eakin, 2003; Teron & Tarasuk, 1999; Tarasuk, 2001; Willows & Au, 2006), alleviating hunger and addressing the underlying issues of food insecurity and household economics (Tarasuk & Eakin, 2003; Tarasuk & Beaton, 1999).

3.3.1 The experiences of food bank users

Although van Hegel's model of food banks was for the provision of support for those that needed food, studies in early 2000 found that as few as a third of food insecure households in need of food, in fact, used them (McIntyre, 2000; Vozoris & Tarasuk, 2003a; Rainville & Brink, 2001). A more recent study by Loopstra-Masters and Tarasuk (forthcoming) discovered similar usage rates of food banks. Several studies suggest that this could be, at least in part, because accessing a food bank is associated with feelings of shame, embarrassment, humiliation (Teron & Tarasuk, 1999; Tarasuk & Beaton, 1999) and "obligation" - meaning that if any other food resources were available this would be prioritized over a food bank (Hamelin & Beaudry, 2002). According to Loopstra-Masters and Tarasuk (forthcoming), the reasons for not using food banks by low income Torontonians were related to resisting their use (e.g. unsuitable food, self managing, feeling of degradation with use); and access barriers such as schedules, lack of awareness about how food banks operate or whether they had the information necessary to sign up to receive food. An earlier study, also in Toronto, found that most women who were required to access a food bank reported that they would never take their children with them, and almost

one in five reported they would never tell their children that were required to they accessed food there (Tarasuk & Beaton, 1999).

3.3.2 Nutrition and food quality

Analyses of the nutritional quality of food offered at a number of food banks have consistently found it to be inadequate, limited and of poor quality and questionable safety (e.g. outdated or damaged) (Irwin, Ng, Rush, Nguyen, & He, 2007; Jacobs Starkey, 1994; Tarasuk & Eakin, 2003; Teron & Tarasuk, 1999; Tarasuk, 2001; Willows & Au, 2006). This is consistent with studies that found that many food bank users were unable to meet basic food and nutritional needs (Jacobs Starkey & Kuhnlein, 2000; Jacobs Starkey, Kuhnlein & Gray-Donald, 1998; Tarasuk & Beaton, 1999) and that food bank access did not prevent them from going hungry (Tarasuk & Beaton, 1999). Food banks also recognize their limits in food provisioning. In 2010, Food Banks Canada reported that more than a third of their member food banks commonly ran out of food and over half were required to cut back on the amount of food provided to each household to manage resources (Food Banks Canada, 2010). These actions could further compromise an already limited variety and quality of food available for distribution.

3.3.3 Food bank structure and operations

In early 2000, an ethnographic study of an Ontario food bank provided qualitative insight to the systematic and operational limitations of food banks (Tarasuk & Eakin, 2005; Tarasuk & Eakin, 2003). Tarasuk and Eakin referred to the food bank's efforts as a "symbolic gesture" because food assistance was limited, inappropriate and disassociated from client need. Operations were defined by the food donations that were highly variable, limited and uncontrollable; and, workers displayed little ability to screen which food donations were appropriate for redistribution reporting that they "just did what they could" and that any food

was “better than nothing” (Tarasuk & Eakin, 2003). Food bank labour was largely volunteers and the handling of food donations required considerable work to clean, repackage, and sort industry food donations which in turn, facilitates waste disposal of the industry (Tarasuk & Eakin, 2005). While providing emergency food may meet clients’ acute food needs, these actions also provide the illusion that food banks are meeting longer term food needs reducing the immediate impetus for community groups or governments to seek alternative, more just, and permanent solutions (Tarasuk & Eakin, 2003).

This latter issue has also been at the forefront of other research and advocacy efforts in Canada (Riches, 2002; Rondeau, McIntyre, & Rock, 2009; Power, 2011). According to Power’s 2011 paper, food banks should be closed to force governments to take responsibility for providing Canadians with enough to meet basic needs. Power argues that food banks are a “smokescreen, hiding the reality of hunger in Canada and preventing us from seeing and understanding the poverty that creates hunger in the first place”. The problem of poverty, Power suggests is “too big for community-based, largely volunteer-run, donation-driven organisations to fix (Power, 2011, p.18). Like Riches (2002) Power argues that food banks take governments off the hook, and act as a “solution” that doesn’t work. She states that until the smokescreen on food banks is lifted, there will never be a “democratic discussion about solutions – real solutions” to poverty (Power, 2011, p.20).

Rondeau and colleagues (2009) unique study highlights the disassociation of food perceptions that further characterize this concept. They found that the food-secure associated Kraft Dinner with comfort; while those who were food-insecure associated it with discomfort; partly because they consume it involuntarily and without preparation with milk. As a result, the

food-secure commonly donate Kraft Dinner to food banks and other charitable food assistance programs which likely has unintended consequences for food-insecure households.

3.4 Charitable Meal Programs

Although national estimates of charitable food assistance recognize to a greater extent the efforts of food banks (Section 3.2), studies within communities suggest that in fact, charitable meal and snack programs make up a major part of local food provisioning efforts (Tse & Tarasuk, 2008; Dachner, Gaetz, Poland, & Tarasuk, 2009; Tarasuk & Dachner, 2009; Miewald, Ibanez-Carrasco, & Turner, 2010; Bocskei & Ostry, 2010). In Toronto, Tarasuk and Dachner found 148 agencies operated 490 programs that provided 128,000 meals per week (Tarasuk & Dachner, 2009). In Victoria, thirty-six agencies served approximately 20,000 meals a week in 2008 (Bocskei & Ostry, 2010) while the city's main food bank reported serving 5,000 people in an entire month during the same year (Tarasuk, 2009). Miewald and colleagues reported that over 50 meal programs were in operation in Vancouver's Downtown Eastside (DTES) neighbourhood, an area often referred to as the poorest [urban] postal code in Canada, with high rates of homelessness, addiction, and mental and physical disability (Miewald, Ibanez-Carrasco, & Turner, 2010).

The meal programs studied in Toronto ranged from drop-in centres, mobile services, shelters, supportive housing projects, day programs, multi-service, health, Out of the Cold and voluntary agencies that offered meals ranging from one to three times daily or weekly, with some variation based on season or based on agency programs or activities (Dachner, Gaetz, Poland & Tarasuk, 2009; Gaetz, Tarasuk, Dachner, & Kirkpatrick, 2006; Tarasuk & Dachner, 2009). Similarly in Vancouver's DTES, city run institutions, social service agencies and faith-based agencies offered subsidized meals (Miewald, Ibanez-Carrasco, & Turner, 2010).

Tarasuk and colleagues investigations in Toronto over the last decade offer insight to both the experiences of vulnerable service users (homeless youth) and of charitable meal operators, focusing on access to food, nutritional vulnerability, food security and the responsiveness of programs to community food needs (Dachner, Gaetz, Poland, & Tarasuk, 2009; Gaetz, Tarasuk, Dachner, & Kirkpatrick, 2006; Tarasuk & Dachner, 2009). The study in Vancouver's DTES by Miewald and colleagues' detailed the experiences of 10 people living with HIV/AIDS accessing charitable meal programs. The respondents reported that food banks were less accessible than meal programs both geographically and physically with the exception of those clients who were both housed and with sufficient cooking facilities (2010). Bocskei and Ostrys' research in Victoria took the approach of a broad inventory of charitable food and meal agencies and examined food supply and demand generally overall (Bocskei & Ostry, 2010).

3.4.1 Users of charitable meal programs

Dachner and Tarasuk found charitable meals were an important and regular food resource for homeless youth (Dachner & Tarsuk, 2002; Tarasuk, Dachner, Poland, & Gaetz, 2009), but it was often not their primary source of food as other procurement strategies were used such as food purchasing and receiving food from other people (Gaetz, Tarasuk, Dachner, & Kirkpatrick, 2006). According to meal providers in Toronto, 80% of people eating at the 490 programs investigated were described as regulars (Tarasuk & Dachner, 2009). For youth however, charitable meals were seen as a last resort because even though the food quality and quantity was not always what was acceptable, without money, there were few other options to choose from when hunger was present (Dachner & Tarsuk, 2002).

To access enough food in Vancouver's DTES, meal recipients reported having to carefully plan "rounds" that were based on the meal program schedules on any given day

(Miewald, Ibanez-Carrasco, & Turner, 2010). This was similar for homeless youth in Toronto who found this process both frustrating and time-consuming because schedules varied and there were long line-ups. There was usually an uncertain supply of food meaning that agencies could run out of food and they would miss a meal (Gaetz, Tarasuk, Dachner, & Kirkpatrick, 2006). The youth reported that traveling to such programs could mean walking for several kilometres, and this had to be weighed against other survival priorities such as attending a medical clinic (Dachner & Tarsuk, 2002). In Vancouver's DTES, although many programs existed they were difficult to access on weekends, holidays and at night because programs were closed (Miewald, Ibanez-Carrasco, & Turner, 2010).

Although youth used charitable meal programs routinely, they found them to be limited, crowded and unclean and associated their use with food poisoning (Dachner & Tarsuk, 2002). Food poisoning was also reported by charitable meal recipients in the DTES (Miewald, Ibanez-Carrasco, & Turner, 2010) but no studies have investigated these claims. Because some programs in Toronto were based at religious organizations, recipients reported that they were sometimes required to participate in religious activities in order to receive a meal (Dachner & Tarsuk, 2002). Meal recipients in the DTES reported food to be "monotonous and unhealthy" and they were sometimes offered food that was "post-dated, mouldy or rotten" which was dangerous to consume particularly for persons living with HIV/AIDS and with compromised immune systems (Miewald, Ibanez-Carrasco, & Turner, 2010).

The routine use of charitable meal programs did not protect youth from chronic food deprivation, defined as a restricted intake for 10 or more days in a given month. Nor did use of meal programs reduce the need to use other food acquisition strategies, including risky strategies such as stealing or trading sex for food (Tarasuk, Dachner, Poland, & Gaetz, 2009).

3.4.2 Meal providers struggle with supply and demand

In 2004, Tarasuk and Dachners' survey of 148 agencies providing charitable meals in the city (18 examined in-depth), found that many struggled to meet food demands. Most agencies accepted food donations; obtained funds from multiple and often insecure sources such as fundraising or churches; and relied on volunteer labour which directed the scheduling of some programs. Of the agencies that reported an increase in the number of clients from the year before, less than 20 percent (65/148) reported concomitant increases in food donations and fewer than 10 percent reported increases in funding. Programs were limited and uncoordinated and most ran low on food (66%) or had inadequate space for clients to eat (26%). Gaps in meal services were also found including less availability of food on the weekends (Tarasuk & Dachner, 2009).

3.4.3 Nutrition and charitable meals

Tse and Tarasuk's (2008) analysis of food offered at a sample of eighteen meal programs in Toronto provides the only research on the nutritional quality of meal programs in Canada. Their study found that most meals were insufficient to meet daily nutritional needs and that a reliance on these programs, as is the case for many meal recipients in the city (Dachner & Tarasuk, 2002), would likely significantly compromise the nutritional health of users (Tse & Tarasuk, 2008). Similar research on food banks in section 3.3 in Victoria by Bocskei and Ostry (2010) suggested that food donations might be contributing to the poor nutritional quality of meals because they were found to be relatively low in produce and dairy; however, Tse and Tarasuk's research is not consistent with these results. Tse and Tarasuk's research found that food donations were positively associated with the vitamin C content of meals (2008). Clearly the contrast in findings indicates that more research is needed in this area to further understand the relationship between food quality and donations.

Although Tarasuk and colleagues found that use of charitable meal programs was positively associated with the intake of some nutrients among homeless youth, meals likely had little impact on their total or long term nutrition status given that such programs were not a primary source of food for this group. The researchers therefore concluded that charitable meals were an ineffective stop gap for this highly nutritionally vulnerable group (Tarasuk, Dachner, & Li, 2005).

3.4.4 Disconnected: community needs and providers' priorities

There is a disconnection between agencies' philosophies and priorities and community food needs in charitable meal programs (Dachner, Gaetz, Poland, & Tarasuk, 2009; Hamelin, Mercier & Bedard, 2008; Miewald, Ibanez-Carrasco, & Turner, 2010; Tarasuk & Dachner, 2009) and for food banks (Tarasuk & Eakin, 2005; Tarasuk & Eakin, 2003). An ethnographic investigation of meal programs in Toronto by Dachner and colleagues revealed that although providing food was the aim of program providers, day to day activities were designed in the "context of pursuing broader agency goals" so their budgets, staffing, volunteers, and religious intentions directed program planning and delivery more so than did community food needs (Dachner, Gaetz, Poland, & Tarasuk, 2009; Tarasuk & Dachner, 2009). This is also consistent with Hamelin and colleagues (2008) work that found stakeholders' perceptions of the experiences and vulnerability of food insecure households did not always reflect the realities of their clients' lives which may result in the unintended consequence of misdirected programming to reduce food insecurity. For example, in Vancouver DTES, although a number of charitable meal programs were operating in the area, providers' expectations and regulations impacted clients' access such as gender-specific eligibility criteria (Miewald, Ibanez-Carrasco, & Turner, 2010). Restricted eligibility and program participation was also reported as a barrier for

homeless youth in Toronto, though this study did not explore which providers were most likely to restrict clients on this basis (Gaetz, Tarasuk, Dachner, & Kirkpatrick, 2006).

