

# Community Food Action Initiative Evaluation 2005 – 2006

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# Executive Summary

## Community Food Action Initiative

This report presents the findings of a province-wide evaluation of the implementation of the Community Food Action Initiative (CFAI)—a health promotion initiative that supports community-led solutions to improve food security in BC. The CFAI is funded by the BC Ministry of Healthy Living and Sport, coordinated by the Provincial Health Services Authority, implemented by the five Regional Health Authorities and put into action by communities across BC. During its first two years, the CFAI funded 155 community projects and involved over 14,000 people across the province.

The CFAI views food security as “a situation in which all community residents obtain a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes self-reliance and social justice” (Hamm and Bellows, 2003). One in ten British Columbians lacks food security. People more at risk of food insecurity include low-income households, single parents, Aboriginal population, some immigrant groups, seniors and people living in rural and remote communities. Inadequate income is the most important barrier to food security, affecting both affordability and access to healthy food. Health impacts of food insecurity are seen in increased rates of chronic diseases (e.g., heart disease, diabetes, high blood pressure) and obesity among adults. For children, inadequate nutrition during early childhood has been linked to a range of poor health, developmental and educational outcomes.

The goal of the CFAI is to increase food security for all British Columbians, particularly those living with limited incomes. To reach this goal, the CFAI has specific objectives to increase

- awareness about food security
- access to local healthy food
- food knowledge and skills
- community capacity to address local food security
- development and use of policy that supports community food security

## Process Evaluation

This evaluation surveyed Program Deliverers in the Regional Health Authorities, Community Facilitators who led the projects and Project Participants to assess the effectiveness of program delivery and progress in achieving the CFAI objectives (summarized below). The results were analyzed for promising practices in food security programming and strategies for strengthening community action, building capacity and moving toward sustainable redesign of the food system for increased food security. This report provides a “snapshot” of the first two years of the CFAI and diverse program delivery across regions (as appropriate for community-based programming). Given that this evaluation reviews the first two years of funding, you would expect to see some types of projects more than others, for example, raising awareness more than policy related projects. The CFAI has evolved and continues to evolve since the period under evaluation.

The CFAI used a population health approach to engage large numbers of people and communities to take local action on food insecurity. Regional Health Authorities planned and implemented the CFAI according to the specific needs, situations and capacity in their regions. Projects varied in scope, size and CFAI funding (from \$500 to \$35,000) and involved many community partners and sources of contributions. Projects most often focussed on food forums and action plans, followed by community gardens, community kitchens, school programs and policy development. Regional Health Authorities defined vulnerable populations for their areas for the CFAI, and many projects identified people with low or fixed incomes as a target population, as well as families.

## Results

### *Increased awareness*

The CFAI helped to increase the profile and priority of food security with communities, service providers, Regional Health Authorities and other levels of government. Engaging partners, participants and volunteers in the CFAI was a direct way of increasing food security awareness for those involved. Project Participants also said they shared information from the CFAI projects with family, friends and others in the community, further extending the reach of the program. Program Deliverers noted it was good timing for the CFAI to capitalize on current high levels of interest in food security, and consistent and clear communication strategies for the CFAI would be important for the future of the program.

### *Access to local healthy food*

Measuring changes in access to local healthy food proved challenging due to the diversity within regions, additional challenges for rural and northern communities around local foods, and the initial focus of many CFAI projects on raising awareness, not access issues. Program Deliverers did report increased access for specific target populations involved in such projects as cooking clubs, community kitchens and community gardens. Community Facilitators and Project Participants rated access to local healthy food as high after the CFAI projects. However, it was not possible to establish if access increased for low income populations.

### *Food Knowledge and skills*

Evaluation respondents indicated that food knowledge and skills had increased in their communities and that they also knew more about food security issues because of the CFAI. The largest increases resulted when activities targeted skill building, and more so when targeted to specific populations, with community kitchens and community gardens as the most successful examples. In addition to raising skill levels and supporting healthier eating, such projects also helped to overcome social isolation and increase coping skills and social support for participants.

### *Community Capacity*

The CFAI encouraged individual and community capacity building by involving people experiencing food insecurity and by working through partnerships and networks for meaningful community engagement and support. The ability to leverage additional resources and form partnerships were key indicators of increased community capacity—and key to the success of CFAI projects. Community contributions to the CFAI included funding, capital costs and various in-kind contributions such as staff time and project space. As rough estimates, about \$1,000,000 was leveraged and 3,250 volunteer workdays contributed to the CFAI projects across BC. New food security champions also emerged at all levels as a result of the CFAI.

### *Development and use of policy*

Policy development is a longer-term strategy within food security, and work in the CFAI has focussed on capacity building in the first years, with some influence on policy development. The CFAI did help to create more awareness about the importance of policy and need for policy change to move toward redesigning the food system. Program Deliverers said policy development is an area where they would like the CFAI to have more impact, noting that projects that contributed to policy development had a greater impact on improving food security. More resources are in place for policy development, including the food security positions and staff



hired in Regional Health Authorities. As well, the networks, coalitions and existing food policy councils involved in the CFAI provide a mechanism for the coordination and collaboration needed from across the food system to address food insecurity.

## Next Steps

Next steps for the continued development and success of the CFAI include:

- Continue to dedicate human resources to the CFAI: ensure there are coordinators and adequate staffing at all levels (project, Regional Health Authority, province).
- Continue funding for CFAI projects, increase funding levels and provide multi-year funding for sustainability.
- Maintain the CFAI's regional and community-based approach for flexibility and responsiveness. Support community development and engagement.
- Provide training for community members on running projects and organize knowledge sharing and networking events among communities.
- Build evaluation capacity within program management and projects.
- Increase outreach and support for target population involvement in CFAI projects.
- Develop a province-wide communication strategy and consistent messaging about the CFAI and food security.
- Define "vulnerable" populations more clearly and consistently across the province to be able to measure increased access to healthy food for those populations.
- Continue to develop and offer education, workshops and resources, and include a "train-the-trainer" model to share skills among community members.
- Continue to encourage and support partnerships, leveraging, food security champions and community participation in the CFAI for ongoing community capacity building.
- Support projects to apply more focus and time to policy development, and encourage community food policy councils and networks for local action on food security.

## Conclusion

Overall, the evaluation results reinforce the importance of community-led solutions and coordination and collaboration at all levels of the CFAI to address a complex issue such as food security. The results also show high levels of satisfaction with the program, progress on achieving the CFAI objectives, and strong support for its continuation.

# 1. Community Food Action Initiative

## *1.1 About the CFAI*

The Community Food Action Initiative (CFAI) is a health promotion initiative that supports community-led solutions to improve food security in BC. Launched in 2005 under ActNow BC, the CFAI is a collaborative effort of BC's six health authorities and the Ministry of Healthy Living and Sport.

The goal of the CFAI is to increase food security for all British Columbians, particularly those living with limited incomes. To reach this goal, the CFAI has specific objectives to increase:

- awareness about food security
- access to local healthy food
- food knowledge and skills
- community capacity to address local food security
- development and use of policy that supports community food security

The CFAI aims to improve food security through the implementation of community, regional and provincial plans and activities. Strategic priorities include building on existing community strengths, using existing coalitions and networks, and helping communities to build capacity and engage in new opportunities and partnerships (BC Public Health Alliance on Food Security, 2005). In the first two years of funding, you would expect to see some types of projects more than others, for example, raising awareness more than policy related projects.

The CFAI is funded by the BC Ministry of Healthy Living and Sport, coordinated by the Provincial Health Services Authority, implemented by the five Regional Health Authorities and put into action by communities across BC. The Provincial Health Services Authority provides coordination and support to the Regional Health Authorities and implements province-wide initiatives, including coordinating the evaluation of the CFAI. The Regional Health Authorities received funding to address food security needs and priorities in their regions, with project funding distributed based on community plans rather than isolated projects. They also are involved in providing communication, raising awareness, building capacity, supporting the development of community plans, facilitating partnerships and taking part in evaluation. At the community level, community groups and individuals involved in food security developed and

implemented community plans and CFAI projects to meet local needs and build on local assets (BC Public Health Alliance on Food Security, 2005).

The CFAI recognizes that achieving food security requires a broad, integrated and intersectoral approach involving communities, municipal, regional and provincial governments and other key stakeholders. To support communication and collaboration, the CFAI Provincial Advisory Committee was established with membership from different ministries and sectors, provincial organizations and health authorities to provide strategic guidance for the CFAI. Implementation of CFAI is coordinated through a Health Authorities Operations Committee that includes lead food security staff from each Regional Health Authority, the Provincial Health Services Authority and the Ministry of Healthy Living and Sport. Community issues and priorities are brought to the attention of the Operations Committee through community-based decision making committees and working groups (Provincial Health Services Authority, 2007).

## *1.2 CFAI projects*

The CFAI has supported over 100 communities across BC to take action on food security. Through the Regional Health Authorities, the CFAI has funded the development of community food security plans, activities and food policy. A total of 155 projects were funded in the first two years of the program, and Table 1 shows the distribution of projects by Regional Health Authority. Many projects in the initial stages of the CFAI included food forums to bring together potential partners and build awareness of food security. Other types of projects involved action plans, community gardens, community kitchens, school programs, food skills building, food policy and community supported agriculture (e.g., farmers markets).

**Table 1 – CFAI projects by Regional Health Authority**

<b>Regional Health Authority</b>	<b>Number of projects</b>
Fraser	55
Interior	34
Vancouver Island	33
Vancouver Coastal	23
Northern	10
Total	155

## *1.3 Evaluating the CFAI*

This report presents the findings of a province-wide evaluation of the implementation of the CFAI, including the 155 community projects that were funded during the first two years of the program. Outside evaluators were contracted to coordinate the development and application of the evaluation framework, logic model and data collection tools for a consistent approach across the province. The evaluation focussed on assessing the effectiveness of program delivery and progress in achieving the CFAI objectives.

The CFAI has encompassed a wide range of activities among numerous communities, the Regional Health Authorities, Provincial Health Services Authority and Ministry of Healthy Living and Sport. Each Regional Health Authority planned and implemented the program according to the specific needs, situations and capacity in their regions. Projects varied in scope, size, timelines and funding (from \$500 to \$35,000) and involved many community partners and sources of contributions. The evaluation aimed to draw together these diverse experiences, challenges and successes for a provincial-level analysis of the CFAI's effectiveness and impact. It provides a "snapshot" of the first two years of the program – the CFAI has evolved and continues to evolve since the period under evaluation. As appropriate for community-based programming, program delivery systems and projects varied among Regional Health Authorities, and the evaluation data are not comparable across regions.

The evaluation included a focus group and telephone or Internet-based surveys with three target groups: Program Deliverers (Regional Health Authority leads and co-leads, Provincial Health Services Authority and Ministry of Healthy Sport and Living representatives), Community Facilitators (CFAI project leaders) and Project Participants (community members who took part in CFAI projects).

## 2. Food security

### *2.1 What is food security?*

The CFAI has adopted the definition of community food security developed by Hamm and Bellows (2003):

Community food security is a situation in which all community residents obtain a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes self-reliance and social justice.