3.5 The United States System of Emergency Food Assistance

A wide variety of programs such as food pantries, food banks and soup kitchens also make up the public system of charitable (or emergency) food assistance in the United States. Most are run by faith-based organizations that rely on volunteers (Ohls & Saleem-Ismail, 2009). A number of systematic shortfalls have also been documented including limitations in food quality and quantity (Hoisington, Manore, & Raab, 2011), and capacity to plan, organize or respond to local food needs (Eisinger, 2002). A survey of charitable food providers by Ohls and Saleem-Ismail for the Department of Agriculture (2009) found that although agencies were continually facing unmet food needs in communities, programs still limited the distribution of food and most reported being unlikely to be able to handle anything more than a 5% increase in demand. They also identified gaps in services both across times in the day as well as days of the week (Ohls & Saleem-Ismail, 2009).

There is no way to determine how the system of charitable food assistance and its limitations in the United States compare with Canada nor is it appropriate given the difference in government support provided in the two systems (See Section 1.5). However, it is interesting that even with Emergency Food Assistance earmarked at \$37.5 million for 2012, this system appears to fall short of providing adequate support for those unable to meet basic food needs (United States Department of Agriculture, 2012).

While the literature on charitable food provisioning is limited in Canada, it does consistently suggest that food banks and meal programs are continually strained and fall short of both reaching those in need and providing adequate food relief to those that access them. Yet,

these programs make up a major system of food relief that is widespread across Canada as the main food resource in communities. Charitable food systems have been examined in only three Canadian cities and while this research provides much valuable insight to the barriers to food access and agencies' responsiveness to local food needs, to date, these studies have only captured a snapshot in time. This study was able to examine what the system looks like over time both at the program and community-level in Greater Victoria and therefore provides a unique lens allowing us to explore responsiveness of the system to food insecurity in Canada.

4. METHODS

This section describes the methodology used to examine the system of charitable food provisioning in Greater Victoria in 2011 and to explore how this system changed both at a macro level and within agencies between 2008 and 2011. First, the identification, selection criteria and interview process for agencies providing charitable food is described for the surveys in 2008 and 2011; followed by how the two surveys were compared; and lastly, the data analysis process.

4.1 Inventory of Charitable Food Programs in Greater Victoria

In 2008, 36 agencies in Greater Victoria providing free food were surveyed. These agencies were identified through convenience and snowball sampling as no comprehensive inventory of agencies providing food charity existed in the region. In 2011, a broader inventory of 48 charitable food programs in Greater Victoria was conducted by searching a number of regional food resources, health and social service inventories and the Internet. These sources included: the 2009 Capital Region Food Resource Directory, the City of Victoria Food, Services and Other Services 2001 Inventory, a 'Seniors Food Victoria' list, and two websites on homelessness (www.homelessnation.org and www.solvehomelessness.ca). As well, social service agencies, community centres, and churches were contacted directly to determine their involvement in charitable food assistance. In total, this included 204 calls to agencies. Lastly, agencies were contacted via email, sent through a list serve of food providers from a local community-based organization, requesting the identification of agencies for the study. This yielded two replies from agencies that had not already been identified through other means.

The 2011 survey included agencies and organizations running charitable food assistance programs in the urban areas of the Capital Regional District (CRD) of Victoria; the city of Victoria (urban core) plus eight adjacent densely-populated urban areas (Sidney, Saanich,

Central Saanich, Oak Bay, Esquimalt, Colwood, View Royal and Langford). Other municipalities and electoral areas of the CRD were excluded since they were suburban or rural areas (Highlands, Metchosin, North Saanich, Sooke, and the Juan de Fuca, Salt Spring and Southern Gulf Islands electoral areas). Visit

http://crdatlas.ca/media/10275/crd_adminbounds2009.pdf to view these areas on a map.

In 2011, the study excluded programs offering food contingent on participation in skill-based programming, shelter programs or that charged a fee for food (other than nominal) because these programs are not direct responses to severe food insecurity. Agencies were sent an information letter (Appendix A) and consent was obtained by telephone from those who expressed interest in participating. Forty-eight of the 53 (91%) agencies identified in the inventory participated, three did not respond, and two declined to participate. The two that declined participation were not major food provisioning agencies.

4.2 The Sample of Charitable Food and Meal Programs

Thirty of the 48 agencies interviewed in 2011 operated meal or snack programs and 33 provided groceries. Twenty-seven of the 48 agencies interviewed in 2011 had been included in the 2008 survey; these consist of five food banks and 22 agencies that operated charitable meal programs. Of the other nine programs surveyed in 2008, eight were excluded based on our criteria for the 2011 study, and one agency had closed. Thus the analytic sample for the 2008-2011 comparison study was 22 agencies. These agencies accounted for the bulk of meal provisioning in Greater Victoria, providing 55,148 of 67,972 meals (81%) served monthly by all providers (n=30) in 2011.

4.3 Interviews with Agencies Providing Charitable Meals

Survey 2008

In 2008, interviews were conducted with agency executive directors, program managers, or leadership staff either by telephone or in-person. See Appendix B for the Survey in 2008. The survey was conducted in partnership with the Vancouver Island Health Authority, the Salvation Army and the University of Victoria along with a community-based working group. The semi-structured interviews were 30-45 minutes long and obtained information on program characteristics, operations, including the method of meals provisioning, the number of people served, monthly spending on food, and interest in supporting a centralized food recovery model. The aim of the survey was to understand the extent and priorities of agencies providing charitable food and meals in the region in order to identify direction for developing a food recovery program to assist in managing and distributing recovered foods to social service agencies in Victoria; the latter also a goal of the working group. Permission was granted by all participants in the 2008 study and consent was gained from the Vancouver Island Health Authority to use and disseminate information.

Survey 2011

In 2011, interviews were also conducted with agency executive directors, program managers, or leadership staff either by telephone or in-person. See Appendix C for the Survey in 2011.

One interview was conducted with each agency for a total of 48 interviews were completed. The semi-structured interviews were 45-60 minutes long and obtained information on program characteristics, operations, organizational structure and capacity, including the type of meals provided, the number of people served, monthly spending on food, and funding. Data on food donations and management of supply-demand imbalances were collected in 2011.

The survey in 2011 was part of a Pan-Canadian Study led by Valerie Tarasuk in Greater Victoria and five other Canadian cities to: chart the scope and nature of charitable food provisioning; assess the capacity of current efforts to recognize and respond to problems of unmet food need locally; and to identify the opportunities and barriers to creating a responsive system of charitable food assistance. The study has a secondary objective of defining the infrastructure and program and policy supports necessary to construct a more effective system of ‘front-line’ response to severe food insecurity in urban communities. Funding was received by the Canadian Institutes of Health Research for this project. Ethical approval was granted by the University of Victoria for the 2011 study.

4.4 Comparing Surveys, 2008 and 2011

The 2008 and 2011 surveys were directly comparable for the number of meals provided by agencies and the value of spending on food or food purchasing. Since information on food donations was collected differently in each year, some data manipulations were done.

In 2008 agencies were asked to estimate the dollar value of their food donations, and in 2011, they estimated the proportion of food supplied from donations compared to food purchased. To facilitate comparison across years, the dollar value of food donations estimated in 2008 was calculated as a proportion of the total value of food based on food purchasing that year.

4.5 Analysis

Analysis of charitable meal programs in 2011

Predictive Analytics Software Statistics 18 was used to describe the entire sample of charitable meal programs in 2011 (n=30). A regression function was used to do multivariate analysis. Simple non-parametric statistics were applied to describe patterns within the data that

was non-normally distributed including spearman correlation and cross tabulations with Fischer's exact test. Significance was accepted at $p < 0.05$.

Recognizing that this was a small sample size, statistics analysis was used to explore patterns and relationships in the data rather than to make major assumptions from the results. Several variables were explored including agency characteristics (e.g. program age, type, number of meals, percent homeless, regulars, etc), resources (e.g. food donations, purchasing, funding, labour, etc) and strategies related to managing available resources and facilities with demands for food (e.g. difficulty seating people, providing enough food, turning away people, receiving enough donations, etc).

A new variable was created for agencies that offered meals in the downtown core for poor people that were not community centres or family-focused feeding programs given the researcher recognized a distinction in these feeding programs from others yet there was no one variable to differentiate such programs. These agencies ($n=20$) are referred to as "downtown core agencies".

Analysis of the change in charitable meal programs from 2008 to 2011

Predictive Analytics Software Statistics 18 was used to also compare responses in 2008 and in 2011. Meals were weighted based on seasonal variation in service provisioning to obtain an average monthly meal volume. Weights ranging from 0.67 to 0.92 were applied to 4/22 programs. Summary and descriptive statistics were used only due to the high degree of heterogeneity and small size of our sample. To assure confidentiality of agencies included in our study some results were suppressed in Section 5.3.2, *Changes in meal and snack provisioning: Program-level changes*, because details specific to a small subgroup of agencies with identifiable characteristics and operations within the community were examined. Agency websites were used

to glean additional information relevant to their changes in programs and funding to supplement survey findings.

5. RESULTS

Section 5.1 provides an overview of the system of charitable food provisioning in Greater Victoria in 2011 and describes the scale of food provisioning through food banks and other grocery distribution programs and meal and snack programs. Section 5.2 narrows in on the system of charitable meal and snack programs in the city because this part of the system has been largely unrecognized to date and yet makes up a major part of this emergency food sector. The 30 agencies providing meals and snacks are described, the history of their establishment and their resources (food supply, funding, facilities, and labour) and resource-related challenges. One limitation of the analysis of meal and snack programs, further discussed in Section 6.3, is that it did not account for the grocery programs that were also offered by some of these agencies. Therefore, the results related to the resources and characteristics of these meal programs would be, to varying extents, shared or influenced by their grocery distribution programs and the manner in which either program was prioritized.

Section 5.3 compares findings from 22 of the 30 programs in the 2011 survey to the same programs in 2008. This is done first at a systems-level, capturing the difference in the overall extent of meal provisioning and constitution of the food supply for all charitable meal programs in the city in this three year period; and, then at the agency -level, examining changes made to the structures and operations of charitable meal programs (e.g. scheduling, location, program and meal type). See Appendix D for a summary of agency characteristics and resources to support these results.

5.1 Overview of Charitable Food Assistance in Greater Victoria in 2011

The 48 agencies providing charitable food in Greater Victoria mainly self-identified as churches (n=20) or multiservice agencies (n=19). The other nine identified as soup kitchens (4),

food banks (4), and one, as a health centre. Multiservice agencies were those providing a variety of services such as employment, health services, housing and social support; and, were also described as drop in centres, community centres or shelters. For five of these multiservice agencies, services were based in faith although they did not identify as a church.

Of the 48 agencies, 30 provided meals and snacks, and 33 provided groceries; 18 offered both services. Five of 33 grocery programs provided services only periodically through the year. Collectively all agencies provided 67,972 meals and 12,878 groceries in a given month. Overall, 46 agencies (2 non-responders) spent collectively \$89,995 on food in a given month for all charitable food provisioning activities and this ranged from \$0 to \$20,833 per agency (mean=\$1,956; median=\$571). On average the proportion of food donations made up 41% (median=35%) of the food supply and the remaining 58% was from food purchased (median 65%).

5.2 Charitable Meal Provisioning in Greater Victoria in 2011

5.2.1 Agency type, activities and client access

Of the 30 charitable meal providers we surveyed in Greater Victoria, close to half (14) were multi-service agencies including five community centres, six health and social service agencies and three faith-based multi-service agencies. Of the other 16 agencies, ten identified as churches, four, soup kitchens, one drop in centre and one food bank. For most agencies (23/30; 78%), providing food in 2011 was an add-on activity and not their main objective.

Most meal and snack programs (26/30; 87%) offered food for consumption on the premises, yet 11 also did this in combination with meals and snacks for takeaway (5), street outreach (1), or both (5). Two meal and snack programs provided food only for takeaway and two others only did street outreach. In total, eight agencies did street outreach which included using an outreach van or mobile services that sought to reach out to certain populations in the

downtown core such as sex trade workers and youth. Eighteen of 30 agencies providing meals and snacks also distributed groceries.