The focus of food security is on ensuring reliable access to nutritious food, but it also is an umbrella concept that encompasses safe, healthy, sustainable food systems and social justice (Provincial Health Services Authority, 2006b). Community food security acknowledges the importance of economic, environmental and social aspects of a complex food system that includes production, processing, distribution, marketing, sale, availability, affordability and consumption of food. As food is a social determinant of health, “any barrier, break or weakness along the food system can undermine the ability of the population to access safe, nutritious food, which can then undermine the health and wellness of the population” (BC Provincial Health Officer, 2006, p. 47).

The Dietitians of Canada (2007) also recognized the broad scope of community food security to include acknowledging the injustice of hunger and food insecurity in affluent countries like Canada, emphasizing systematic and comprehensive approaches to develop food security for everyone, promoting sustainable, community-based food production practices that do not compromise the physical environment, and ensuring food safety.

### *2.2 Food insecurity in BC*

People who lack economic or physical access to the foods they need in order to live productive, healthy and active lives are considered to be “food insecure” (BC Provincial Health Officer, 2006).

According to the *Canadian Community Health Survey Cycle 2.2, Nutrition (2004)*, most households in Canada had consistent access to food, but more than 1.1 million (9.2%) households said they had experienced moderate or severe food insecurity during the previous year. In BC, 10.4% of households experienced food insecurity (Health Canada, 2007).

The BC Provincial Health Officer (2006) identified some types of households that are more likely to experience food insecurity—largely because they lack the economic means to purchase healthy foods. Vulnerable populations in BC include:

- *Low-income households*: 30% of lower and lower-middle income households in BC reported experiencing food insecurity.
- *Recipients of income assistance*
- *Single parents*: The 2004 Canadian Community Health Survey found that Canadian households with children had higher food insecurity (10.4%) than households without children (8.6%), and 22.5% of lone-parent households experienced food insecurity. Female lone parent households reported the highest rate of food insecurity (24.9%) (Health Canada, 2007).
- *Aboriginal population*: One out of three (33.3%) Aboriginal households off-reserve was food insecure in the 2004 Canadian Community Health Survey (Health Canada, 2007). Food insecurity rates in isolated Aboriginal communities in Canada have been found to range from 40% to 83% (Dietitians of Canada, 2007).
- *Seniors (over the age of 65) on fixed incomes*: Seniors who are isolated and alone, and lack sufficient income or social support are at greater risk of food insecurity.
- *Women in food-insecure households*: Pregnant women risk having an inadequate intake of essential nutrients, with associated risks to the health of the unborn child, low birth weight, compromised nutrition during breastfeeding, and associated health needs of the child.
- *Some immigrant, religious or Aboriginal groups*: These populations may find it challenging to access foods that are culturally acceptable.

- *People living in rural and remote communities:* Lack of access to nutritious foods also contributes to food insecurity. Expensive (and often poor quality) food, limited or expensive transportation of healthy foods, transportation barriers within communities to local foods sources and shorter growing seasons in the north for local growers compound the issues of availability, access and income.

## *2.3 Causes of food insecurity*

Reasons people may experience food insecurity include low income, lack of access to healthy foods, food system trends and eating habits.

### **Low income**

Research has shown that low income is the best predictor of food insecurity (Cook, B., 2008; Power, E.M., 2005; Provincial Health Services Authority, 2006a). Inadequate income acts a barrier by affecting both affordability and access to healthy food. People on income assistance or on low incomes may not have enough money left to purchase a healthy diet after paying for other necessary expenses. Higher costs of living (including higher housing costs), reduced purchasing power, inadequate social assistance rates and minimum wage levels in BC contribute to higher food insecurity rates (BC Provincial Health Officer, 2006). Any increased costs for other essentials such as utilities, transportation or childcare will affect people's ability to afford healthy foods.

### **Lack of access to healthy foods**

Low-income British Columbians also experience difficulty accessing and preparing healthy foods. They may have reduced access to grocery stores or fresh produce in their neighbourhoods, since large, centralized grocery stores are often located in middle- and higher-income neighbourhoods. They may also lack transportation to large grocery stores and have to rely on local convenience stores that are typically more expensive and insufficient (Dietitians of Canada, 2007). Low-income neighbourhoods have more fast food outlets, and fast food and other snack foods are cheaper to purchase than nutritious foods (Provincial Health Services Authority, 2006a).

Kitchens to cook in and places to safely store food are also needed. People living in single rooms or other basic accommodation may only have a hot plate, no refrigerator and no storage capacity

for cheaper items bought in bulk; homeless people lack access to any cooking or food storage facilities (BC Provincial Health Officer, 2006).

As noted above, certain populations also experience physical barriers to access (BC Provincial Health Officer, 2006). People who live in isolated communities have limited availability and access to nutritionally adequate and safe foods. Seniors and people with disabilities may have limited access to shopping, and poor mobility may make nutritious food inaccessible even though they can afford it. Functional impairment also can affect someone's ability to prepare and consume healthy foods.

## Food system trends

The Community Nutritionists Council of BC (2004) identified a number of trends within the larger food system contributing to food insecurity:

- Food policies in Canada are split across jurisdictions and sectors, remain uncoordinated and rarely consider health.
- Most aspects of the food system are being consolidated, with a few trans-national corporations controlling food system supply and viewing food as a commodity, not in terms of health.
- Current food production practices increase the risk of contaminants (e.g., pathogens, pesticides, antibiotics) and decrease the nutritional value of food.
- Food is being transported greater distances, involving depletion of non-renewable energy resources and increased emissions, as well as loss of nutrients in food due to early harvest and transport.
- The food-processing sector is producing more “value-added foods” (containing cheap sources of fat and sugars that extend product life and enhance taste) and the food industry is “super-sizing” servings of value-added foods to increase market share and profits. Consumption of value-added foods, also called fast food or junk food, is linked to obesity.
- The fast food industry spends billions of dollars on advertising, much of it aimed at children during their prime time television viewing hours. Television watching also is linked to increased obesity rates due to decreased physical activity and increased consumption of high-fat snacks.



## Eating habits

Canadians of all ages are consuming less than adequate amounts of nutritious foods, obtaining much of their daily caloric intake from value-added foods and nutrient-poor foods (Community Nutritionists Council of BC, 2004). There could be many reasons why people have poor eating habits, including a lack of awareness or education about what foods constitute a healthy diet.

### *2.4 Health impacts of food insecurity*

There is an abundance of research connecting nutrition and health status, and food security is a public health issue with very specific links between diet and chronic diseases (Hollander Analytical Services, Ltd., 2004). When people are unable to access food or good nutrition, the effects are seen in rising levels of hunger, malnutrition, obesity and chronic diseases (BC Ministry of Health, 2006). As well as the link between food insecurity and poor health, food security is essential for disease prevention and overall well-being (Dietitians of Canada, 2007).

Individuals in food-insecure households have poorer nutrition and increased risk of negative health outcomes than those in food-secure homes (BC Provincial Health Officer, 2006; Cook, B., 2008). They are more likely to rate their health status as poor and report conditions such as heart disease, diabetes and high blood pressure. They also find it more challenging to follow special diets for chronic health problems on low incomes, since these diets tend to cost more than a basic diet.

Food insecurity is associated with both a growing hunger problem *and* dramatically increasing obesity rates in Canada. About 23% of Canadian adults are obese, almost doubling the rate in 25 years (Dietitians of Canada, 2007). Obesity is more common in lower-income groups, including children in low-income families and women who tend to be overweight or obese as food insecurity increases (BC Provincial Health Officer, 2006; Provincial Health Services Authority, 2006a). For people with low incomes, low-nutrient, high-calorie foods (value-added foods) can be less expensive than healthier options like fresh fruits and vegetables, reinforcing less healthy eating patterns. Consumption of value-added foods is linked to obesity, and obesity to increased levels of high blood pressure, diabetes, heart disease and some cancers (Community Nutritionists Council of BC, 2004).

The costs to the health care system are higher for people experiencing food insecurity and corresponding health impacts. For example, diabetics who are food secure have lower medical costs than diabetics who are food insecure, and poor nutrition has been found to be a significant predictor of medical costs such as emergency room visits and extended hospital stays (Hollander Analytical Services, 2004).

Food insecurity and related health concerns also have significant impacts on psychological well-being, including depression, anxiety and feelings of hopelessness and helplessness (Cook, J. T. et al., 2006). People in food-insecure households report emotional distress at three times the rate of food-secure households, and the psychological stress of dealing with food insecurity on an ongoing basis may increase the risk of depression, especially among female lone parents (BC Provincial Health Officer, 2006; Community Nutritionists Council of BC, 2004). People may feel shame or embarrassment about not being able to afford food, resulting in a sense of isolation from their neighbours or community and limiting non-monetary ways of obtaining food, such as asking friends or neighbours for help (Cook, B., 2008).

Food insecurity affects the health status of many vulnerable populations. Children in food-insecure households in Canada are reported to have poorer health compared to other children (BC Provincial Health Officer, 2006). Inadequate nutrition during early childhood has been linked to a range of health, developmental and educational outcomes for children—for example, higher rates of asthma, colds and infections; fatigue and frequent headaches; behavioural and emotional problems such as aggression, anxiety and irritability; and permanent cognitive damage affecting their ability to learn and function (BC Provincial Health Officer, 2006; Community Nutritionists Council of BC, 2004; Cook, B., 2008). The evidence suggests that children as an age group may be particularly vulnerable to poor health outcomes associated with food insecurity and that this influence may also come through the impact of food insecurity on their parents and other family members. Therefore public health food security interventions should focus on both children and parents (Cook, B., 2008).

For elderly people, inadequate diets may contribute to or worsen chronic diseases, increase disability and progression of age-related degenerative diseases, decrease resistance to infection, lengthen hospital stays and increase susceptibility to depression (BC Provincial Health Officer, 2006).

## *2.5 Continuum of food security strategies*

A commonly used framework classifies food security strategies and interventions into three stages along a continuum: efficiency, transition and redesign (Community Nutritionists Council of BC, 2004; Cook, B., 2008; Dietitians of Canada, 2007; Provincial Health Services Authority, 2006c). The three types of strategies work together over time to realize community food security and create a more secure, sustainable food system.

### **Efficiency**

Efficiency strategies provide short-term relief, maximize existing resources and focus on the individual. These strategies include emergency/charitable food programs such as food banks and soup kitchens that provide temporary relief to hunger and food issues. They create small changes to existing food systems to meet immediate needs. Efficiency strategies are the fastest to implement—they act as stopgap measures but are not intended as long-term solutions. Criticisms of these strategies include their inability to address the root causes of food insecurity and their entrenchment in society (e.g., food banks) has allowed governments to avoid implementing effective food security measures.

### **Transition**

Transition strategies (also called participation strategies) focus on building individual and community capacity through greater involvement of people experiencing food insecurity and through partnerships and networks to strengthen current food systems. They can empower participants through education and training, and help raise awareness of food issues. They are usually community-driven, community-based and small-scale initiatives—for example, community kitchens, community gardens, food co-ops, farmers markets, community-shared agriculture, nutrition education programs and food skills workshops. Transition strategies develop parallel processes to those that have been shown to be inadequate (such as emergency food relief), tend to address multiple food security issues, and require participation and commitment from various community sectors concerned with food security issues. They take longer than efficiency strategies to develop, but meaningful engagement of the community leads to more sustainable, long-term solutions. Some limitations of these initiatives are that they are often not accessible to everyone in need, are piecemeal, and are not funded in a sustainable way.

## Redesign

Redesign strategies are based on rethinking both the roots of the problem—the fundamental causes of food insecurity—and the solutions to address them. They involve redesigning the food system to improve sustainability and include local food policy councils or community coalitions, implementation of food policies at different levels and with diverse sectors (e.g., school, workplace and municipal policies), food safety regulations and measures to address poverty. Redesign strategies are broader in scope and require long-term commitment from representatives of the entire food system. They take longer to implement and are often the most difficult to mobilize, but they address multiple concerns in an integrated fashion. Redesign strategies are unlikely to be undertaken until efficiency and transition strategies have been tried and found inadequate, due to the incremental nature of most policy and program development.

Among redesign strategies, poverty reduction has been identified as a key priority for improving food security (Cook, B., 2008; Dietitians of Canada, 2007). Considering the overall food system, redesign strategies also should guarantee the quality of food available, encourage collaboration among diverse groups in the food system that typically operate in silos, and ensure fair wages and social justice for both consumers and people working in the food system (Cook, B., 2008).

Efficiency, transition and redesign strategies can occur at the same time. For example, a transition strategy like developing food knowledge and skills could complement redesign strategies that improve income to support people to make nutritious choices. Different communities will use different strategies depending on their own food security issues and needs, and no one strategy will bring about all the changes needed. Improving community food security requires working across the whole continuum of food security strategies, through multiple approaches and with diverse stakeholders (Dietitians of Canada, 2007). A measurement of success is moving along the continuum rather than being at a particular stage (Kalina, 2001, as cited in Dietitians of Canada, 2007).

## *2.6 Promising practices in food security programming*

A number of reviews of food security initiatives and projects have identified good and promising practices for improving food security. Table 2 summarizes common program elements that contributed to the success of food security programs. The more of these success factors a program demonstrates, the more likely it is to thrive.

Many reviews also recommend using a population health approach to address a complex, multifaceted issue like food security (e.g., BC Ministry of Health, 2006; Provincial Health Services Authority, 2006a). The population health approach aims to improve the health of the entire population and reduce health inequities among population groups. It promotes a broader concept of health that recognizes the economic, social and physical environmental factors that have a strong influence on health (Public Health Agency of Canada, 2005a). Some of these determinants of health are income, social status, education, social support networks, employment and working conditions, personal health practices and healthy child development (Public Health Agency of Canada, 2005b).

The BC Ministry of Health (2006) advised that a population health promotion approach is necessary to address the determinants of food insecurity and its underlying root causes. It is also essential for improving access to safe, nutritious and affordable food for everyone, including those most at risk by providing them with opportunities and capacity to address their specific food security needs. Based on the actions set out in the Ottawa Charter for Health Promotion (World Health Organization, 1986), comprehensive, population-level food security programming should include building healthy public policy and supportive environments, strengthening community action, developing personal skills and reorienting the food system towards health (BC Ministry of Health, 2006; Provincial Health Services Authority, 2006a).

In their proposal for the CFAI, the BC Public Health Alliance on Food Security (2005) identified several fundamental elements important to the success of the program, including a population health approach, community/grassroots decision-making, involvement of citizens who lack food security, capacity building, partnerships, intersectoral collaboration, integrated and comprehensive systems approach, and sustainability of community efforts. The proposal also recommended that the CFAI focus on strengthening transition strategies while working toward system redesign along the continuum of food security strategies.

**Table 2 – Promising practices for food security programs**

<b>Food security programs are more effective when they...</b>
<ul style="list-style-type: none"><li>▪ are rooted in the communities that have food security needs; focus their attention on the nutrition and food needs of low-income individuals and communities</li><li>▪ increase food gleaning and food donations</li><li>▪ increase awareness; offer educational components; teach community members about agriculture, food skills and local food security issues</li><li>▪ provide multiple benefits for participants (e.g., job opportunities and new locations to shop for nutritious foods)</li><li>▪ combine two or more fields (e.g., nutrition education and food production)</li><li>▪ are community-based; genuinely involve local people as active participants and equal partners; “fit” into the community’s political and social atmosphere</li><li>▪ link with existing programs and consider the impact of a new program on existing programs; consider existing capacity within the community</li><li>▪ integrate grassroots and community activities with more formal organizations and their policy environments (e.g., through networks or food policy councils)</li><li>▪ support community development and build community capacity and social capital (e.g., through many personal interactions)</li><li>▪ increase awareness about and use local resources (e.g., farms and food networks); get involved with local food production and marketing</li><li>▪ unite the concerns of consumers and food producers, as well as urban and rural concerns</li><li>▪ work with a wide range of partners and sectors for a sense of shared ownership; reconcile different agendas and establish common objectives among stakeholders</li><li>▪ secure funding to support set-up and ongoing operations (in real dollars and in-kind support); have a long-term plan or process to support project sustainability</li><li>▪ take a broad systems approach to food system problems; incorporate community food system assessment, research, and planning into their work</li><li>▪ develop and improve research and evaluation efforts; have an evaluation plan in place before start-up (with appropriate outcome measures and a way to track key indicators)</li></ul>

*Sources:* McGlone, Dobson, Dowler, & Nelson (1999); Provincial Health Services Authority (2006a, 2006b); Public Health Agency of Canada (2007); Tahoma Food System (1999); Winne (2005)

## 3. Process evaluation

### *3.1 Evaluating programs*

Program evaluation involves assessing the need for a program and assessing the program theory, process, impact and efficiency (Rossi, Lipsey & Freeman, 2004). This approach guided the evaluation of the CFAI:

*Assess needs:* Considerable groundwork was done before launching the CFAI program, including think tanks and reports exploring food security needs and issues in BC. This evaluation did not include a specific needs assessment, but it did help identify who attended the CFAI projects and what food security issues exist in various communities.

*Assess program theory:* A program logic model was developed as part of the design of the CFAI (BC Public Health Alliance on Food Security, 2005). The program logic model is organized by the five CFAI objectives and includes the main CFAI activities with corresponding outputs, success indicators, data collection methods and stakeholder engagement. Appendix B contains a condensed version of the program logic model that has been modified to reflect the activities included in this evaluation.

*Assess program process:* This evaluation focussed mainly on assessing program process (process evaluation). The evaluation looked at implementation and delivery of the CFAI at the government and community levels, including whether the program reached the intended target population and whether people were satisfied with their involvement in the program.

*Assess impact:* This evaluation also looked at whether the CFAI achieved specified outcomes related to its five objectives. The evaluation was not able to assess impact with the target population as no baseline data was collected from these individuals prior to program implementation. However, the evaluation did include asking Project Participants for self-reports on the impact of the CFAI.

*Assess efficiency:* An efficiency assessment—which involves cost-benefit and cost-effectiveness analyses of a program—was not conducted as part of this CFAI evaluation.

## *3.2 CFAI evaluation framework*

Figure 1 presents the evaluation framework developed for the CFAI, based on a theory of action and change (Aspen Institute, 2005; Mesaros, 2001). A theory of action and change specifies how a planned activity is supposed to lead to the desired changes in the participants of that activity. It was used to make explicit links between the CFAI activities and the assumptions about the resulting changes. A theory of action and change is a model used in complex community initiatives similar to the CFAI, and it is especially effective with multi-year programs, as the model is meant to be dynamic and evolve as the program evolves.

At the top of the CFAI evaluation framework (Figure 1) are the CFAI objectives that guided the evaluation questions and activities. The objectives are followed by the three evaluation target groups (Program Deliverers, Community Facilitators, Project Participants) and then the program development continuum for the CFAI (from formation to organization to action). The assumptions for each step in the program development continuum are described below:

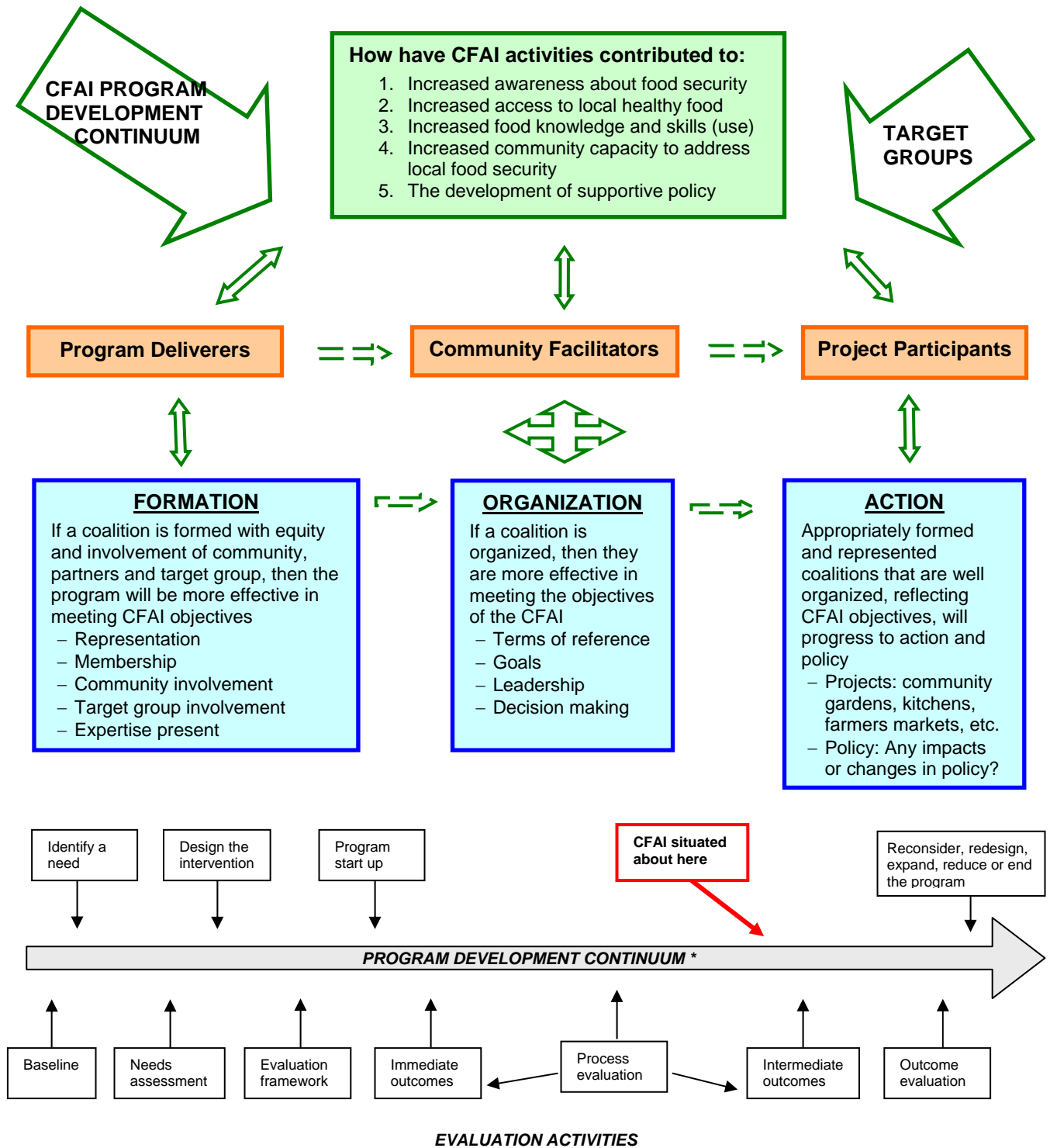
- If a coalition or CFAI project is formed with equity and involvement of the community, partners and target population, then the CFAI program will be more effective in meeting the CFAI objectives. Issues around program formation include representation, membership, community involvement, target population involvement and presence of experts. This component is placed below the Program Deliverers target group, as it was assumed that this group would contribute more to the understanding of this aspect of the program.
- If a coalition or CFAI project is organized, they will be more effective in meeting the CFAI objectives. Aspects of organization include CFAI projects having terms of reference, articulated goals, well-defined leadership or cultivation of new leaders, and shared decision making. This component is placed below the Community Facilitators target group, as it was assumed that this group would contribute more to the understanding of the organization of the CFAI projects (noting that there could be an overlap with data obtained from the Program Deliverers).
- If a coalition or CFAI project is appropriately formed and represented, well organized and reflecting the CFAI objectives, it will progress to the action and policy stage. Action was considered to include CFAI projects engaging in community gardens, farmers markets, community kitchens and more. Action also included the ability to impact policy. This component is placed below the Project Participants target group, as



it was assumed that this group would contribute more to the understanding of the action of the CFAI projects (noting that there would be overlap with the information provided by the Community Facilitators).