In a typical month in Greater Victoria, the thirty agencies provided meals through 61 different programs and services. Most meals were provided by agencies that identified as multi-service (48,212), churches (12,425) and soup kitchens (6,990) and fewer by the drop in centre (225) and the food bank (120). Programs typically served 20-500 people at a meal with a mean of 150 and median 80. Over the period of a month, programs served an average of 2,106 meals with a median of 710 and this ranged from 100 to 30,000. Many programs offered meals once per week (n=10); and for two programs, several agencies rotated meal delivery so that meals could be consistently offered on a daily or weekly basis. Three agencies offered food seven days per week and the remaining 13 agencies offered food twice or thrice weekly. The mean and median number of meal days in a week was three. Assuming there was a week when all meal and snack programs were in full operation, a total of 17,986 meals or snacks would have been provided, ranging from 1,349 on Saturdays to 3,077 on Tuesdays (see Table 1). Eighty percent of the agencies operated on a weekly basis, and 87% were opened year round. However, about half (47%) of the agencies served food once on a given day; 17% provided something to eat twice a day, and only 3 agencies provided meals or snacks three times on a given day (Table 1).

Table 1. Schedule of Operations and Number of Programs for 30 Meal and Snack Programs

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Breakfast – 1100	660	690	575	690	710	630	840
Lunch -1100- 1700	632	770	638	817	712	655	87
Dinner 1700-	410	725	1214	799	799	976	272
All day snacks	150	650	650	650	650	650	150
Number of meal programs	13	32	36	35	34	26	11
Total	1,852	2,835	3,077	2,956	3,066	2,911	1,349

Approximately half of the agencies (16/30; 53%) meal schedules were timed based on when clients were in the most need of food using criteria such as “service gaps amongst food providers” or “when other programs are not open”(6), or what services clients asked for (3) such as “the kids do [decide]”. Seven agencies reported that their meal program was timed to be offered before income assistance cheques are issued (e.g. “the week before cheque week”) but for some this meant that they provided a much larger meal recognizing that there would be greater demand for food at this time of the month compared to other weeks. The other 14 agencies did not connect meal schedules to client need due to considerations for staffing (1) or neighbourhood acceptance “at a time that does not disrupt the neighbourhood or residents” (1); preoccupation with pre-existing non-food programs by the agency (2); or, a pre-existing fixed or set schedule by the agency (10); “the easiest time”, “opening time at the church”, or “the agency decided”.

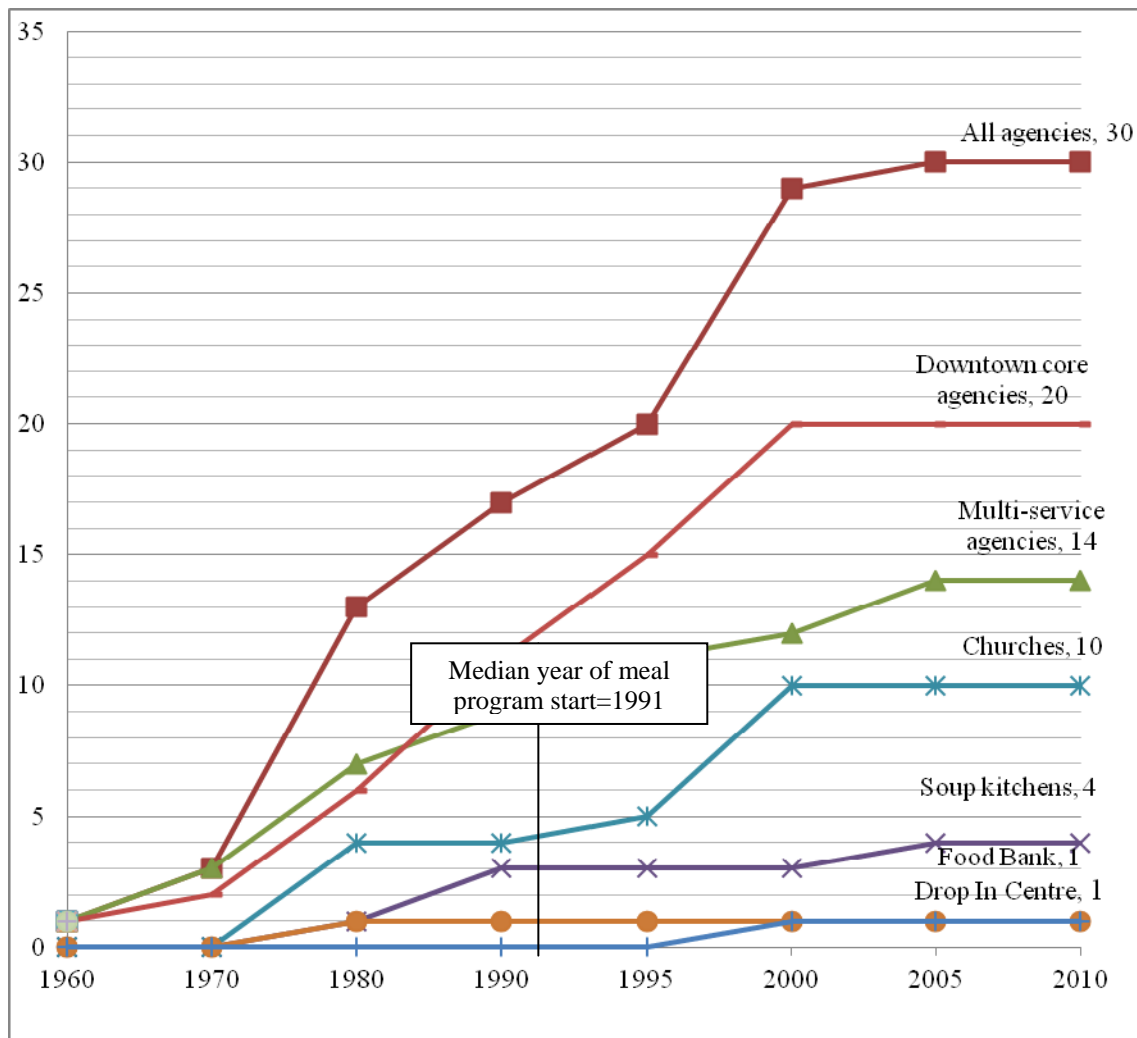
Twenty-two agencies were able to estimate the proportion of their clients that were homeless or not, the other eight were not able to. Nineteen of the twenty-two indicated they had clients who were homeless and the mean proportion of homeless clients was close to a third (29%) and this ranged from 0-90%, median 20%. These clients accounted for 14% of the total meals served or 9,777 meals monthly. Overall about one third of meals in the city (22,505/67,972; 33%) were to “regulars” or clients that accessed meals every day that the program offered meals. Three agencies could not estimate the number or proportion of clients who were regular or homeless and eight chose not to respond – these agencies represent 6% and 25% of the meals and snacks provided in the city respectively. Four agencies reported that their programs were for families only.

The number of meals served to homeless people (as the product of the number of meals provided daily and the % of homeless people) was positively correlated with the number of regular meal recipients (Spearman Correlation $p < .05$).

5.2.2 History of programs

In 2011, most charitable meal and snack programs in Greater Victoria had been operating for over two decades; however, our survey does not capture any agencies (or programs) that may have started and stopped beforehand. The median year agencies began providing food was 1991 and this ranged from 1968 to 2004. There were 20 agencies providing meals in the downtown core for poor people that were not community centres or family-focused feeding programs. These agencies referred to as “downtown core agencies” both served a greater proportion of homeless people (Beta=.59; $p < .05$) and on average, more meals to them (Beta=.49; $p < .05$). No agencies had been established in the seven year period prior to our 2011 survey (Figure 2).

Figure 2. History of Agencies Offering Meal and Snack Programs in Victoria in 2011: Number of agencies in operation per year 1960-2011 (n=30).



Most agencies (26/30; 87%) reported that they started their meal and snack programs because of food needs and/or poverty in the community or neighbourhood; or, amongst an identified specific population subgroup (e.g. families, women, HIV/AIDS, youth). These responses included that the “community members are hungry and need nutrition”, “[program] founders saw a need for food and nutrition”, “mandate is to help the poor and feed the hungry”, that “the single parents and low income need help” or that “people are highly marginalized and vulnerable living with HIV/AIDS”. The other four agencies did so as part of a larger organizational mandate to provide food to the hungry including one international anarchist group

who as part of “antinuclear war protests they provide food to anyone who is hungry” and three faith-based groups where providing food is “what churches do”, “part of bringing people together to fill hearts and souls” and their ideology “that there will always be the poor and we can help them” or their “goal is to be community-centered”.

5.2.3 Resources and related challenges

Food supply

All agencies reported they purchased food for their charitable meal and snack program (n=28; 2 non-responders). Twenty-two of these 28 agencies also received food donations (22/28; 79%). The average proportion of donations of the agencies’ food supply was 36% (median=28%) and food purchased made up the remaining 64% (median= 72%).

Most agencies (21/28; 75%), two non-responders, received food donations from local businesses and they named a number of local grocery stores, bakeries and/or food distributors. The same number reported food donations from numerous other sources in the community such as “church groups”, “schools”, “funerals”, “community functions with leftover food”, “farms”, “recreation centres” and more. Forty –two percent did fundraising to support their food assistance program(s). Just two agencies received food donations from redistribution agencies outside of Victoria with one from Vancouver and another through national food distribution with Food Banks Canada.

Seven agencies reporting redistributing food they collected to multiple other charitable food provisioning agencies. On average more meals were provided by these agencies than by agencies that did not redistribute food donations (Beta=.43, $p<.05$). This was also true for average value of money that these agencies spent on food (Beta=.54, $p<.05$), even when the latter was controlled for average number of meals (Beta=1.37, $p<.05$). These seven agencies

redistributing food donations were also more likely to serve a greater number of meals to homeless people (Beta=.69; $p<.01$). By agency type these represented three multi-service agencies, two soup kitchens, one food bank and one drop-in centre and were funded by church (2), private (5), and government (1) funding sources.

All twenty-three agencies that used food donations reported that they experienced at least one related challenge (most had multiple challenges), except for one agency that received just 5% of their food supply from donations. Four agencies reported they had difficulties sorting and using food donations before they perish and eight reported difficulties storing and managing food donations. Sixteen reported sometimes receiving donations that were inedible, and although not asked directly, five reported that the donations they received were not the type or quality of food that they would like to serve their clients; “breads and sweets are not the food we want”, “get the type of food kids [youth] don’t want to eat”, “quality of food is a problem [it is] post-dated, unhealthy”. Sixteen agencies reported often (11) or sometimes (5) not getting enough food donations to meet their need. Programs also reported they got “too much of something at once” and that they were required “to use food quickly to avoid [filling up their] storage space”. One agency reported that they “had to buy a new freezer to store [food] donations” in 2011.

The majority of meal providers (20/29; 69%) reported taking some type of measure(s) to manage an insufficiency of the food supply relative to demand in a given month. One agency did not respond to this question. To cope in these situations, seven agencies reported that they sometimes cut portion sizes (24%) and one often, and eight sometimes, served fewer types of food than planned (31%). In a given month, eight (28%) agencies reported having to turn away clients due to lack of food. Agencies more often employing any combination of these strategies also had a greater proportion of their food supply from donations (Spearman Correlation .38,

$p < .05$). Interestingly, this analysis found that agencies that often and sometimes cut the food supply to serve more people were more likely to obtain a significantly smaller proportion of their food supply from donations (Beta = $-.46$, $p < .05$). They were also more likely to serve a greater number of regular clients (Beta = $.49$, $p < .05$). Agencies sometimes and often turning away clients also served a greater proportion of homeless people (Beta = $.45$; $p < .05$) but this was not associated with the number of meals served to homeless people.

Sixteen agencies (16/29; 55%) reported they had difficulty seating everyone who came to their meal program. When this occurred, two agencies reported that they packaged the meals so they could be taken away by those who could not be seated. Four reported that they accommodate people elsewhere in the building. Most agencies (9/16; 56%) reported that they “did nothing” to accommodate people because seating was limited in their facility. There was one agency that did not respond to this question and the reason for this is not known. Those agencies that reported difficulty seating people compared to not, reported serving a greater proportion of homeless people (Beta = $.56$, $p < .05$) but this was not associated with the number of meals served to homeless people.

Funding and facilities

Most agencies reported that the funding to run their meal programs came from a combination of sources; two agencies did not respond to questions about funding. Twelve agencies reported receiving funding from private sources (e.g. individuals or community groups), eleven from the church and eleven from government sources. These government sources included: five from the regional health authority; and, eight from provincial funding for social housing (3), children and families (3), social development (1) and community gaming grants (1).

Two agencies were recipients of two different types of government funding. Three agencies received funding from the corporate sector and four others from service clubs.

Eighteen programs reported receiving some type of core funding for their programs and 16 reported receiving funding that was specific to their food program. Nine reported having both funds that were specific to their food program and that were core funds. Agencies with staff were negatively associated with programs that had funds specific to the food program (Fischer's exact $<.05$).