This framework allowed for a systems-level analysis and evaluation, and included all target groups, interaction between the target groups, CFAI objectives and the varied stages of program development for each CFAI project. At the bottom of the framework the evaluation activities are aligned with the program development continuum. For example, needs assessment occurs before program formation, and immediate outcomes occur during program formation and organization. This CFAI evaluation occurred at the stage of gathering intermediate outcome data, focusing mostly on process evaluation.

**Figure 1 – CFAI evaluation framework**



\*Source: Adapted from Birch-Jones, J. (2002). *Integrating Performance Measurement and Evaluation: Bridging the Chasm*.

### *3.3 Evaluation questions*

The core questions guiding this evaluation were based on the CFAI objectives and explored how the CFAI activities and projects in the first two years have increased

- awareness about food security
- access to local healthy food
- food knowledge and skills
- community capacity to address local food security
- development of policy that supports community food security

The evaluation also obtained feedback on overall CFAI program delivery, including administration, target population involvement, satisfaction levels with the program, important outcomes or experiences from the CFAI projects and suggestions for improvements. The evaluation data are discussed in full in the Results (*section 4*).

### *3.4 Evaluation target groups*

The three target groups for this evaluation were the CFAI Program Deliverers, Community Facilitators and Project Participants. Each target group is described below.

#### **Program Deliverers**

This target group included two Provincial Health Service Authority and Ministry of Healthy Living and Sport representatives and 17 Regional Health Authority leads and co-leads who were responsible for administering the CFAI funding in their regions. The co-leads had extensive involvement in the administration of the CFAI and were able to provide meaningful contributions to understanding of the program.

## Community Facilitators

This target group included the main contacts or leaders of the CFAI projects (as identified on the funding proposals). In total, 67 Community Facilitators participated in the survey—representing 43.2% of the 155 CFAI projects occurring during the two-year period for evaluation. Nineteen of these respondents indicated that they were the leader of more than one project (they were asked to respond to the survey for one project only).

Participation rates for the Community Facilitators are given for each Regional Health Authority in Table 3. Of the 67 Community Facilitators who participated, Fraser Health (32.8%) had the most, followed by Interior Health (28.4%). Northern Health (6%) had the fewest Community Facilitators participate. However, when the participation rates are considered for each region (as the proportion of Community Facilitators who participated out of the total number of projects in that region), they are more evenly distributed across the Regional Health Authorities. At least one-third (33.3%) of the Community Facilitators completed the survey in any region, with Interior Health having the largest proportion (55.9%) of their Community Facilitators participating (see Table 3).

**Table 3 – Survey participation rates for Community Facilitators**

<b>Regional Health Authority</b>	<b># of Community Facilitators responding</b>	<b>% of Community Facilitators responding (n=67)</b>	<b># of projects in the region</b>	<b>% of Community Facilitators responding from projects in the region</b>
Fraser	22	32.8	55	40.0
Interior	19	28.4	34	55.9
Vancouver Island	11	16.4	33	33.3
Vancouver Coastal	11	16.4	23	47.8
Northern	4	6.0	10	40.0
Total	67	100.0	155	

## Project Participants

This target group included community members who participated in CFAI projects throughout BC. In total, 179 Project Participants completed the survey, and participation rates by Regional Health Authority are shown in Table 4. The majority of Project Participants (42.5%) came from Fraser Health. Although the participation rate is low, the evaluation also included a detailed analysis of all reports and documents of each CFAI project where additional Participant information was considered for tracking output information.

**Table 4 – Survey participation rates for Project Participants**

<b>Regional Health Authority</b>	<b># of Project Participants responding</b>	<b>% of Project Participants responding (n=179)</b>
Fraser	76	42.5
Interior	36	10.1
Vancouver Island	29	16.2
Vancouver Coastal	23	12.8
Northern	15	8.4
Total	179	100.0

### *3.5 Evaluation activities*

Initial work in the evaluation included consultation with key stakeholders to determine the evaluation questions and identify the key target groups. The evaluation framework was developed and presented at a meeting with the CFAI Health Authority Operations Committee. A detailed inventory of CFAI projects and corresponding documentation also was developed from materials provided by each Health Authority lead (e.g., proposals, reports, posters and meeting notes).

Table 5 summarizes the evaluation activities and participation rates for the three evaluation target groups. A separate survey tool was developed for each of the target groups, and similar questions were included across surveys to allow for comparisons between target groups.

**Table 5 – Summary of evaluation activities**

Target group	Activity	Participation
<p><b>Program Deliverers</b></p> <p><i>Data from the Program Deliverers Survey I and II were merged for similar questions and reported together in the evaluation results.</i></p> <p><i>The total number of respondents in the Program Deliverers target group = 19</i></p>	<p>Focus group with Regional Health Authority leads (1 hour)</p> <p>Purpose:</p> <ul style="list-style-type: none"> <li>▪ To gain insight into delivery of the CFAI, relationships between the Regional Health Authorities, and between Regional Health Authorities and the Provincial Health Services Authority and BC Ministry of Healthy Living and Sport.</li> <li>▪ To identify success stories and determine where there was room for improvement.</li> </ul>	<p>5 Regional Health Authority leads</p>
	<p>Telephone interviews with Regional Health Authority leads and co-leads (1 hour)</p> <p>Purpose:</p> <ul style="list-style-type: none"> <li>▪ To gather data on program delivery, evaluation, target population involvement, partnerships and networking, leveraging of resources, leadership, projects, CFAI objectives, CFAI name recognition, and success stories.</li> </ul>	<p>17 Regional Health Authority leads and co-leads</p>
	<p>Telephone interviews with Provincial Health Services Authority and BC Ministry of Healthy Living and Sport representatives (1 hour)</p> <p>Purpose:</p> <ul style="list-style-type: none"> <li>▪ To obtain input on similar topics as the Regional Health Authority leads survey—plus feedback on the CFAI Provincial Advisory Committee and Health Authority Operations Committee.</li> </ul>	<p>2 respondents</p>

Target group	Activity	Participation
<b>Community Facilitators</b>	<p>Internet-based survey</p> <ul style="list-style-type: none"> <li>▪ 125 Community Facilitators from the 155 projects were located and invited to participate in the survey through SurveyMonkey.com.</li> <li>▪ Community Facilitators who completed the survey were sent a thank-you card and \$20 gift card.</li> </ul> <p>Purpose:</p> <ul style="list-style-type: none"> <li>▪ To obtain Community Facilitators' perspectives on CFAI projects, including project focus, planning, target populations, partnerships, community capacity building, leveraging of resources, evaluation and reporting, and the CFAI objectives.</li> </ul>	<p>67 Community Facilitators</p> <p>67 respondents = 53.6% of the 125 Community Facilitators located and 43.2% of the 155 projects funded</p>
<b>Project Participants</b>	<p>Paper-and-pencil survey (the survey also was made available on the Internet)</p> <ul style="list-style-type: none"> <li>▪ 32 Community Facilitators helped with distributing the survey to participants in their CFAI projects. Community Facilitators received an honorarium for surveys returned (to a maximum of \$100).</li> <li>▪ A total of 633 surveys were distributed—as a paper-and-pencil survey or invitation to participate at SurveyMonkey.com (21 of the 179 respondents completed the survey online).</li> <li>▪ Project Participants were invited to enter a draw for a \$50 gift card for completing the survey.</li> </ul> <p>Purpose:</p> <ul style="list-style-type: none"> <li>▪ To focus on the Project Participants' experience in the CFAI project, including satisfaction levels, changes in behaviour, CFAI objectives, and demographic information.</li> </ul>	<p>179 Project Participants (from 19 projects)</p> <p>179 respondents = 28.3% response rate for the 633 surveys distributed</p>

## 3.6 Challenges

A variety of challenges were encountered in doing this evaluation—some related to the evaluation process and some to the variation in program delivery across the province. These challenges include:

- The CFAI involves five Regional Health Authorities, the Provincial Health Services Authority and the Ministry of Healthy Living and Sport. The program was delivered differently by Regional Health Authorities and by Health Service Delivery Areas within the Regional Health Authorities. There was no standardized reporting or recordkeeping for CFAI activities.
- The 155 CFAI projects in BC involved diverse activities and various stages of program development (formation, organization and action). Projects occurred on a staggered timeline over a two- or three-year period and had CFAI funding ranging from \$500 to \$35,000. They had numerous and varied partners and multiple sources of contributions.
- Sampling procedures used in the evaluation could introduce sampling bias. Sources of sampling bias include lack of random sampling; self-selection bias (e.g., respondents decided they would like to participate in the evaluation); and non-response bias (e.g., only Project Participants whose Community Facilitators agreed to help with administration of the survey were invited to participate).
- As community members chose to participate in the CFAI projects and survey, they may have been biased to respond positively to questions related to satisfaction with the program. There were few dissatisfied Community Facilitators or Project Participants who responded to the surveys. Community Facilitators and Project Participants who were not located to participate in the evaluation may have had different perspectives on the program.
- The results of this evaluation were based on self-report measures, which can be inaccurate. Respondents may have been motivated to present themselves or their experiences in the CFAI more or less favourably, or they may have given responses they thought the evaluators wanted to hear (e.g., only positive feedback on the program). Respondents may have made errors in recall—in many cases they were being asked to remember CFAI projects administered two or three years ago.



- It was not possible to monitor the target populations and determine if there was adequate representation among Project Participants (e.g., vulnerable or low income populations). No information was collected on community members who could not attend CFAI projects, nor were they tracked to see if they participated in another program or did not participate in any program and reasons why. The sample of 179 Project Participants who took part in the evaluation may not represent the entire population of individuals who participated in the CFAI (estimated at over 14,000).

## 4. Results

This evaluation looked at the effectiveness of program delivery and progress on achieving the objectives of the CFAI. The evaluation findings are summarized for the three evaluation target groups in the following sections:

### *Program delivery*

- 4.1 Administration
- 4.2 Project details
- 4.3 Target population involvement
- 4.4 Satisfaction levels and suggestions for improvement
- 4.5 Important outcomes and experiences

### *Achieving the CFAI objectives*

- 4.6 Increasing awareness about food security
- 4.7 Increasing access to local healthy food
- 4.8 Increasing food knowledge and skills
- 4.9 Increasing community capacity
- 4.10 Developing policy to support food security

The Program Deliverers target group provided government-level perspectives from the five Regional Health Authorities (17 leads and co-leads), the Provincial Health Services Authority and BC Ministry of Healthy Living and Sport (1 representative each).

The 67 Community Facilitators who participated in the evaluation reported on the activities of their respective CFAI projects, providing evaluation data on 67 projects (43.2% of the 155 CFAI projects funded).

The Project Participants target group consisted of 179 community members who took part in CFAI projects across BC (reflecting their experiences in 19 CFAI projects).

## Program delivery

Each Regional Health Authority had a unique way of delivering the CFAI—to better respond to their specific situations and to make administration and application processes relevant to their region. While program delivery and projects varied across and within Regional Health Authorities, consistent approaches in all regions included involving networks or lead organizations already working in the area of food security, building on existing community assets, developing capacity and partnerships, and supporting community decision making. The evaluation results reflect the diverse program delivery systems and projects among Regional Health Authorities, as appropriate for community-based programming, and are not comparable across regions.

### *4.1 Administration*

This section is based on interviews with the 17 Regional Health Authority leads and co-leads responsible for administering the CFAI funding in their regions, with additional information from the other Program Deliverers and the Community Facilitators. Their feedback is summarized below for these program components: coordination, funding processes, planning, staffing, project selection, unfunded proposals and evaluation.

#### **Coordination**

Regional Health Authorities designated a food security lead to coordinate the program in their region. They also worked through regional food security committees or advisory groups for coordinating CFAI activities (e.g., information sharing, strategic planning, programming, funding processes and decision making). Due to time constraints and availability, a regional committee might operate on an ad hoc basis. Some Regional Health Authorities were able to tap into existing local food security committees or networks that included people from community agencies. These local committees also became involved in planning, priority setting, project selection and funding decisions for the CFAI. In other areas focus groups of service providers were pulled together to help with local processes and decisions.

#### **Funding processes**

Regional Health Authorities used different routes to distribute CFAI funding, with funding administered through existing infrastructures in their organizations. Funding was designated for projects at the regional level (e.g., needs assessment) and/or divided among geographic areas in a

region (e.g., based on population or identification of needs). At the local level, project funding was available through an application process or through grants and partnering with lead agencies already working on food security.

Program Deliverers noted short time frames for distributing funding, especially at the beginning of the program. They also identified factors for successful community participation despite time constraints: the relationships community nutritionists have developed with the community and previous planning around food security. Several areas also were able to use existing infrastructure for community-based funding programs (e.g., application form, review committee or project administration system for other programs).

## Planning

Regional Health Authorities engaged in planning both prior to and as part of delivering the CFAI program. Planning activities happened at regional and community levels and included environmental scans, food system assessments, needs assessments, gap analysis, outcome measurement frameworks and development of action plans. Community consultation figured significantly in the planning—for example, getting feedback from the community on using the CFAI funding and holding community forums to raise awareness, bring people together around food security issues and generate recommendations.

Work around core programs (Core Functions in Public Health) required Regional Health Authorities to do a needs assessment that they were able to use for the CFAI as well. Regional Health Authorities also relied on the knowledge that staff had about their communities and previous community engagement, planning, research and preparation.

## Staffing

Staff involvement in CFAI delivery took different forms in the Regional Health Authorities. Work on the CFAI typically was done as part of their jobs—anywhere from one nutritionist in an area and up to 20 people across a region might be involved in the CFAI on a part time or “very part time” basis or doing CFAI work “off the side of their desk.” Many staff were involved in broader food security programming, healthy eating, healthy communities or other programs. Program Deliverers said it was difficult to determine how much time staff spent on the CFAI or where food security and the CFAI begin and end. One constant was involvement by community nutritionists in all areas, as part of their work. Other positions involved included community

developers, public health nurses and managers. One Regional Health Authority began with a full-time CFAI coordinator. More full-time CFAI coordinators were hired and staff time dedicated as the CFAI became more established.

## Project selection

Regional Health Authorities developed criteria based on local needs assessment and planning, or they used or adapted criteria from other programs for their application and selection processes. Many areas had selection committees. Some areas identified categories or priorities for proposals and allocated funding depending on the category of the project. All the Program Deliverers included the CFAI objectives in their criteria for project funding—requiring projects to address one or more of the CFAI objectives to help communities move along the food security continuum.

## Unfunded proposals

Not all project applications were funded by the Regional Health Authorities. They typically received too many proposals for the resources available. Some areas were reluctant to divide the money too thinly across a number of small projects; they wanted a bigger impact than a “one-off” project. Projects that had greater potential, readiness or sustainability were funded over others. Some proposals were too ambitious for the project group to take on or to be able to do with the available funding. Other applications did not meet the selection criteria and CFAI objectives. Several areas determined not to fund projects that consisted only of food provision or continuation of an existing food service program. Some areas did say they were able to fund all the proposals they received.

Several Program Deliverers said that unsuccessful applicants had opportunities to revise and resubmit their proposals (in the current or next round of funding). Support also was available to help applicants develop their proposals before they went to the selection committee or to revise unsuccessful proposals. Other areas said there was neither time nor funds to revise and reconsider more applications than they already had chosen for funding.

## Evaluation

Most Program Deliverers reported that evaluation of the CFAI projects was expected, but the type, scope and quality of the evaluations varied (making comparisons difficult and limiting the usefulness of the data). Some evaluation reports included a basic project summary, some projects indicated their projects were not ready for evaluation and others used existing outcome measurement frameworks.

When asked what should be measured at this time with community projects, Program Deliverers most often suggested policy impact, followed by community engagement, community capacity and reaching the target population.

Community Facilitators also were asked if their CFAI projects had a system for reporting on and evaluating their activities. Most Community Facilitators (over 75%) said that they did have an evaluation system. Many also said they shared the evaluation findings with Project Participants and, to a lesser extent, the general public.

### *4.2 Project details*

Community Facilitators were asked to describe their CFAI projects, including length, participation, focus, planning and decision making in projects.

The majority (61.2%) of Community Facilitators said they worked in projects that had one year of funding, 32.8% reported that their project continued for two years, and 6% said they had three years of funding. For 20.9% of Community Facilitators, their organization formed as a result of funding for the CFAI project. As an indicator of sustainability, Community Facilitators were asked whether their project had applied for additional funding to continue running. Overall, 66.7% of Community Facilitators said that they were applying for additional funding (and over 60% in each Regional Health Authority were applying for continued funding).

Comments from Program Deliverers on evaluation:

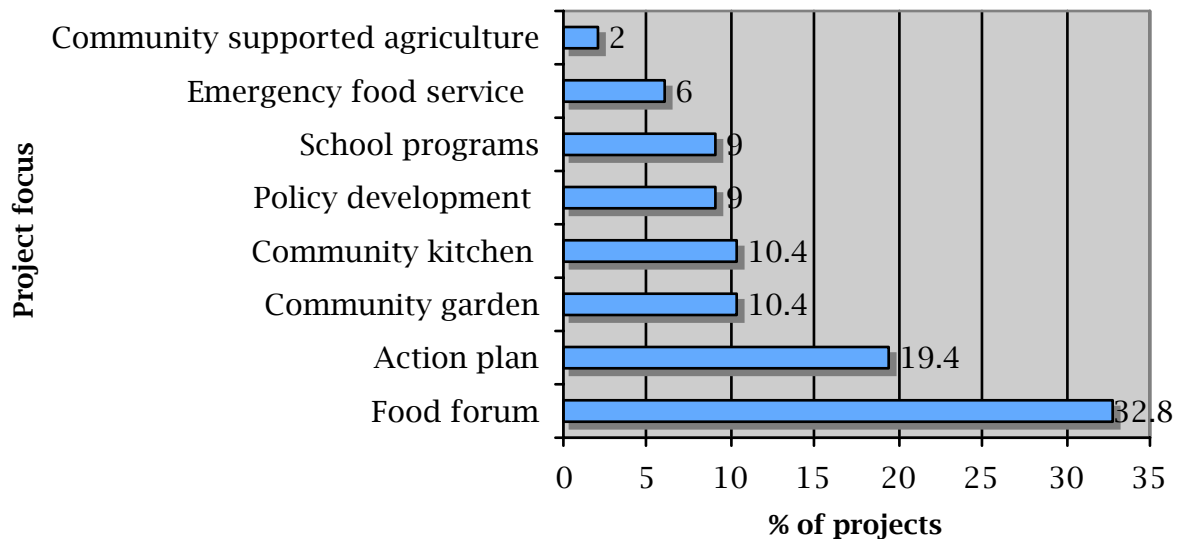
*People are scared of evaluation... We were really seeking what happened as a result, what partnerships did you form and steps will you take.*

*One of the challenges that we are recognizing is trying to get them to use an outcome measurement framework properly, but many have not been trained in it.*

The number of participants in CFAI projects varied broadly, ranging from 3 people to over 400 families. Based on the responses from the 67 Community Facilitators, approximately 7000 people attended CFAI projects or events\*. This number then was doubled to roughly estimate that 14,000 people participated in the CFAI throughout BC (since 43.2% or almost half of all projects were surveyed).

Figure 2 shows the main focus of the projects the Community Facilitators were involved in. Almost a third of the Community Facilitators worked on food forums, with action plans the next most frequent focus among projects. Emergency food services and community supported agriculture were the least reported project focus.

**Figure 2 – CFAI project focus reported by Community Facilitators (% of projects)**



\* For example, if a Community Facilitator gave a range of participants such as 10 to 20, the middle value of 15 was used. If Community Facilitators indicated a certain number of families, each family was counted as 2 participants. As such, the total number of participants is likely underestimated.

The main focus of projects varied across Regional Health Authorities (see Table 6). In Fraser Health more Community Facilitators were involved with community kitchens, among a diverse range of projects in the region. A large majority of projects in Interior Health involved food forums. Action plans were the most frequent focus in both the Vancouver Island and Vancouver Coastal Health Authorities. Northern Health had an even mix of food forums and action plans among projects. The survey recognized that projects could have more than one focus, and Community Facilitators identified action plans (47.2%) and community gardens (28.3%) most often as the second focus.

Community Facilitators were asked what sort of planning they did in advance of their CFAI project. Most of the Community Facilitators (67.5%) reported identifying food security issues and existing programs and also searching out stakeholders. Another 23.9% reported developing a formal food security plan. (There did not appear to be significant difference in responses when analyzing the data by Regional Health Authority.) The number of people (e.g., staff, volunteers) involved in planning and decision making for projects ranged from having one other individual involved to as many as 50 people involved. The most frequent response was having 10 other people involved in planning and decision making processes. Many Community Facilitators (69.7%) also said they went outside their organization to get advice about their project.