Twelve agencies (12/28; 43%) reported they often (8) or sometimes (4) had difficulty securing predictable and long term funding, two non-responders. The type of funding or the amount of food donations was not associated with agencies long term funding status. Seven of the 12 that had difficulties securing funding said that this had a greater effect on their operations than a number of other potential funding challenges such as managing fundraising, finding funding opportunities or time to fill out grant applications. The relationship between agencies with difficulties securing predictable long term funding and those serving a higher proportion of homeless people was close to, but not statistically significant (Beta= .41, $p<.07$).

Labour

All agencies, except two, reported that volunteers delivered, or helped to deliver, their meal program(s). There was one non-responder. For those agencies with volunteers, an average of 15 volunteers (median=8; range 1 to 70) were involved on a typical working day of a meal program. Seventeen (17/29; 59%) agencies reported employing staff. Of these 17 with staff, the average number working on a typical day was four, the median three and the number ranged from one to 10. Twelve agencies had volunteers only, two had staff only and most (15) had both staff and volunteers.

More staff was also associated a greater number of program meal days (Spearman Correlation .49, $p < .05$) and a greater number of program days was associated with providing more meals (Spearman Correlation .62, $p < .05$).

The more staff working on a meal program day, the longer the meal program had been operating (Spearman Correlation .42 $p < .05$). The more volunteers on a typical program meal day, the less likely it was a downtown core agency (Beta=-.41, $p < .05$); the more likely it was a church (Beta=.36, $p < .05$). Also, agencies with more volunteers on average served a greater number of regular clients (Spearman Correlation -.52 $p < .05$).

5.3 Changes in Meal Provisioning in Greater Victoria 2008 - 2011

5.3.1 Systems-level changes

In 2011 compared to 2008, the total number of meals and snacks served by the 22 agencies was nearly two-fold higher. In 2008, agencies reported providing 28,932 monthly (range 100-9,600; median 600) and in 2011, the same agencies reported serving 55,148 monthly (range 100 – 30,000; median 1,000). In contrast, the total spending on food by all agencies was less. In 2008, the 22 agencies reported collectively spending \$63,396 monthly (range \$200-24,000; median \$1,000) and in 2011, they reported spending just \$51,664 monthly (range \$100 - 20,833; median \$825). The proportion of the food supply as food donations (compared to food purchased) rose from an average of 17% (\downarrow 5%) in 2008 to 32% (\downarrow 7%) in 2011.³

³ Data was missing for two organizations. For the analysis on the proportion of food spending, missing data represents 1% of meal provisioning in 2011. For the analysis of the proportion of food donations and food purchasing, missing data represents 2% of meal provisioning and 2% of money spent on food in 2011.

Table 2. Volume of Meal Provisioning, Food Spending and Constitution of the Food Supply by Agencies Providing Charitable Meals in Greater Victoria, 2008 and 2011

	N*	2008	2011
Volume of Meal provisioning			
Mean	22	1,315	2,507
Std. Error of the Mean		853-1,777	726-3,838
Sum		28,932	55,148
Food spending			
Mean	20	\$3,019	\$2,460
Std. Error of the Mean		\$1,821-4,219	\$1,492-3,428
Sum		\$63,396	\$51,664
Constitution of the Food Supply			
Proportion of food donations	20	.17	.32
Std. Error of the Mean		.12-.19	.25-.39
Proportion of food purchased	20	.83	.68
Std. Error of the Mean		.78-.88	.61-.75

*See Footnote 3.

5.3.2 Program-level changes

Of the 22 agencies providing meals and snacks in Greater Victoria, 13 reported that while their program operations were the same in both 2008 and in 2011, ten of these 13 (77%) reported providing more meals and snacks (approximately 6,761 more meals) in 2011 than in 2008, two reported providing fewer meals (approximately 1,000 fewer meals) and one reported no change in the number of meals provided.

The other nine (of 22 agencies) providing meals in Greater Victoria reported changes in the structure and operations of their meal programs from 2008 to 2011. These changes affected the location and/or facilities (3); the schedule of meals (3); the method of meal/food distribution (2). Four of the nine agencies reported that they started or stopped their meal program or a component of their meal program (e.g. program food or voucher supplements) during this three year period.

The three agencies that reported starting a new program did so in response to growing food needs in the community. The majority of program changes however were cutbacks or terminations of services (6) that were due to resource limitations (4) or other agency priorities that preceded their meal programs (2).

Changes in agencies starting a meal program

Of the three agencies that reported recently starting a new program based on local community food needs (identified as agencies A, B, C), two reported providing more food in 2011, and the third, reported a decline. However, for the latter, program changes had been implemented just prior to the survey in 2011 in effort to improve services and user access which had dwindled since the survey in 2008.

Agency A, a major multi-service agency aiming to support those most vulnerable in Greater Victoria, relocated to a larger facility in late 2008 in effort to provide better services to the community. In 2011, the agency reported providing three times the volume of meals they reported in 2008. Since 1967, this agency has been continually working to respond to local needs, first with a shelter and coffee program which grew to full meal and snack provisioning. In the past they have changed locations several times, merged with another agency with similar mandate, and finally in 2007, their goal of a new facility was reached. Compared to 2008, the agency reported serving more meals, spending less on food and obtaining a higher proportion of their food supply from donations in 2011 than in 2008.

Agency B also reported an increase in meal provisioning and did so with the start of a new meal program that targeted to a specific subgroup. This agency began the meal program concurrently with an existing meal program. Within a year of the new program start, it reported providing 2,000 meals per week, while the number that accessed the agency's other charitable

meal program remained stable. While providing substantially more meals overall, the agency reported spending less on food than in 2008 and obtaining a greater proportion of their food supply from donations.

Agency C reported to have recently altered their method of meal distribution to better meet the needs of service users. The agency stated that the use of the program had declined in recent years, and they had identified that clients may be better served with a takeaway meal compared to one that was offered in house (e.g. sit-down meal). When the survey was conducted in 2011, this change had just occurred, but how this affected program usage is not clear.

Changes in agencies with program stops and cutbacks

From 2008 to 2011, six agencies (identified as agencies D, E, F, G, H, I) reported programs cutbacks or terminations that were based on resource limitations and changes in program mandates and priorities.

Agency D reported being forced to relocate their meal program (for an undeclared reason) from a location that they identified as well-known by their clientele. The agency scaled down both the size and facilities of their meal program while moving it to a location outside of the downtown core. Interestingly, in comparison to the 2008 survey, the agency reported providing more meals, spending more on food and obtaining a greater proportion of food donations in 2011. In the new location, the agency reported that their services were not being accessed by their former target group which they had identified based on need. Although it appears that services may have been picked up by agency B that started a new meal program in this time (and that also targeted this same group), it is unknown to what extent these changes interrupted or affected service access for this particular group.

Agency E reported reducing the frequency of their charitable meal program from daily to weekly after they too changed location and facilities. This was not based on facilities, which had actually grown in size but instead was the result of re- focusing their resources from their charitable meal program (an add-on program) to their priority programs. As a result of the change, the agency reported providing fewer meals, spending less on food, and obtaining a lesser proportion of their food supply from donations.

Agency F reported that because of difficulties finding enough volunteers for their outreach meal program, they simplified their method of food preparation so that they could focus more on their mandate for personal contact and support. Instead of providing meals like they did in 2008, they reduced their services to quick snack foods instead for food distribution in 2011. Although they reported no difference in the number served on a given day of their programs, it is likely that the volume of food provided was less based on their new food delivery methods. Interestingly, they spent more on food and less of their food supply was constituted of donations. They also cut back on the length of time the program was in operation.

Agencies G and H reported to have stopped providing their meal recipients with supplemental food vouchers/bags. Although they indicated the need for vouchers was great, they had to reduce food provisioning based on funding constraints. In both programs, the same or more people were accessing their meal program and more money was being spent on food, yet no food vouchers/bags were provided.

Agency I, due to a shortage of volunteers, stopped offering their weekly coffee and snack program in 2011. However, they also reported that their program was not needed by the community because few people accessed it. This was a small program as typically thirty people

accessed the program once weekly in 2008, less than the median number accessing programs at 600 in 2008.

Overview of program-level changes

A table of key agency characteristics, change in the volume of meal provisioning and food procurement patterns was created for agencies categorized as those that: 1) started 2) stopped a program, or 3) made no changes at all (See Table 3).

Table 3: Agency and Program Changes and Characteristics, 2008 to 2011

Agency size, change characteristics or resources	Agencies that started a new program (n=3)	Agencies that stopped or reduced programs or services (n=6)	Agencies that made no changes (n=13)	Total (n=22)
Total volume of meal provisioning in 2008 (mean; median)	10,352 (3,450; 600)	5,244 (874; 700)	13,336 (1,026; 600)	28,932 (1,315; 600)
Total volume of meal provisioning in 2011 (mean; median)	32,644 (10,881; 2,380)	5,115 (852; 542)	17,388 (1,338; 870)	55,148 (2,507; 1,000)
Change from 2008-2011				
Increase in meal provisioning	2/3 (67%)	3/6 (50%)	10/13 (77%)	15
Decrease in spending on food	3/3 (100%)	2/6 (33%)	6/13*(46%)	11
Increase in the proportion of the food supply of donations	2/3 (67%)	2/6 (33%)	8/13*(62%)	12
Agency characteristics 2011				
Food provisioning is a main activity	1/3 (33%)	1/6 (17%)	3/13 (26%)	5
Median year of starting meal program	1994	1986	1991	1990
Established program in the last 10 years	1/3 (33%)	1/6 (17%)	4/13 (31%)	6
Funding 2011				
No difficulties securing long term funding	2/3 (67%)	1/6 (17%)	7/12 (58%) (1 non-responder)	10
At least one source of core funding	2/3 (67%)	4/6 (67%)	7/12 (58%) (1 non-responder)	13
At least one source is specific to meal program	1/3 (33%)	4/6 (67%)	8/12 (67%) (1 non-responder)	13
Labour 2011				
Staff (mean; median)	4;4	2;1	1;1	2;1
Volunteers (mean; median)	16;5	16;3	13;12	14;8

Observations and trends:

- All agencies reported providing more meals in 2011 than in 2008. However, proportionately fewer agencies that cutback or terminated programs or services increased meal provisioning (3/6; 50%) in comparison to those that started a program (2/3; 67%) or that made no changes (10/13; 80%).
- The three agencies that started a new program represented the majority of meal provisioning in Greater Victoria in both 2008 and in 2011. However, this is also because just one agency reported feeding 30,000 people on a monthly basis which accounts for more than half of total meal provisioning reported in the community and nearly all of the feeding in those that started a new program (30,000/32,644; 92%).
- Of the three agencies that started a new program between 2008 and 2011: all three spent less on food and two increased the proportion of their food supply from donations (2/3; 65%). Two, did both while providing more meals.
- Overall, the category of programs that stopped or reduced their food programs reported providing less food than those that started food programs or did not change their services. They also all reported that providing food was not their main activity.
- Those agencies that stopped or reduced programs and services had been operating their meal programs for longer than all the other agencies, 1986 compared to 1990 respectively (See variable age of the meal program). However, since one of these programs was new in the last ten years compared to six agencies that were new in the last ten years overall, the length of program operation in comparison may not be a true reflection of the nature of meal programs.
- Two of the three agencies that started a new program and most agencies (7/12; 58%) that maintained services between 2008 and 2011 reported no difficulties securing long-term funding in 2011 (2/3; 67%). However, this was reported by only one of the six (17%)

agencies that stopped or made no changes. No general trends were seen in other funding characteristics such as the receiving core funding or funding that was specific to the agency's meal programs.

- While agencies in all categories had a similar number of volunteers, those agencies that started food programs had more staff working for their food program.

Program expansion

Overall, 12/21 (57%) agencies reported that they would expand their food programs if they had adequate resources to do so (one non-responder). However, five reported they were limited by their food supply, four by their staffing; “staff need to be dedicated to these programs”, three, the size or quality of facilities; “we are a very small organization” and 11 by funding. Seven of the 12 agencies reported multiple of these resources limitations which did not allow them to expand their food including “their business model limited them to do it [expand]”.

Eight agencies reported that they would not expand their services even if they had the resources because “it is not our mandate”; “don't want to leave personal contact, we need a balance”; that other programs are available and meeting the need (4); “other churches offer food”, and “most clients eat at ...”; “it is not our priority” or, that they would prefer to offer food as part of a skill-building program rather than to expand the provisioning of emergency food (2); “would like to offer a lunch with education and training, not just emergency food”.

Although 14 agencies reported that they thought their clients needed more food than they were able to provide in their food programs, just nine reported that they would like to expand their services, while five reported that they would not. Although two agencies reported their clients did not need more food than the provided, five agencies reported not knowing and one did

not respond. Of the three agencies that began new programs between 2008 and 2011, two reported they would still be interested in expanding if they had more resources.

Agencies were not asked about their perspective on the availability of food for those in need in the region, however several agencies elected to suggest that “there was more than enough food in Victoria” , “no one ever goes hungry” and that “people are well-fed in Victoria, there is no need[to expand services]”.