**Table 6 –Project focus by Regional Health Authority reported by Community Facilitators (% of projects)**

<b>Project focus</b>	<b>Fraser</b>	<b>Interior</b>	<b>Vancouver Island</b>	<b>Vancouver Coastal</b>	<b>Northern</b>
Food forum	13.6	73.7	18.2	9.1	50.0
Action plan	13.6	5.3	36.4	36.4	50.0
Community garden	4.5	5.3	18.2	27.3	0
Community kitchen	27.3	5.3	0	0	0
Policy development	9.1	10.5	9.1	9.1	0
School programs	18.2	0	9.1	0	0
Emergency food service	13.6	0	0	9.1	0
Community supported agriculture	0	0	9.1	9.1	0
Total	100.0	100.0	100.0	100.0	100.0



Many Community Facilitators (82.8%) reported that they had identified food security issues in their communities. They consistently listed their top three food security issues as access to local healthy food, awareness about healthy food, and low income and poverty.

Project Participants also were asked about the kinds of projects they took part in. The most frequent response was involvement in a food forum and development of an action plan (22.9%), followed by school programs (15.6%), community supported agriculture (11.7%) and community gardens (11.2%). Table 7 shows the project focus reported by Project Participants in each Regional Health Authority.

**Table 7 – Project focus by Regional Health Authority reported by Project Participants (% of projects)**

Project focus	Fraser	Interior	Vancouver Island	Vancouver Coastal	Northern
Food forum and action plan	2.6	75.0	20.7	13.0	20.0
Community garden	7.9	16.7	3.4	30.4	0
Community kitchen	27.6	2.8	3.4	34.8	0
Policy development	0	0	0	4.3	6.7
School programs	18.4	0	0	13.0	73.3
Emergency food service	14.5	0	0	4.3	0
Community supported agriculture	0	0	72.4	0	0
Harvest bag or box	0	0	0	0	0
Other	0	5.6	0	0	0
Total	100.0	100.0	100.0	100.0	100.0

### *4.3 Target population involvement*

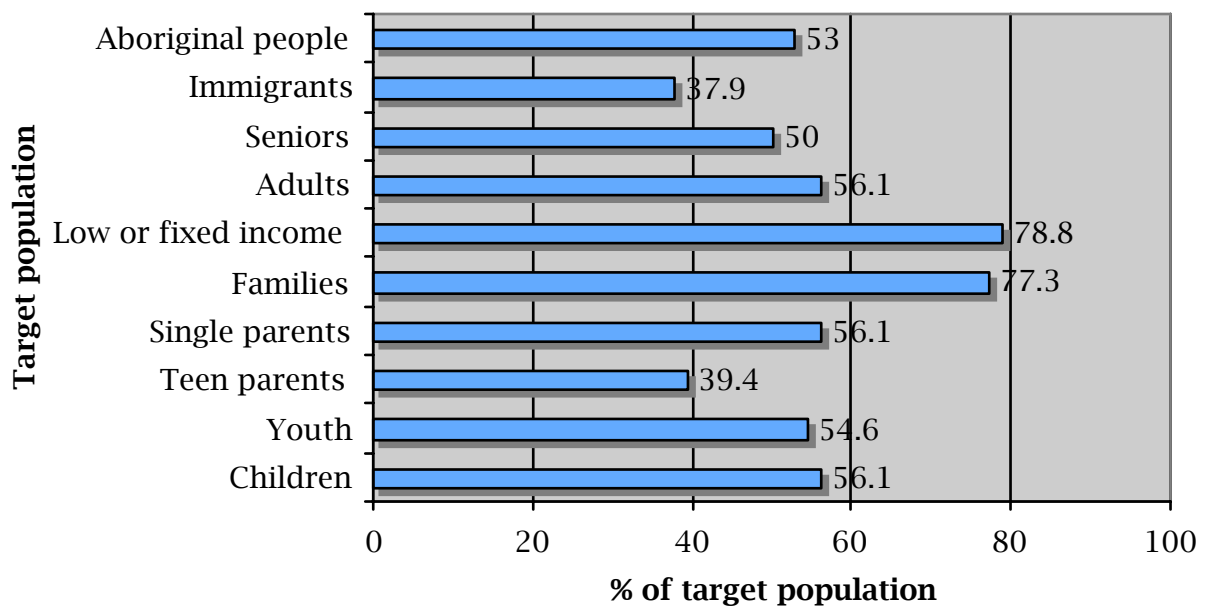
This section summarizes feedback received from Program Deliverers and Community Facilitators on involving target populations in the CFAI projects, and barriers, successes and ways to improve target population engagement. Project Participants also were asked for demographic information to try to determine if target populations were involved in the projects being reported on.

The CFAI identified the need to increase food security for vulnerable populations, and each Regional Health Authority defined the vulnerable populations for their region. A common denominator across regions was individuals on lower or fixed incomes. Some Program Deliverers commented that their whole community could be considered vulnerable:

➤ *We are all vulnerable here. If the road closes—it can get blocked off—and we do not have food coming in. We have a very vulnerable population in the entire community.*

Community Facilitators were able to check off as many target populations as appropriate for their projects. The target population most often checked was people on lower or fixed incomes, followed closely by families (see Figure 3). Many Community Facilitators also commented that their main target population for the CFAI projects was the entire community, and so they checked many of the response options. When Community Facilitators reported higher numbers of partners, they also tended to report higher numbers of target populations. Overall, Community Facilitators chose an average of 5.5 kinds of target populations. They also identified additional target populations, including farmers and growers, local businesses and individuals affected by HIV/AIDs.

**Figure 3 – Percentage of CFAI projects involving identified target populations**



Program Deliverers and Community Facilitators described somewhat different barriers to reaching target populations. For Program Deliverers, the most frequent barriers to target population participation in the CFAI included time (31.6%); geography, transportation and isolation (26.3%); lack of capacity (26.3%); and lack of support, for example, child care (21%). As one Program Deliverer said:

- *These families live with multiple challenges. They need lots of supports like child care and transportation—basic necessities that are missing in their lives.*

In total, 60.6% of Community Facilitators reported that there were barriers to reaching their target population(s). Among Regional Health Authorities, fewer Community Facilitators in Northern Health (25%) indicated barriers, while those in Vancouver Island (45.5%), Fraser Health (61.9%), Interior Health (63.2%) and Vancouver Coastal (81.8%) were more likely to report barriers to reaching target populations. The three most common barriers they identified were issues around interest in the CFAI project (21%), communication (19.5%) including language and cultural barriers, and access (19.5%).

In spite of the reported barriers, both the Program Deliverers and Community Facilitators said they were successful in reaching their target populations. Most Program Deliverers said working with existing partnerships and agencies helped to ensure target population participation in the CFAI. Their comments about partnerships include:

- *We were able to get lots of participation from Aboriginal communities—that really helped when we were trying to figure out where we were going and what we do.*
- *Because we were connected to people doing the programming, community partners, we had been working with all the partners on other things, so it was easier because they know us and we know them.*
- *In collaboration with our partners, we were able to overcome the barriers. Then, the program was made available to those who could not otherwise access it.*

Some comments from Community Facilitators on barriers:

*Lack of municipal government interest.*

*Trying to get community members involved and realizing the benefits.*

*One target group—the suppliers of food such as grocery stores—despite all our efforts to invite, include and engage, did not become involved.*

*Having winter meetings meant that sometimes people were unable to come because of weather, family problems, etc.*

*Language – understanding the concept.*

- *Appealed to service organizations who worked with their articulated vulnerable populations (youth, feeding people, transportation)—most useful for specific populations and needs of the community.*

Community Facilitators also talked about their projects' success in bringing together people from their target populations. They shared some of their success stories:

- *Elders luncheon a great success—sharing stories and recipes.*
- *One of our New Canadian parents joined the Community Kitchen a few months after enrolling her son in our school. It allowed her to become comfortable in the school community, practice her English on a regular basis. She then became more involved as a parent volunteer with a food rescue program and helping with our hot lunch program for students.*
- *After attending our program, new immigrant families are more familiar with Canadian food products which can be used to make healthy nutritious snacks/lunches for their children.*
- *Youth got to plan, shop and prepare healthy meals of their choice. A number of these youth have now reported that they have made these meals or similar at home.*
- *A success story was definitely the diversity of people who came out to all of the different food forums...Youth talking with dieticians and adult learners talking with health practitioners.*
- *I think that having over 100 people turn out, including farmers, city councillors, environmentalists, grocery store owners, social service providers, families and people living in poverty, was a huge success.*

Community Facilitators also were asked about the level of involvement target populations had in planning and decision making in the CFAI projects. On a scale of 1-5 (1 = not very involved, 5 = very involved), the average rating for target population involvement in planning was 2.9, and the average rating for involvement in decision making was 3.4.

Over half of the Program Deliverers said more resources (including time and money) were needed for improving target population involvement. Their other suggestions included using existing champions and partners, having a steering group with individuals from the target population and doing more community development. Community Facilitators' suggestions for improving target population engagement can be grouped into three themes: outreach, leadership and planning. Each theme is described below (with the percentage of Community Facilitators responding with that theme and some of their comments).

Outreach (34.5%): includes more promotion efforts, more time to build rapport, more public education, earlier identification of food security champions and more partnerships.

- *More meetings at the community level.*
- *Make a stronger connection with the child's home.*
- *If we had time to do more isolated seniors outreach and more outreach to low-income food bank recipients to encourage their involvement as well.*

Encouraging more leadership (13.5%): includes hiring community leaders, getting more senior leadership support and involving school principals.

- *Get further commitment and support from political and managerial leaders.*
- *Encourage the school principals to engage school staff in promoting the program.*

Planning and having more time (10.5%)

- *Try to have more involvement on the ground in each community beforehand to engage key people.*
- *More time and money for forming working groups and having tasks ready right after the success of the food forum while engagement was high.*

The survey for Project Participants contained several questions to collect demographic data and determine target population involvement in CFAI projects. This information was summarized for an overview of the 179 Project Participants:

- 125 (70.6%) were female, 52 (29.4%) were male
- 20 (11.4%) had moved to Canada within the last five years
- 22 (12.3%) were Aboriginal (all 22 identified themselves as First Nations)
- 73 (41.7%) were married, 35 (30%) were common law, 56 (32%) were single and 11 (6.3%) were divorced
- Ages ranged from 12 to 70 years—the average age was 37.5 years, 20% were youth (12 to 19 years) and 80% were adults
- 80% had completed grade 12 and 58.7% had at least one year of post-secondary education (average number of years of post-secondary education was 2.87)
- Of the 20% who had not completed 12 years of school, only 3% were adults—very few Project Participants had dropped out of high school

Project Participants also were asked three questions on monthly income, number of people the income supports and community size to determine whether they fell under the low income cut-off (LICO) as defined by Statistics Canada (2006). In the absence of an official measure of poverty in Canada, the LICO is used to identify those who are substantially worse off than the average (by indicating the income thresholds below which Canadians are likely to devote a larger share of income than average to the necessities of food, shelter and clothing). Responses to the three questions are summarized below.