6. DISCUSSION AND CONCLUSION

This study contributes to understanding the scale and nature of charitable food provisioning at the community-level in Canada - the very level where this response to food insecurity has been constructed and continues to be accessed by some of the most vulnerable in our society. This study focuses on that part of the system that is meal provisioning since, to date it has received much less recognition by the public and in the literature in comparison to food banks. This analysis of surveys conducted in Greater Victoria in 2008 and in 2011 provides insight to how programs and the system are changing over time at this level.

This study is the first to compare the scale of charitable food assistance delivered by meal and snacks programs to food banks and grocery programs within a mid-sized city, Greater Victoria. This study is also the first (to the writer's knowledge) to capture both the changes in the charitable food system within one community (systems changes), and within each agency (or program-level changes) by comparing the results of surveys at two points in time, 2008 and 2011. The findings are both unique contributions to the literature and echo findings from previous studies reinforcing the limitations of the charitable food assistance and the disassociation between agencies providing food and those individuals receiving it. Given that charitable food assistance is the main resource for many Canadians who might not otherwise eat (Tarasuk & Dachner, 2009), these findings have important implications for this population who already experience disproportionately poorer health status than those who are food secure.

6.1 Discussion

6.1.1 *The system of charitable food and meal programs in Greater Victoria*

Charitable food programs in Greater Victoria, like those examined in Ontario, have been in existence for decades and continue to operate with many resources and support coming from

the faith-based community, the public, food donations and volunteers (Dachner, Gaetz, Poland, & Tarasuk, 2009; Tarasuk & Dachner, 2009; Tarasuk & Eakin, 2005). Although the institutionalization of food banks has raised considerable attention to that part of the charitable food system since the 1990s and this is continually reinforced today (even by the UN Special Rapporteur on the Right to Food (De Schutter, 2012)), it was found that in comparison to food bank or grocery programs, charitable meal programs in Greater Victoria were distributing food five times more often. Some agencies in this study offered meals daily or several times per week, in contrast to most food bank or hamper programs that provide groceries just once monthly, albeit the quantity of food is typically enough for three days of food per month (Food Banks Canada, 2011b). Two agencies in our study reported prioritizing their meal provisioning services over food vouchers when they were faced with funding constraints in the last three years, despite identifying a need for both programs. Agencies were not questioned further about this decision – however, this finding suggests that meal provisioning is perceived as a valuable service by host agencies.

Meal programs in this study were similar to those studied in two cities in Canada (e.g. Vancouver and Toronto). Programs were highly varied in services - street outreach, mobile services, drop-in centres or churches –organized in terms of how “need” and “response” were identified by host agencies and, in relation to their resource availability. Services varied widely in size and in frequency serving on average 20-500 people and operating from once monthly up to six days per week. Several agencies organized themselves to rotate meal delivery to share the responsibility for daily or weekly meal delivery which may have supported the consistent delivery of meals in the region but also reduced the workload and organization necessary for any one agency.

Charitable feeding in Greater Victoria is done through a number of different agencies including those based in faith such as churches, food banks and soup kitchens and also numerous health and social service agencies. The latter are typically multi-service agencies, community centres and drop-in centres and many are supported by government funding from health and social sectors. Charitable meal programs in Greater Victoria targeted a broad demographic spectrum and not just those that are homeless or unstably housed as studied in Toronto and Vancouver (Dachner & Tarasuk, 2002; Miewald, Ibanez-Carrasco, & Turner, 2010). This is likely because the study methodology captured both a broader geographic representation (outside of those just located in the city's downtown core) and a more diverse agency and client base.

Although families have typically been studied for their use of food banks (Tarasuk & Beaton, 1999; Hamelin & Beaudry, 2002; Food Banks Canada, 2011b) or other community-based programs such as collective kitchens and community gardens (Kirkpatrick & Tarasuk, 2009), several meal programs in Victoria sought to reach this group with specific programs. Such agencies reported funding for their meal and snack programs from provincial ministries for children and families and social development which suggests providing meals may also support services for engaging with and supporting families, typically a prerequisite of the receipt of such funding sources. Yet those that would have provided food contingent on program participation would have been excluded such programs in our study so these services would have had to be elective by food recipients. These findings are also supported anecdotally by a recent article in a Victoria newspaper that reported growing food needs amongst the working poor and families in the city and an increasing need for regular access to charitable meal programs in the downtown region specific for this population (Lavoie, 2011).

According to the CCHS in 2009 and 2010, 12,136 households (approximately 24,000 individuals) in Greater Victoria were food insecure in which 5,110 households (approximately 10,200 individuals) were severely food insecure (unpublished analysis by Tarasuk, 2012). In addition there are about 1,200 homeless people in the region who are highly vulnerable to food insecurity but not included in CCHS (Cool-Aid Society, 2007). The charitable meals provided in Greater Victoria over the course of a typical month (68,000 meals) would only provide about 750 people with meals three times per day or 2,300 people once per day. Since most grocery programs can only be accessed once monthly these would only reach about half or 13,000 of the 25,200 people in Greater Victoria with unmet food needs. Clearly it is difficult to understand this relationship given that food insecurity is experienced differently, as are the coping strategies for families and individuals - which do not always include accessing charitable food assistance. However, these challenges also points to the limitations of the current efforts to be able to measure, compare and understand it.

The analysis of agency characteristics, resources and strategies related to managing available resources and facilities with demands for food found that variables for labour resources helped understand the structure of the system in the region - while other relationships, although important were not as clear. The more staff working on a typical program day, the more likely meals were offered often and the more meals the agency served overall. Also, the more staff at an agency the greater the likelihood that the agency had been providing meals for a longer period of time. The number of staff was also linked to fewer funds that were specific to their food program (but not linked to core funding), which suggests that these programs may be connected in some ways to other services/program in the agency or that funding was somehow retrieved through some other means such as fundraising. In comparison, agencies with more volunteers on

a typical program day were most likely to be churches; to report not serving homeless people but to serve more regular meal recipients. However, given that most agencies with volunteers offered meal programs less frequently (e.g. once weekly or monthly), their description of a “regular” meal recipient could not be directly compared to a more frequent meal programs offering meals three to five or more days per week. The presence of staff was one of only two key attributes of organizational “effectiveness” by street-level charitable organizations in the United States identified by Eisinger (2002). Yet, since the researcher’s measure of effectiveness was fairly arbitrary and included whether the agency distributed food stamps, this finding, although consistent with ours, has limited relevance in this regard (2002). While this analysis helped to reveal the structure of operations, these results provided little insight to program responsiveness, resource allocation or funding opportunities related to policy, which could be an area for future research.

More than half of the agencies in Greater Victoria provided meals to homeless people yet overall meals for these clients accounted for less than 15% of all the total meals served in the region. This was surprising, given that homelessness is a priority issue in the Greater Victoria region (University of Victoria and Greater Victoria Coalition to End Homelessness, 2011; City of Victoria, 2012). Similarly, only few meal and snack recipients (one-third) were reported as “regulars”. Since the number of regulars and the number of meals provided to homeless people were both associated to downtown core agencies in 2011, the relatively smaller number of both may reflect the greater number of families accessing programs outside of this area. However, it may also lead to question of how well agencies are able to estimate the status of meal recipients as homelessness or as regulars in particular amongst agencies with a high number of volunteers, a large number of meal recipients and less direct interaction with meal recipients.

Of all programs in the region, those agencies that were feeding homeless people reported more challenges meeting food needs. Agencies that were serving a greater proportion of homeless people were most likely those with difficulty seating everyone who came to their food program; and, who had turned away clients due to lack of food in a given month. Agencies with the greatest number of regular meal recipients were most likely to report that they cut the portion sizes of their meals to serve more people, which suggests these programs are struggling to continually manage food supply and demands.

Although these findings could be explained by a number of reasons such as the availability of funding or other resources, this analysis did not find an association. The results instead suggested that the programmatic challenges could be due to the frequency and size of operations, both which were related to the greater number of meals provided to homeless people on a regular basis. If such agencies are continually scrambling to meet food demands, they may be more likely to report such limitations. However, while these strategies could suggest program shortfalls, they also could represent responsiveness of agencies working beyond their means to provide food to needy people. Since the role as a major food re-distributor was also related to those agencies that were feeding more meals to homeless people, this may warrant further exploring whether or not soliciting, collecting and sharing food donations was a strategy employed to respond to high food demands - as would, exploring in more detail how funding and other resources may support programs which are key issues for policy.

6.1.2 Changes in agencies and meal provisioning, 2008-2011

From 2008 and 2011, meal provisioning in Greater Victoria increased two-fold while the total value of food purchased by agencies decreased more than the difference in the value of food purchased. Therefore, overall agencies were relying more on food donations for their food

supply. This movement to a greater reliance on donations likely negatively impacted both the quality of food distributed at meal programs and may have presented even more challenges to agencies in responding to food needs. In 2011, agencies reported food donations interfered with their ability to meet their client food needs and preferences since donations were often unreliable and not the type of food their clients desired. In addition, more resources such as labour and facilities to collect, manage, sort or store food donations could replace or retract from other services or client support, and/or exhaust current volunteers.

The increase in meal provisioning observed in this study in Greater Victoria is consistent with the national trend in charitable food assistance reported by Food Banks Canada from 2008-2011. While Food Banks Canada attributes the increase in food provisioning by their members to the decreased health of the economy in this time (Food Banks Canada, 2011b); this study questions their assumption- as did Power in 2005, suggesting that the relationship between food demands and supply of charitable food at the community-level is much more complex. In Greater Victoria, the delivery of charitable food assistance was influenced mainly by agency resources, resource limitations, priorities and perspectives on provisioning/need in the region, and much less so by food needs or demands in the region. Therefore, even if the economic recession did increase food insecurity and demands on food assistance programs during this time, agencies would have continued to do only what they could within these structural limitations.

While agencies reported an increased number of meals distributed in Greater Victoria, overall, this was accompanied by a number of major structural and operational changes most (but not all) which were service cutbacks. And, similar to findings in Toronto meal programs for homeless people (Dachner, Gaetz, Poland, & Tarasuk, 2009), these changes were for reasons which were linked to resource-constraints and agency priorities and not local food needs.

Although the research captured only differences in the number of meals distributed in 2008 to 2011, it is expected that the decisions reported by several agencies to streamline meal preparation, reduce the size of meals, spend less on food, or downgrade facilities negatively affected the nutrition quality and/or the palatability of meals - in particular if the number of meals did not decrease which might compensate (at least somewhat) for these changes.

While two agencies that started new food programs made up the majority of the increase in meals from 2008 to 2011, this was mainly due to the one major agency that accounted for half of the city's meal distribution in 2011. This particular agency had been planning this move for years and finally garnered enough funds to do so in 2008 through a combination of private and government sources. It is happenstance to have captured this major change during our study period.

Interestingly, it was also observed that when one program stopped in the downtown core, another program serving the same population subgroup started which quickly became a major provider in a short period of time. This was not explored further; however, this may be one way to measure responsiveness of the emergency food sector as program replacement, in that there could be some base level of food provisioning below which the city will not fall. Since no apparent association was found between the two agencies such as networks or geographic location, it could also be coincidental. Further exploring the reasons why programs were started or stopped in the interviews conducted may help to explore this theory.

Although the three agencies that started new meal programs reported doing so based on community need, for two, the increase in meal delivery was with less spending on food and a greater proportion of their food supply coming from food donations. It was not captured, how, if, or to what extent this change in the food supply affected services, yet these findings suggest a

greater level of strain on agencies and a less predictable food supply than in 2008. It is possible that funding was also put into other resources such as staffing and not into food but this was not captured in this study. Interestingly, even with new programs serving more people, these agencies reported the desire to continue expanding their programs. This suggests that such agencies may still be unable to meet food needs, striving to improve their services or a combination of both.

Most food programs reported that they began providing food in response to growing food needs, typically in the late 1980s and early 1990s, consistent with a period of economic recession at that time. This was particularly true for agencies providing food to homeless people in the downtown core. However, for nearly half of the agencies in the 2011 survey, the scheduling of meal planning was not based on community or individual food needs but instead on staffing limitations, reducing disruption in the neighbourhood, or the demands of other non- food programs. Interestingly, no new agencies established charitable meal programs in Greater Victoria in the seven years prior to the survey (2004-2011) yet this number had been consistently rising since the 1960s. Also because unemployment increased from 2008 to 2011 it was expected that the agencies would have continued to identify need and to respond during this time as well.

Volunteer labour was not only utilized by nearly all agencies providing meals in Greater Victoria, but also contributed to a much greater number of personnel on a typical day of meal programming. It is no wonder that, similar to findings by Tarasuk and Eakin (2002), volunteers in our study defined program operations and capacity. Between 2008 and 2011, one agency reported cutting back on food preparation and hours of operation due to lack of volunteers and another agency shut down their snack program entirely for this same reason. Since over half of the programs in the 2011 survey were run completely by volunteers, the direction of these

programs are likely subject to the stigma and public perceptions of the role of food relief and service-users, which could impact the type of food provided, the quality and quantity; that any food is “better than nothing” (Tarasuk & Eakin, 2003; Rondeau, McIntyre, & Rock, 2009)

6.2 Conclusion

The ‘system’ of charitable food provisioning is large and still growing in size and scope in Greater Victoria. Although charitable food assistance is recognized as a main food resource for people experiencing food insecurity in Canada, program delivery is piecemeal, limited and uncoordinated - defined mostly at the community-level and under a continuous strain of insecure and inadequate resources. Charitable meals are the main part of this system of food provisioning in Victoria and are likely a critical and regular source of food for many people. Yet, the extent of charitable meal provisioning in the region falls drastically short of providing enough for all those experiencing food insecurity in the region. As well, the study discovered many indications that charitable meal provisioning in Greater Victoria is inadequate and reflects more so agency resource-limitations than community food needs. The findings suggest a bleak outlook for those who regularly access charitable food programs if agencies, as in this study, continue to rely more and more on food donations and continue cutback service delivery in communities over time.

The disconnection of charitable meal programs and community food needs is reinforced by their structure and the public perception so the system lacks any potential for delivering food in a manner that could be non-stigmatizing, adequate and accessible to all those that need food. It is unknown how the perception of charitable meal programs such soup kitchens for the destitute [and homeless] is maintained in the public and/or how or if this influences the quality and quantity of food donations and other resources available to meal program in comparison to

food banks; the latter which have sustained a public profile of feeding families and children in Canada for decades.

The very existence of this mainly private and charity-based system of food supplementation is evidence that Canada is not respecting nor protecting economic and social rights of citizens, in particular the right to food given when, as a nation, we have the fiscal capacity to do so (De Schutter, 2012).

Government support for food assistance like the United States food stamp program would require major investments to implement and administer in Canada but it may be one policy opportunity to give people on low-income entitlement to food access. Also, if Canada provided direct support to food programs as in the US, the quality of food could be held to a higher standard and controlled at least to some extent through this mechanism. However, even with these investments the effectiveness of food stamp programs has remained inconclusive (Wilde, 2007) and the system of food charity shows similar limitations to that in Canada (Hoisington, Manore, & Raab, 2011; Eisinger, 2002; Ohls & Saleem-Ismail, 2009). It is critical that policy be directed to addressing the root causes of food insecurity by reducing poverty such as increasing income assistance and health and social benefits and investing in universal childcare and social housing because the charitable food system, even with major investments, will remain an inadequate stop-gap for Canada's most vulnerable.

Power's recommendations to "close down food banks" (2011) in theory recognizes the limits of charitable food provisioning as the main response to food insecurity. However, in practice, this would be near impossible since the philosophies that gave birth to this system of feeding are continually reinforced in day-to-day operations of agencies with little room for moving beyond immediate food relief, never mind for expanding services to meet the need.

Power's recommendation however does support the beginning of a new discourse on food charity that argues for a more offensive than defensive stance, even with small steps at the agency-level. For example, at one community meeting in Victoria, the church supported the idea that instead of bringing a food donation (e.g. a can of food) they would ask would-be donors to write a letter advocating for poverty reduction to the government instead. This particular faith-based group of community activists is recognizing that they too need to be as equally involved in "finding a solution to the system that they had created in the first place" (conversation from a community forum, February 2012).

The UN Special Rapporteur on the right to food recognized Canada's need for a right to food strategy in his visit earlier this year. This, he suggested would: improve coordination between federal and provincial/territorial ministries; allow for the identification of threats to the right to adequate food through adequate monitoring systems; allow governments to do long-term planning on food issues; and lastly, improve accountability, through the setting of targets, ideally associated with measurable indicators (De Schutter, 2012).

Brazil's Zero Hunger Project is one example of a cross-sector strategy that has made recent strides in reducing poverty, food insecurity and hunger and decreasing the number living in poverty by 20 million between 2003 and 2009. Their "pro-poor policies" included not only cash transfers for poor families but also support for small-scale food producers who represent a large portion of the country's poor and hungry (Oxfam International, 2011). Some learnings from the success and limitations of this strategy, albeit limited in context, may help to support and inform De Shutter's call for more collective planning and action for food security in Canada.

Further research on the charitable food system expanding on this survey design, methodology and sampling, and continually monitoring this system could help to direct a

national right to food strategy and to evaluate its effectiveness over time. There many research opportunities to better understand this system including the nutritional quality of food offered at meal programs, indicators of resource-related operational constraints, agency characteristics related to responsiveness and the relationship between agency food supply and demand and systems changes over time. Engaging those who work within the system of food charity and who access programs may help to design future research and monitoring approaches.

6.3 Study Limitations

- Our sample was small at 30 agencies providing charitable meal and snack programs in comparison to larger cities such as Toronto that documented 148 agencies (Tarasuk & Dachner, 2009). Our sample was also highly heterogeneous because the range of many variables such as meal provisioning, value of spending on food, food donations, etc was large. Meal provisioning was also concentrated in one agency that provided over half of the total meals served in the region in 2011 and for more than third meals provisioning was weekly or even monthly. All of these factors likely affected our ability to determine significance in our relational analyses, in particular that related to resources and resource limitations (other than labour) which could have implications for a policy response.

Comparing the data from Greater Victoria to other cities in the Pan-Canadian study would support a more rigorous evaluation of charitable food programs across Canada and may help to delve into these key issues of agency responsiveness.

- Many agencies in our study do not have formal tracking mechanisms for their food provisioning programs so to answer the survey questions they would give subjective estimations. Depending on the staff interviewed at any one agency and their respective role or history with the food program, their ability to estimate varied. It was found that estimations

were often given for the questions related to the number of food or meals served the number of recipients that were homeless or regulars, and for the proportions of food purchased or donated.

- In the analysis of the charitable meal programs, the survey did not capture resources specific to grocery programs that were also offered by some of these agencies. However, since both programs could draw on the same resources for donations, labour and funding, and provide food to the same clients, further surveys may want to include some questions to elucidate these structures and priority programs. In our analysis of 22 meal programs (2008-2011), 12 programs provided groceries in addition to meals which in total accounted for food distribution to 275 people monthly. This is also a limited of the analysis of agencies characteristics in relation to meal programs.

- The analysis did not able to compare the entire sample of charitable food or meal programs in 2008 to 2011 because the 2008 inventory missed several small agencies as an initial and snowball sampling methodology. The comparison did not capture many responses related to managing resources in both years because the survey did not include these questions in 2008 since the objective of studies were quite different. This may have been able to provide greater insight as to how changes in resources and resource-related challenges are linked.

- The major food bank in Greater Victoria refused to participate in the study in 2008 and they participated in just a limited way in 2011. The survey results from 2011 then do not include the value of spending on food, funding sources, and resource-related limitations by this major food provider in Greater Victoria and thus the results do not represent these factors in totality for the 48 agencies in 2011. The analysis on meal programs had less of an impact than if food bank programs were examined because in comparison since the proportion of meals

versus grocery hampers in the city was much smaller. Several other agencies refused to answer some questions related to funding or spending on food so there are gaps in our data; however for most these represent a small proportion of our total sample (See Footnote 2, page 62).

- The survey did not capture variances in the size of portions, nutritional quality or palatability of meals which could help to contextualize the implications of changes in meal provisioning and structural and operational changes by agencies (e.g. food preparation, donations and facilities). In addition, the perspective of service access and food by service-users, like that garnered from homeless youth in Toronto (Dachner & Tarsuk, 2002; Tarasuk, Dachner, & Li, 2005; Tarasuk V. , Dachner, Poland, & Gaetz, 2009) could be one way to better contextualize our study findings in Greater Victoria. A related limitation is the inability of our survey to measure need and how the level of need compares to the level of charitable food provisioning at the community-level.

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Appendix A Survey 2008

Community Food and Meals Survey Partnership Project

University of Victoria
Salvation Army
Vancouver Island Health Authority

January 18, 2008

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 Section B –Purchasing and Donation Patterns

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Executive Summary

Our Community neighbours who are homeless and living on low income are nutritionally vulnerable due to lack of access to healthy foods. It is estimated that 1500 are homeless in Greater Victoria; a number which is continuing to increase (Mayor's Task Force on Breaking the Cycle of Mental Illness, Addictions and Homelessness 2007). Nutritional inadequacy leads to higher risk of disease and infection and exacerbation of physical and mental health conditions further impacting an individual's ability to recover from addiction, work, learn and access Community resources. Of the 155,120 families living in Greater Victoria in 2005, 18.2% were considered to be living in poverty.

Over 35 service agencies and faith-based organizations support soup kitchens, food banks and meal programs to serve the Capital Region's homeless community and other vulnerable groups including women, single parent and low income families, sex trade workers, Aboriginal population, persons living with HIV/AIDS or substance abuse/addictions, persons with mental illness, seniors and youth. Community food and meal providers such as the Salvation Army, Our Place, Prostitute Empowerment Education Resource Society and others rely on food recovery, the collection unmarketable perishable foods, to provide an acceptable quality and quantity of food for their clients. Agencies spend a considerable amount of time, money and labour organizing and collecting food donations from various generous community food retail outlets and distributors.

In response to the need for improved food access and better utilization of resources in our Community, The University of Victoria (UVIC), Vancouver Island Health Authority (VIHA) and Salvation Army along with a working group of community members, have partnered on a local project with the aim of increasing access to nutritious foods in a safe, efficient and effective way for individuals and families living on low income. Results from this survey will provide strategic direction for developing a food recovery program in Victoria to assist in managing and distributing recovered foods to social service agencies in our community.

The survey will be conducted by Elietha Bocskei from the Salvation Army and students from UVIC under direction of Dr. Aleck Ostry, from January 20th through February 14th 2008. The survey tool will be pilot tested and letters of request to participate will be mailed to the service organizations prior to implementation. Interviews will be conducted in Victoria, Esquimalt and the Western Communities by telephone or face-to-face upon request. The survey is estimated to take approximately 20-25 minutes includes three categories; descriptions of the food/meal program, details of program purchasing and donations, and food recovery.

If written consent from the agency is provided, information obtained from the survey on food and meal programs will be used to update the VIHA Baseline Food Security Assessment.

A summary report, highlighting general themes and recommendations for consideration will be provided to all participating.

January 18, 2008

Dear (Insert agency)

As a social service agency in our Community, we greatly value your voice in contributing to Community based projects. The University of Victoria, Vancouver Island Health Authority and Salvation Army have partnered on a local project, which aims to increase access to nutritious foods in a safe, efficient and effective way for individuals and families living on low income.

We are asking service organizations with food and meal programs in Victoria, Esquimalt and the Western Communities, a series of questions in order to gain a better understanding of the existing charitable food and meal programs in our Communities. This survey will serve two purposes, firstly to help guide our decision making for an integrated food project in effort to increase access to healthy foods and secondly and only with your permission, to update the Baseline Food Security Assessment.

The information will be gathered by Elietha Bocskei from the Salvation Army, Mandy Annand and Jennifer King from the University of Victoria and will take an estimated 20-25 minutes of your time to answer questions in three categories; your food/meal program, purchasing and donations, and food recovery. The information gathered from this survey will be documented in a summary report and made available to you. In this report, data will be presented only in aggregate form so that information about individual agencies will not be made public. In this summary report, only general themes will be highlighted along with recommendations useful to the agencies involved.

With your permission we will be giving you a telephone call within the next month to ask a series of questions. If you are not able at this time to participate in the survey we would appreciate knowing. Please feel free to inform us of your decision by telephone at (250) 881-0428 or by email Elietha@hotmail.com or Caryl.Harper@viha.ca. If you are willing to participate in only one section of the survey, also please let us know and we will accommodate this.

Included with this letter is more information about the Food Assessment process as well as a consent form. Please fax this form to (250) 384-8412.

Thank you for your time and commitment to your community.

**CONSENT TO COLLECT, USE & DISSEMINATE
INFORMATION FOR THE UPDATE OF THE 'BASELINE
ASSESSMENT OF FOOD SECURITY IN
BRITISH COLUMBIA'S VANCOUVER ISLAND HEALTH AUTHORITY**

The Vancouver Island Health Authority, Public Health is currently expanding on the Food Security Assessment. The Assessment of Food Security was started in partnership with the Vancouver Island Health Authority Food Security Program and the Capital Region in 2004. This information has been valuable for food security planning.

We are expanding the collection of information this year to include a broader scope of community food resources such as food banks, food programs and soup kitchens. This information will be used to support planning around food security in the Capital Region and to identify opportunities for communities to have better access to safe, locally produced, nutritious foods.