*Monthly income before taxes*

- Incomes ranged from \$0/month to \$10,000/month
- 78 Project Participants (43.6%) did not respond to this question

*Number of people supported by this income*

- Numbers ranged from one person (themselves) to 8 other people—the most frequent response was 2 other people
- 35 Project Participants (19.6%) did not respond to this question

*Community size*

- 87 Project Participants (48.6%) lived in communities with less than 30,000 people
- 55 Project Participants (30.7%) lived in communities with populations between 30,000 and 99,999
- 23 Project Participants (12.8%) lived in communities with more than 100,000 people
- 14 Project Participants (7.8%) did not respond to this question

Responses to the three questions were coded to determine whether the Project Participant fell above or below the LICO. It was only possible to code Project Participants into a category if they answered all three questions, and 88 Project Participants (49.2%) were not coded due to insufficient information. In total, 38% of all respondents fell above the LICO, and 12.8% of all respondents fell below the LICO. When considering only the 91 Project Participants who provided enough information for LICO, 74.7% fell above the LICO and 25.3% fell below the LICO.

With the small sample size for the LICO, it was not possible to determine involvement of low income target populations in CFAI projects.

## *4.4 Satisfaction levels and suggestions for improvement*

The three evaluation target groups were asked how satisfied they were with how the CFAI program and projects were run. They also were asked how things could be done differently to improve delivery of the CFAI, and if they had any other suggestions for further developing the program.

Program Deliverers were asked to rate their satisfaction level with the overall administration of the CFAI on a scale of 1-5 (1 = not good, 5 = very good). Their average rating was 3.5. They identified some things that contributed to the CFAI projects running more smoothly: existing infrastructure, coordinating position in place, community developers on board, and enough time to develop proposals and prepare the communities.

They also recommended setting clear priorities for the program.

In the focus group Program Deliverers explored the interaction between levels of government. They agreed that the Ministry of Healthy Living and Sport could link the CFAI into the bigger picture and advocate for inter-ministerial policy related to food security and the CFAI at the provincial and national levels. Program Deliverers were also interested in continuing with evaluation activities, receiving food security reports relevant to the situation in BC, having facilitated discussions between the Regional Health Authority leads, and developing a province-wide communications plan.

Community Facilitators were asked about their satisfaction with various CFAI project processes. Their average ratings were very high overall. On a scale of 1 – 5 (1 = not good, 5 = very good), Community Facilitators indicated they were very satisfied with the application process (4.2), organization of their projects (4.3), decision making (4.4), success in reaching the target group (4.0), and their project's activities (4.5) and accomplishments (4.4). No significant differences were found in satisfaction levels between Regional Health Authorities, meaning that projects from any Regional Health Authority were equally likely to report high (or low) satisfaction levels with the CFAI activities.

The responses from each Community Facilitator for these six project processes were added to get a total satisfaction score (each Community Facilitator could obtain a score between 6 and 30). The average total score was 25.8. Significant positive relationships were found between

Community Facilitators' overall satisfaction levels and their ratings of the CFAI objectives after implementation of the projects. (There were also significant positive relationships between overall satisfaction levels and ratings of awareness, knowledge and policy development before the CFAI.) In general, the higher their satisfaction levels, the higher Community Facilitators rated meeting the CFAI objectives.

Community Facilitators were asked if there was anything they would have done differently with how their project was organized. The most frequent response was making no changes at all (16.5%), with comments like:

- *No, I feel it went great and the group had fun.*

Suggestions from Community Facilitators on changing how projects were organized are grouped into five themes below, along with their comments.

Paid coordinator position (10.5%)

- *We need someone to be in charge of the program.*
- *Involve somebody who is experienced in motivating people to stay involved.*

More partnerships (10.5%)

- *Hold education sessions at the local mall; involve more businesses—give them more information handouts; more upfront time to get message out to more of community.*

More time (7.5%)

- *There could have been more time, with other projects the committee was working on, we could have accomplished a lot more with more time, due to the time of year, weather, etc.*

More volunteers (4.5%)

- *Pull in more volunteers (if possible), give them very concrete tasks.*
- *Involve the target groups earlier in the project to get more feedback as the project develops.*

Multi-year funding (4.5%).

- *Multi-year funding would enable more efficiency and more organic planning.*
- *Obtain additional funding for the project ahead of time before application for funding.*



Project Participants were asked how satisfied they were with their involvement in the CFAI projects. Overall, they rated their satisfaction levels with CFAI activities as high. On a scale of 1-5 (1 = not good, 5 = very good), Project Participants indicated they were very satisfied with the organization of the project activities (4.4), the actual project activities (4.5), decision making (4.4) and the project's accomplishments (4.5). There were no significant differences in ratings by age or gender.

Project Participants were asked about changing how their project was organized. The most frequent response was that they would do nothing differently (22%), along with positive comments such as:

- *You keep us informed, can be involved as much or as little as we like. Have no suggestions, really like what is already happening.*
- *The project was well planned, organized, implemented, no changes.*

Project Participants made the following suggestions for improving how projects were run:

#### Better organization (16.8%)

- *Need to have clear activities for committee, need to have consistent and long-term leadership, or a plan to share committee leadership so change in membership doesn't stall the project.*
- *Focus on action—some members are interested in "doing" and the emphasis on planning deters some participation.*

#### Sustainability of the program and continued programming (12%)

- *I would have found a way to gain a more realistic amount of money from funders. The money received was not nearly enough to complete vital recommendations which came out of the food scan here.*
- *Have it run year round with varying workshops on food security, prep of healthy food, harvesting seeds, growing foods in limited space, bulk buying and other interesting subjects.*

#### More participation (10.8%)

- *Get more people involved and aware of the project.*
- *Spend more time upfront building relationships and mentoring others in participatory education.*
- *At this stage, I would do nothing differently; however, the challenge is always to have greater community awareness and participation.*

#### More or different food choices in the project (8.2%)

- *It was neat to try new foods.*
- *Make food from my country.*

## 4.5 Important outcomes and experiences

The evaluation target groups were asked to reflect on these first years of the CFAI and identify important impacts, outcomes or experiences from the projects.

Program Deliverers emphasized that the CFAI was “all about relationship building.” As one Program Deliverer commented

- *We are successful because of the relationships we have. If we do not have the networks, we would fail.*

As well, Program Deliverers felt they were “galvanized into a process that allowed collaboration” among the Regional Health Authorities and Provincial Health Services Authority, and they developed more collaborative ways of working together over the course of the program.

Referring to the evolution of the CFAI, Program Deliverers noted that the CFAI built momentum and acted as a catalyst for making food security a priority. Many Program Deliverers agreed that food security had a higher profile now, but it was difficult to separate out the impact of the CFAI from other food security initiatives also underway.

When asked about the most important outcome or experience from their project, many Community Facilitators (45%) also referred to establishing and maintaining relationships and partnerships. Their responses are summarized into three themes below:

#### Building relationships, networks, partnerships (45%)

- *All the personal connections made between social service providers, farmers, college officials, grocery store management and community members willing to volunteer on small projects.*
- *It brought everyone together at one table to talk about what they were doing, what the needs were and how we could make a more coordinated effort to deal with hunger issues.*
- *Seniors, children and youth sharing skills, working together, eating together, gardening together.*
- *Merging of Aboriginal and non-Aboriginal agencies working together to create awareness.*
- *Having time to build relationships and remind people that they "know" food.*

#### Learning about healthy foods, food issues and skills (27%)

- *Making the youth aware of their ability to feed themselves. This is important because so many of them spent time at home alone.*
- *Immigrant families have an increased awareness and knowledge of healthy and nutritious foods.*
- *Awareness of food issues and choices.*
- *Project participants acquired the skills to improve their eating habits while learning to make and prepare healthier meals.*

#### Increasing access and availability of food (18%)

- *Providing healthy nutritious food/meals to families.*
- *The increased availability of fresh produce to needy families.*
- *We have had meaningful contact with a number of members of the community who have made dramatic changes in their lifestyle around growing food and nutrition as a result of their participation in the project.*
- *The students love the salad bar program and ask for it.*

For Project Participants, their most important experiences centered around building knowledge and skills (37.7%) and building relationships (24.6%). These themes and others that emerged from their responses are listed below with their comments.

#### Increasing food knowledge and skills (37.7%)

- *Meeting other women from community, learning new cooking skills and learning about cooking—other cultures' and able to cook my own traditional foods.*
- *The excitement of the students regarding salad bar days. The parents are commenting how their children are requesting and eating more fruit and vegetables at home.*
- *Learned more knowledge about food materials, cooking and baking equipment, as well as learned how to make western food.*

#### Relationship building and networking (24.6%)

- *Getting food that I can feel good about eating and being able to tell others about it, hoping they will join up.*
- *The opportunity to reach out to our neighbours of different ethnic backgrounds.*
- *Meeting like-minded people in our area.*

#### Practical experience growing food (16.2%)

- *Seeing other people's pride and satisfaction in growing their own vegetables and seeing people have a fun social experience in the community garden.*
- *A good hands-on way to teach students about where food comes from, exciting for students.*
- *I really got a lot of harvesting all of the vegetables that last year's garden produced.*

#### Enjoying/sharing food in the CFAI projects (13.8%)

- *Learning, enjoying, having nourishing food and knowing where it comes from.*
- *Seeing food from different cultures and countries.*
- *Good food and fellowship of sharing food with others.*

#### Increasing interest and buy-in for food security issues in the community (7.8%)

- *Seeing the actual interest in our community. Having people join the project who are willing to be actively involved in making change in our community.*
- *Seeing the interest grow because we have a coordinator.*
- *Seeing that there are many people in this community that are interested and concerned about food security.*
- *Was able to learn more about food security issues and how my community is impacted. I also learned more about the importance of supporting local food suppliers.*

- *Having my eyes opened about this critical issue, and being inspired to get directly involved in cultivating food security...Proof positive that we each CAN make a difference.*

## ***Achieving the CFAI objectives***

Overall, Program Deliverers reported that many of the funded projects were able to meet the CFAI objectives. No clear pattern emerged in the kind of project that was most successful at meeting the objectives, although one Program Deliverer noted “there are certain activities that are inherently easier for communities to take on...which would have a big impact.” Many Program Deliverers reported success with their specific projects, for example:

- *Community forums have been most effective to get people together and move forward.*
- *We had big success with community gardens and kitchens.*

Many of the CFAI projects focussed on building community capacity and increasing knowledge and skills. Other projects worked on increasing awareness about food security or increasing access to local, acceptable food. While some projects did consider policy, Program Deliverers noted that having an impact on policy has been more challenging. Program Deliverers also identified some factors that made projects more likely to meet the CFAI objectives, such as the ability to leverage more resources and develop partnerships.

## ***4.6 Increasing awareness about food security***

The first objective of the CFAI is to increase awareness about food security. A set of indicators was developed for each evaluation target group to assess how the CFAI projects had contributed to increasing awareness. Indicators for both Program Deliverers and Community Facilitators included levels of food security awareness before and after implementing the CFAI, number of partnerships and promotion of the CFAI. Program Deliverers were also asked about name recognition of the CFAI program. Project Participants were asked to rate their understanding of food security before and after their involvement in CFAI projects and to indicate if

Some comments from Program Deliverers on raising awareness:

*I do not think we would have ever gotten out 200 people to our forum years ago.*

*There is a convergence of interest that we can capitalize on.*

*Work through the CFAI is really increasing awareness about needing to teach children at a younger age about healthy eating and where food comes from.*

*.Having this funding available gets people's attention very quickly.*

they had shared knowledge from the project with others. Overall participation of community members in the CFAI projects was another indicator of increased awareness about food security in the community.