The data collection will entail a short survey that should take about 30 minutes of your time. At the time of the survey, I will ask for your verbal consent to use the information you provide for the following purposes:

Date: _____

Consent Given By: _____

(name, position and organization)

Signature and Printed Name of Data Collector: _____

Community food resources data such as location, times, and services for community gardens, food banks, soup kitchens, good food boxes, meal and/or feeding programs, etc. will be shared in publicly accessible documents, databases, maps or on public websites for community reference. This will include providing information to physicians and other social and health care professionals to share with patients/clients who may be in need of your services. Do we have your consent to use the information you provided?

YES NO

A copy of this form will be forwarded to you for your records after completion of the survey.

Please fax this form to (250) 284-8412.

Agency Community Food and Meals Survey

Name of Interviewer _____ Date of interview _____

The University of Victoria, Vancouver Island Health Authority (VIHA) and Salvation Army have partnered on a local project to increase access to nutritious foods in a safe, efficient and effective way for individuals and families living on low income.

We are asking service organizations with Food and Meal Programs in Victoria, Esquimalt and the West Shore, a series of questions in order to gain a better understanding of the existing charitable food and meal programs in our Communities. This survey will serve two purposes, firstly to help guide our decision making for an integrated food project and secondly and only with your permission, to update the VIHA Baseline Food Security Assessment.

We would appreciate (20-25 minutes) of your time to answer questions in three categories; your food/meal program, purchasing and donations, and food recovery. The information gathered from this survey will be documented in a summary report and made available to you. In this report, data will be presented only in aggregate form so that information about individual agencies will not be IDENTIFIED (made public). In this summary report, only general themes will be highlighted along with recommendations useful to the agencies involved.

May we use your general food and meal program descriptions (Section A) to update the VIHA Baseline Food Security Assessment?

YES

NO

SECTION A

Food and meal program description

1. Name of Agency/Organization: _____
2. Address of food program: _____
Mailing address (if different than above): _____
3. Executive director/Manager of meal program: _____
4. Contact information
Phone:_(250) _____
Fax:_(250) _____
E-mail: _____
Website address:http:// _____

5. Status of organization:

Confidential

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(Circle all those that apply):

- a) Incorporated non-profit
- b) Unincorporated private
- c) Faith-based/Church sponsored
- d) Public
- e) Other (specify): _____

6. How many years have you been operating? _____

7a. How many people work with your meal/food program? _____

b. On average, how many volunteer hours are spent with your meal/food program each week? _____

8. Funding:

Who is your organization funded by (Circle all those that apply):

- a) Social Services
- b) Federal
- c) Provincial
- d) Municipality/City
- e) Private donations
- f) Other (specify) _____

9. Is the funding for you food and meal programs stable for the upcoming year?

Yes No

Comments _____

10. What type of programs do you operate (Circle all those that apply):

- a) Emergency Meals/Soup Kitchen
- b) Transitional Shelter
- c) Drop in Shelter
- d) Residential program
- e) Day/vocational program
- f) Self help group
- g) Food bank
- h) Other (specify) _____

11. Overall, please indicate below the population your organization serves on average?

(Check box that applies below)

Population description	0-25%	25-50%	50-75%	75-100%
a) Infant, Toddler and Children (0-11 yrs)				
b) Youth (12-18yrs)				
c) Adult				
d) Elderly (65 + yrs)				
e) Aboriginal				
f) Immigrant				
g) Pregnant women				
h) Other (specify)				

12. Has the demographics of your population changes in the last year?
 (describe)_____

13. In your estimation, what proportion of the population you serve are (indicate numerical value for both):
 a) homeless? _____
 b) unstably housed? _____

Cool-Aid Homeless Needs Survey (2007) defines unstable housing as any of the following:

- More than half of income is spent on rent.
- An eviction notice has been issued, and no other housing is available.
- Housing is overcrowded.
- Housing does not meet basic health and safety standards.
- Violence or abuse happens in the home.
- The resident can't stay in or return home whenever they choose.

14. Do you have restrictions/guidelines for your food or meal program that a guest must meet in order to be served (ie. Age, gender, do they have to be part of programs)?

a) Yes (describe)
 Program1 _____
 Program2 _____
 Program3 _____
 Program4 _____
 Program5 _____
 b) No

15. Is there a cost for any or all of your food/meal program for your clients?

a) Yes
 (describe) _____
 b) No

16. Does your agency provide meals?

a) Yes (Go to 17)
 b) No (Skip to 22)

17. Program 1 (describe): _____
 For addition programs go to Appendix A

(Fill in schedule of meals you provide on a regular basis)

	Breakfast (Time)	Lunch (Time)	Supper (Time)	Snacks (Time)	Special notes (this is for when programs differ ie. Income assistance week meal programs change, holidays and monthly staff mtgs etc.)
Monday					
Tuesday					
Wednesday					
Thursday					

Friday					
Saturday					
Sunday					

18. On an average day, how many breakfasts do you serve for this program?
 <25 25-50 50-100 100-150 150-200 250-300 300+

19. On an average day, how many lunches do you serve for this program?
 <25 25-50 50-100 100-150 150-200 250-300 300+

20. On an average day, how many suppers do you serve for this program?
 <25 25-50 50-100 100-150 150-200 250-300 300+

21. In the previous 3 questions we have asked about how many meals you serve in a typical day. Shifting now to a focus on your guests, on an average day about how many guests do you serve meals to at your agency in this program?

<25 25-50 50-100 100-150 150-200 250-300 300+

22. Does your agency provide food for guests to take away ie. Food hampers, packages groceries or vouchers in this program?

- a) Yes
- b) No (Skip to Section B)

23. Indicate below on the schedule when food is provided for guest to take away (time)

	Breakfast (Time)	Lunch (Time)	Supper (Time)	Snacks (Time)	Special notes (this is for when programs differ ie. Income assistance week meal programs change, holidays and monthly staff mtgs etc.)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

24. In your estimation on an average day, about how many guests do you provide food for that they can take food away in this program?

<25 25-50 50-100 100-150 150-200 250-300 300+

25. Do some guests only come and collect food to take away without eating a meal at your agency in this program?
 a) Yes
 b) No (Skip to Section B)

27. On a typical day, about how many guests do you provide food for who do not eat a meal with your agency in this program?

<25 25-50 50-100 100-150 150-200 250-300 300+

28. Has the number of guests you serve food and meals to in this program changed in the last year?

- a) Yes Increased Decreased
 b) No change

If Yes, how have you dealt with this change?

SECTION B
Purchasing and Donation Patterns

The following questions are based on information about purchasing and donation patterns for your agency (including all programs mentioned previously, list for agency specific). This information will help us determine the quantity of food in the system and best way to support existing programs.

All information provided will be kept confidential.

1. Do you purchase the following foods?
 If yes, where do you purchase, how much do you spend weekly, do you receive a discounted price?

Do you purchase the following foods?		Who do you purchase from?	On average, how much do you spend weekly?	Discounts Percent
Meat/Protein → Alternative	No Yes		\$	
Dairy →	No Yes		\$	
Bread →	No Yes		\$	
Baked goods →	No Yes		\$	
Produce →	No Yes		\$	
Non-perishables →	No Yes		\$	

2. For all of your food and meal programs, approximately what % of the food you provide is produced or processed on Vancouver Island?

0-25% 25-50% 50-75% 75-100%

3. What is your weekly food budget? _\$ _____

*Note:
 If amount is given per program, add these together
 If value is given per month (divide by 4)
 If value is given per day (multiply by 7)
 If value is given per year (divide by 52)*

4. Do you get donations of the following food items? If yes, from whom and how much each week?

Do you receive donations of ...?		Who donates?	How much is donated each week? (Fill in one box only)		
			\$ Value	Weight	Quantity
Meat/Protein Alternative →	No Yes				
Dairy →	No Yes				
Bread →	No Yes				
Baked goods →	No Yes				
Produce →	No Yes				
Non- perishables →	No Yes				

**SECTION C
 Food Recovery Program**

Food Recovery is the charitable donation of quality unmarketable foods to food and meal Community programs. The food industry donates a wide variety of fresh and non-perishable foods which have been over ordered, mislabeled, near dated or slightly blemished which can be redistributed to charitable food programs to improve accessibility of nutritious foods to clients.

There are successful programs in North America that recover and redistribute food to social service agencies. These programs vary, but generally operate with support from public donations and fee of approximately 30% or less of the retail cost of the food to the agency. Some models allow an Agency/Organization can place orders via email or telephone and the food is delivered to their doorstep.

Only provide examples if the agency asks (tick box if asked and example given)

Some examples of food recovery programs include:

- Kamloops Foodshare
- Quest Food Exchange in Vancouver
- Toronto Second Harvest
- FoodRunners Vancouver Food bank
- Seattle Food Recovery Initiative

1. Would you consider participating in this program?

- a) Yes
 - b) No (why not?) _____
 - c) Not sure (what information would you need to make a decision?) _____
-

2. If yes? What type of food would you consider purchasing in this way? (Circle all those that apply)

- a) Meat/protein alternative
- b) Dairy
- c) Bread
- d) Baked goods
- e) Produce
- f) Non-perishable foods

3. Would your agency be interested in a shared cool storage space for low or no cost?

- a) No
- b) Yes → Freezer space
How much space do you need? _____ ft³ or _____ m³
Which months of the year would you require storage? (Circle all that apply)
J F M A M J J A S O N D
- Refrigerator space
How much space? _____ ft³ or _____ m³
Which months of the year would you require storage? (Circle all that apply)
J F M A M J J A S O N D

4. Would your agency be interested in the use of a commercial kitchen for food production, training, preservation?

- a) Yes
- b) No
- c) Maybe

5. Would you be interested in purchasing low cost healthy prepared foods for service at your agencies, for example soups, stews, casseroles, entrees that would be made in this kitchen? (Circle all those that apply)

- a) Yes

- b) No
- c) Maybe

If yes or maybe, would your agency purchase prepared meals for: (Circle all those that apply)
Ongoing meal programs or special events

6. Do you think that your guests/program participants would benefit from a low cost food store that would allow for shopping at prices 30% or less of the retail cost?
- a) Yes
 - b) No
 - c) Do not Know

If yes: How many of your guests/program participants do you think you would use such a store?
(Circle below)

<25	25-50	50-100	100-150	150-200	250-300	300+
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Note: Agencies would be able to refer members for the low cost food store based on their own assessment.

7. Would your agency be interested in purchasing low cost food hampers for your programs? These could be given to individuals, or families and provide food for 3 days.
- a) Yes
 - b) No
 - c) Maybe

If yes, how many individuals would you purchase hampers for each week? (Circle below)

<25	25-50	50-100	100-150	150-200	250-300	300+
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Please Remind Agencies to fax in Consent form 250-384-8412.

Appendix B Study Letter 2011



**University
of Victoria**

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Victoria British Columbia V8W 3R4 Canada
Tel (250) 721-7336 Fax (250) 721-6216
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A study of the provision of charitable food assistance in Canada

Dear Agency,

Re: Food and meals offered at [Agency], Victoria

We are nutrition researchers from the University of Victoria working in collaboration with decision-makers from the municipal and provincial governments and other researchers across Canada to conduct a study of the provision of charitable food assistance in Canada.

The goal of this research is to define the infrastructure and program and policy supports necessary to construct a more effective system of 'front-line' response to severe food insecurity in urban communities. The research will chart the scope and nature of charitable food provisioning activities in Toronto, Edmonton, Quebec City, Halifax, and Victoria and assess the opportunities and barriers to creating a responsive system of charitable food assistance.

We have received funding from the Canadian Institutes of Health Research for this project, and over the next six months, we aim to interview directors or their food program coordinators from every charitable food program in the five study cities. In addition, we will be conducting an analysis of national survey data (2009-2010) to obtain an objective indicator of food needs in our study sites and an examination of other indices of the relative deprivation associated with welfare programs and minimum wages in each city. We are writing to request your agency's participation in this study.

What we learn from this study may be useful in the development of programs and policies to improve responses to the problems of food insecurity. Participation in the study is completely voluntary and confidential. None of the information provided by participants will be shared with anyone other than the study team. There are no direct risks or benefits associated with participation in this study. If you agree to have your agency take part in the study, Elietha Bocskei, a trained research assistant will interview you or your food program coordinator (or the individual most knowledgeable about the history and current operations of the food program) over the telephone at a time that is convenient. The interview will involve questions about the history of the food services at your agency, how the food program operates including details

about staffing and supports, who you serve, the food you serve, and the way it is delivered as well as the strengths and limitations of the program. The participant will be free to refuse to answer any questions he/she doesn't want to, and at any time he/she may terminate the interview. The interview will take about 45 minutes. At the end of the study, all research records will be shredded; computerized data files with no identifying information will be archived for possible analysis in the future.

Elietha Bocskei will follow this letter with a telephone call in the next couple of weeks to answer any questions you may have and to learn if your agency is willing to participate. If so, the next step will be to set up an interview with you or the individual who will be participating in the interview.

We hope you will consider our request favourably and thank you for your consideration.

If you have any questions, please contact Elietha Bocskei, Research Assistant by email at ebocskei@uvic.ca or by telephone 250-881-0428 or the Principal Investigator, Aleck Ostry, by email at ostry@uvic.ca . You may also contact the Office of Research Ethics at ethics@uvic.ca or 250-472-4545, for further clarification about the rights of research participants.

Sincerely,

Elietha Bocskei
Research Assistant

Aleck Ostry

Appendix C Survey 2011

Date: _____

Identifying information

ID Number: _____

Name of Agency: _____

Description of Agency

How would you describe your type of agency/organization? (*Check one*)

soup kitchen

food bank/food depot/food pantry

health centre

community centre

day shelter / drop-in centre

church/synagogue/mosque/faith-based centre

multi-service agency

other – Please specify: _____

Is providing food assistance to those in need your organization's main activity?

Yes

If no – What is your organization's main activity? _____

What kind of charitable food assistance does your organization offer?

Meals and/or snacks for consumption on the premises		Yes	No
Meals and/or snacks for clients to take away	Yes	No	
Meals and/or snacks distributed through street outreach	Yes	No	
Groceries to take home	Yes	No	
Food vouchers	Yes	No	

Other – Please describe: _____

In what year did your organization begin providing food assistance? _____

Why did your organization begin providing food assistance?

In providing food assistance, does your agency/organization target any specific groups?

No – (*Confirm that there are no restrictions/requirement that someone must meet in order to receive food (i.e. age, gender, participation in a program)?*)

Yes – Who? _____

Meal/snack programs

The following questions apply only to meal/snack programs being operated by the agency/organization.

Please describe your schedule of meals/snacks. (*Use the table to fill in the following details – days food is served, times food is served, and how many people eat at each time*).

Time meals/snacks are served (Use 24 hr notation)	Number of people served at each time						
	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From ____ to ____							
From ____ to ____							
From ____ to ____							
From ____ to ____							
From ____ to ____							
From ____ to ____							
From ____ to ____							
From ____ to ____							
From ____ to ____							

Do your meal/snack programs operate every month of the year?

Yes

No – Which months do you serve food? (*Checklist of months*)

For the months when your meal/snack programs are running, do they run weekly?

Yes

No - How often do you serve food? (*Check one*)

Every two weeks

Once a month

Other – please describe: _____

In a typical day of operation, how many people would obtain meals or snacks from your program(s)? _____

Thinking back to one year ago, how many people would have obtained meals or snacks from your program(s) in a typical day? _____

How many people tend to be ‘regulars’, by that I mean that they eat in your program every day?

What percentage of the clients in your meal/snack programs is homeless? By homeless we mean people who are sleeping in a temporary shelters, indoor or outdoor private or public space, or someone else’s place, because they have no place of their own. _____%

How is the food in your program served?

self-service buffet

cafeteria style service

individuals are brought food while they sit at a table

handed out from outreach van or mobile service

other – please specify: _____

What determines the days and times when you serve food?

Are your meal/snack program(s) free?

Yes

No – How much must people pay? \$ _____ per meal

If so, why do you charge a fee?

Do you use any nutrition guidelines or standards to plan what food you provide?

Yes – Please specify: _____

How well are you typically able to meet these nutrition guidelines or standards?

usually able to follow guidelines

some difficulty following guidelines – please specify: _____

No – How do you decide what to provide? _____

Do you ever have difficulty seating everyone who comes to eat?

Yes – Please describe: _____

No – confirm: So you don't ever have to serve clients in shifts?

Do you distribute tickets before serving times, such that only clients with tickets may eat?

Yes - Why did you decide to use tickets? _____

No, tickets are not used

How do you handle requests for more food?

No seconds or extras allowed

Serve everyone first, seconds if possible

Always do something to give more food to people who ask for it

No one ever requests more food than we provide

Other – specify: _____

We understand that running a meal or snack program can be very difficult, especially since resources can sometimes be scarce, but need is always so great. We are trying to get a sense of how programs like yours cope in these situations. In the course of a typical month, do you ever: cut portions sizes to stretch the food supply so that you can serve more people? a) Often

b) Sometimes c) Never

serve fewer types of food than planned because you are running out of food?

a) Often b) Sometimes c) Never

serve food that you weren't planning to, so that you can serve more people?

a) Often b) Sometimes c) Never

turn away clients because you don't have enough food?

a) Often b) Sometimes c) Never

prioritize who will eat because you don't have enough food

a) Often b) Sometimes c) Never

shorten or cancel serving times due to a lack of food?

a) shorten times b) cancel times c) both d) neither

Is there anything else you do when you are running low on food?

Nothing else.

We never run low on food.

Yes - Please describe: _____

Food bank/food depot/food pantry programs

These questions apply only to food hamper programs run by the agency/organization.

When (i.e., days and times) is your food hamper program open for distributing food? (*Check the day(s) and fill in the times in 24-hour notation*)

Sun _____ From _____ to _____ AND From _____ to _____
Mon _____ From _____ to _____ AND From _____ to _____
Tues _____ From _____ to _____ AND From _____ to _____
Wed _____ From _____ to _____ AND From _____ to _____
Thu _____ From _____ to _____ AND From _____ to _____
Fri _____ From _____ to _____ AND From _____ to _____
Sat _____ From _____ to _____ AND From _____ to _____

Does this schedule stay the same throughout the month?

Yes

No – please describe: _____

How frequently can one household obtain food assistance from you?

From # times _____ per _____ (*give options: week, month, year*)

to # times _____ per _____ (*give options: week, month, year*)

If the frequency varies, on what does it depend?

Income available for food Yes No

Family type Yes No

Other - please specify: _____

How is the food distributed?

Pre-packed and given to individual

Selected by individuals

Partially selected by individuals, partially determined for them

If a family consisting of 1 adult and 2 children comes in to your food bank, how many bags of food do you give them? _____

If food bank only serves individuals: If an individual comes in to your food bank, how many bags of food do you give him/her? _____

Do you use any nutrition guidelines or standards to plan what food you provide?

Yes – Please specify: _____

How well are you typically able to meet these nutrition guidelines or standards?

usually able to follow guidelines

some difficulty following guidelines – please specify: _____

No - How do you decide what to provide? _____

How do you handle requests for more food?

Unable to give more food

Can give more food sometimes – Please describe:

Generally do not get requests for more food.

In the last year, have you changed how much food you give to the people you serve?

Increased – (*explain why*): _____

Decreased – (*explain why*): _____

No change

How many households receive food from your program in a month, if you count each household only once, regardless of the number of times you served them? _____

How many individuals does this represent? (Include all of the people who come to collect food, and all of the people in their households) _____

What proportion of the households you serve in a month is coming as often as permitted?
_____ %

Thinking about one year ago, how many households would have received food from your program in a month, if you counted each household only once, regardless of the number of times you served them? _____

What information do you require from someone coming to use your food bank for the first time?

Location of residence

Amount of income available for food

Other – please specify: _____

No information required, anyone who comes is served

In the last three years, have you made any changes to eligibility criteria in response to increased needs in particular groups?

Yes – please describe: _____

No

In the course of a typical month, do you ever:

cut hamper sizes to stretch the food supply so that you can serve more people? a) Often

b) Sometimes c) Never

change the types and/or variety of food included in a hamper due to lack of food? a)

Often b) Sometimes c) Never

prioritize who will get hampers because you don't have enough food

a) Often b) Sometimes c) Never

turn away people because you don't have enough food?

a) Often b) Sometimes c) Never

have to shorten, or cancel hours of operation due to lack of food?

a) shorten times b) cancel times c) both d) neither

Is there anything else you do when you are running low on food?

Nothing else.

We never run low on food.

Yes - Please describe: _____

These questions apply to the entire food assistance operations of agency/organization

Agency Resources (food, money, staff)

Food Resources

In a typical month, how much does your organization spend on food? \$ _____

In a typical month, what proportion of the food your organization distributes directly to individuals or households is purchased and what proportion is donated?

% purchased _____

% donated _____

Thinking back to this same month one year ago, how much would your organization have spent on food? \$ _____

Thinking back to this same month one year ago, what was the proportion of food received through purchase and donations?

% from purchases _____

% from donations _____

Do you receive food regularly from any major food donation distributors?

Yes

Who? _____

What percentage of your donated food comes from them? _____

No

Do you receive food donations from any local businesses?

Yes - Please name businesses: _____

Is this primarily food that could not be sold?

Yes No NA (donations are not from retail sector)

No

From whom else do you receive food donations? (*Probe for local groups, individuals, charities and other sources, and record main donors*)

Do you regularly do fund-raising for your food program, and/or to obtain food donations?

Yes

No

From this supply of food, do you regularly provide food to any other community programs?

Yes – What programs? _____

What proportion of your total food supply goes to these programs? _____

No

We understand that it can be very difficult to manage the food supply of programs like yours.

Which of the following problems do you face?

Difficulty sorting and using donated food before it perishes

Often Sometimes Never

b. Difficulty storing/managing food donations

Often Sometimes Never

c. Difficulty obtaining enough food donations to meet your needs

Often Sometimes Never

- d. Receiving donated food that is inedible
Often Sometimes Never
- e. Other – please explain:

If more than one, which of these problems has the biggest effect on your operations? _____

Funding

Where do you get the funds from to run your food assistance programs? Name all funding sources. (*Probe about government grant programs, private donations, funding from large charities, partnerships and foundations (e.g., United Way, Salvation Army, etc.)*)

Funder	Amount	Are these funds specific to the food program or shared among other programs?		Is this core* funding?	
1.		Specific	Shared	Yes	No
2.		Specific	Shared	Yes	No
3.		Specific	Shared	Yes	No
4.		Specific	Shared	Yes	No
5.		Specific	Shared	Yes	No

*Core funds are continuous funds dedicated to certain costs.

Are some of your funds used for rent and/or utilities?

Yes

No – Who covers the cost of rent and/or utilities? _____

Compared to one year ago, has the funding for your food program

Increased

Decreased

Stayed the same

No Funding

We understand that funding a food program can involve some unique challenges. Which of the following challenges do you face?

a. Difficulty securing predictable, long term funding

Often Sometimes Never

b. Difficulty finding funding opportunities to apply for

Often Sometimes Never

c. Difficulty finding time and resources to fill out grant applications

Often Sometimes Never

d. Difficulty finding funding program that would allow us to pay for the costs of our food assistance programs

Often Sometimes Never

e. Difficulty managing fundraising activities

Often Sometimes Never

f. Other – please explain: _____

If more than one, which of these problems has the biggest effect on your operations? _____

Appendix D Summary Table of Agencies Providing Charitable Meals 2011

Number of agencies by type	
Multi-service**	14
Churches	10
Soup kitchens	4
Drop In Centre	1
Food Banks	1
Number of downtown core agencies	20
Average year the food program was established	Median=1991 (range 1968 - 2004)
Agency clients	
Average proportion of homeless people served (n=22)	Mean =29%; Median=20%; Range 0-90%,
Average number of meals served to homeless people per agency (n=22)	Mean=413; Median=89; Range 0-2,100
Total meals served to homeless people per month	9,777
Average number of regulars served (n=27)	Mean=833; Mean=430; Range 25-3,300
Total meals served to regulars per month	22,505
Agency operations and resources	
Average number of meals per month	Mean=2106; Median=710; Range 100-30,000
Average number of meal days per week	Mean=3; Median=3; Range 0.2-7
Average number of agencies that served homeless people (n=22)	19 (86%)
Number of agencies with staff (n=29)	17 (59%)
Average number of staff in agencies with staff on a typical day of meal provisioning (n=17)	Mean=4 Median=3; Range 1-10
Number of agencies with volunteers (n=29)	27 (93%)
Average number of volunteers in agencies with volunteers on a typical day of meal provisioning (n=27)	Mean=15; Median=8; Range 1-70
Number of agencies that received core funding (n=28)	18
Number of agencies that received funding specific to the food program (n=28)	16
Number of agencies with difficulty securing long-term funding (n=28)	12
Summary Table of Agencies Providing Charitable	

Meals in Greater Victoria, 2011 con't.	
Number of agencies received food donations(n=28)	22 (79%)
Average proportion of food donations (n=28)	Mean=36%; Median=28%; Range 0-100%
Number of agencies redistributing food donations (n=28)	7
Number of agencies that purchased food (n=28)	28 (100%)
Average proportion of food purchased (n=28)	Mean=64%; Mean=72%; Range 0-100%
Average value of spending on food (n=28)	Mean=\$2,454; Median=\$800; Range \$0-20,833
Agency coping strategies	
Number of agencies that often cut the food supply (n=29)	1
Number of agencies that sometimes cut the food supply (n=29)	8
Number of agencies that turned away clients (n=29)	8
Number of agencies with difficulties seating people (n=29)	16
*N=30 unless otherwise indicated	
** Multi-service agencies offer a variety of health and social services, programs and supports in addition to charitable food assistance	