Program Deliverers and the Community Facilitators both rated levels of food security awareness significantly higher after implementation of the CFAI. On a scale of 1-5 (1 = not good, 5 = very good), the average rating Program Deliverers gave for food security awareness in their region increased from 1.7 before the CFAI to 3.2 after the CFAI projects were implemented (for a complete list of all before and after ratings by Program Deliverers and Community Facilitators on all CFAI objectives, see Appendix H). (Some of the Program Deliverers noted that they had difficulty rating this question due to the diversity in their region.) Program Deliverers also shared examples of how the CFAI contributed to increased awareness of food security, and major themes emerged around raised awareness among both staff and communities involved in the CFAI, willingness of people to be involved and, in particular, youth engagement. Of the five CFAI objectives, some Program Deliverers felt that the CFAI had the biggest impact on awareness about food security.

For Community Facilitators, their average rating of the level of awareness of food security issues in their area increased from 2.2 before the CFAI to 3.4 after their CFAI project. The change in “before” and “after” ratings did not differ significantly between Regional Health Authorities—that is, CFAI projects did not have a bigger influence on increasing awareness in one Regional Health Authority over another.

The number of partnerships formed for implementing the CFAI was identified as a measure of increased awareness of food security, since awareness would increase as the number of people involved in the CFAI increased. All the Program Deliverers said that they had formed partnerships with other organizations to facilitate program delivery, and most (73.7%) indicated these partnerships were formed with appropriate partners. When asked about partners that were left out, the most frequent response was vulnerable populations (52.3%), including Aboriginal people, senior citizens and youth, followed by food producers (23.5%) and businesses (17.6%).

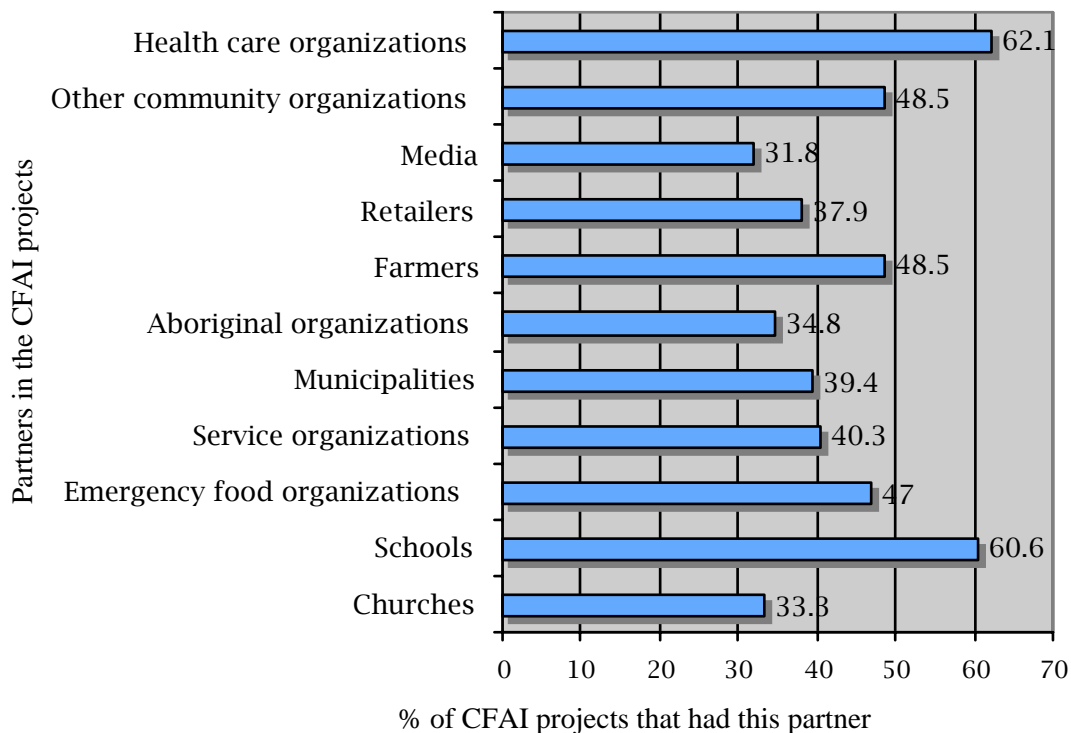
Almost all the Community Facilitators (97%) reported that their CFAI projects had formed partnerships with other organizations. Figure 4 shows the kinds of groups they had as partners, with health care organizations, schools, farmers and other community organizations as the most frequent partners. On average, CFAI projects partnered with 4.8 organizations. The number of partnerships varied by Regional Health Authority: Interior Health projects had an average of 6.2

partnerships, followed by Northern Health (5.8), Vancouver Coastal (5.4), Vancouver Island (5.2) and Fraser Health (3.1).

Community Facilitators (46.3%) also indicated that they felt they had left out partners in their CFAI projects, and they identified politicians or elected officials (10.5%), businesses (9%), schools (9%) and Aboriginal organizations (6%) most often among missed partnerships. One of the reasons given for not forming partnerships was that some intended partners did not have the time or the interest. Many Community Facilitators commented that they did not intentionally leave out partners and, if they had the funding again, they would approach more organizations.

Another way of increasing awareness of food security in the community was by increasing awareness of the CFAI program through promotion and communication mechanisms. Program Deliverers said they got the word out about the CFAI through meetings with community agencies and targeted approaches to existing committees, networks and food policy councils (which gave them access to wider distribution lists).

**Figure 4 – Groups the CFAI projects partnered with (% of projects)**



Project leaders said their projects partnered with several different organizations. On average, projects had about five partners.

They also used newsletters, local newspapers, posters, brochures, email, telephone and word of mouth to distribute information. Within Regional Health Authorities, community nutritionists and other staff shared information about the CFAI with their own wide range of contacts and groups, and communities in turn fanned out information through their networks. Program Deliverers attended farmers markets and community events and talked to band councils and local governments as well. Community Facilitators also described the methods they used to promote their CFAI projects, with word of mouth (86.6%) and meetings (77.6%) being the most frequent choices. Over half of the Community Facilitators said they also used the telephone, email, newsletters and media.

No overall formal communication strategy for the CFAI was available when it first started, although communication strategies are currently under development or in the planning stages at different levels of the program.

Additional questions in the Program Deliverers survey asked about name recognition for food security and for the CFAI. They rated name recognition for the CFAI as a program on a scale of 1-5 (1 = not good, 5 = very good), and the average rating was 2.2. Program Deliverers noted that there is confusion about the name of the program and the concept of food security. When asked how important name recognition was to food security in general, a majority of Program Deliverers (52.6%) felt that it was not very important. One Program Deliverer said that “it is only important in the sense that the funding is important—it is highly important for decision makers.” In contrast, 63.2% of Program Deliverers felt that name recognition was very important to the future of the CFAI as a program.

As seen with partnering organizations, participation in the CFAI projects was also an indicator of increasing food security awareness among those involved. Participation in CFAI projects and events was estimated to be more than 14,000 people across BC—making information and learning on food security available to a wide range of people. Project Participants in the evaluation were asked to rate their understanding of the term *food security* and their understanding of food security issues as a result

Some comments from Program Deliverers on name recognition for the CFAI:

*To build public awareness, we need to come up with a name that is more compatible with the issue of food security. “Community Food Action Initiative” does not help them crystallize that goal.*

*There are so many names out there, it is so confusing. We have CFAI, we have Community Action for Health, BC Healthy Communities...People only remember what the initiative is doing, not necessarily the name.*

*That [recognition] is very important—so that it keeps going.*



of the CFAI projects. On a scale of 1-5 (1 = not good, 5 = very good), the average rating among Project Participants of their understanding of the term was 3.83 and understanding of the issues was 3.77 after the CFAI projects. There were no significant differences between youth and adults in rating their understanding.

Another indicator of increasing awareness about food security was whether Project Participants shared the knowledge they acquired in the CFAI projects with other people. In total, 74.4% of the Project Participants reported sharing knowledge from the CFAI projects. They most often shared this information with community members in general (25.2%), family members (16.1%) and both family members and friends (14.4%). Comments from Project Participants on sharing their food security knowledge include:

- *We've continued to host community potlucks since the event and bring more people into the food network.*
- *Wherever I go, I hand out pamphlets that contain a list of locally grown foods. I love to spread the word about healthy eating and living.*
- *Absolutely. Passed on information, articles and links I learned about during the project...Am working to share this understanding I now have about the importance of a sustainable food system with my community at large. It's great!*
- *I taught my kids and my niece how to plant vegetables.*
- *Yes, I did with my family to help them see what foods are healthy and easy to make.*

## *4.7 Increasing access to local healthy food*

The second objective of the CFAI is to increase access to local healthy food. Indicators to measure increased access were more difficult to establish. All three target evaluation groups were asked to rate levels of access to local healthy food before and after the CFAI projects. As well, participation in the CFAI projects may suggest increased access for some vulnerable populations.

Program Deliverers were asked to rate on a scale of 1-5 (1 = not good, 5 = very good) the level of access to local healthy food in their region before the CFAI and then after the CFAI projects were implemented. Their average rating was 2.0 before the CFAI and 2.5 after the CFAI. The change in ratings was not found to be statistically significant, meaning that Program Deliverers did not rate access to local healthy food higher in their region after implementation of the CFAI. Again, some Program Deliverers noted they had difficulty rating this question due to the diversity in their region. Some Program Deliverers also pointed out that access to local foods was more

challenging for projects in more rural areas or northern areas. Also, during the first two years of projects in some regions, the focus was on bringing people together to discuss the broad definition of food security rather than on more specific access issues.

When asked for specific examples of how the CFAI increased access, many Program Deliverers reported that specific target populations benefited, such as immigrants, pregnant women and participants in boys' cooking clubs. One Program Deliverer said "the dollars helped people in a very targeted way, but anything else around access, [we] do not know if they are impacted." Program Deliverers noted there were many other non-CFAI food security trends occurring at the same time (e.g., increased urbanization, the 100-Mile Diet, media attention), making it difficult to attribute increased access to the CFAI alone.

When Community Facilitators rated the level of access to local healthy food in their community (1 = not good, 5 = very good), the average rating was 2.3 before the CFAI and 3.1 after the implementation of the CFAI projects. Their higher ratings after the CFAI projects were found to be statistically significant. The change in "before" and "after" ratings did not differ significantly between Regional Health Authorities—that is, CFAI projects did not have a bigger influence on increasing access in one Regional Health Authority over another.

Project Participants were asked to rate their own access to local healthy food as a result of being involved in the CFAI project (1 = not good, 5 = very good). The average rating among Project Participants was 3.96, and youth were found to have rated their access to local healthy food significantly higher than adults.

## *4.8 Increasing food knowledge and skills*

The third objective of the CFAI is to increase food knowledge and skills. A series of questions was developed for each evaluation target group to assess community and personal levels of food knowledge and skills. Program Deliverers and Community Facilitators were asked to rate the levels of food knowledge and skills in their areas before and after implementation of the CFAI and to provide additional information on how the CFAI contributed to increasing knowledge and skills, what worked and what they would do differently. All three groups, Program Deliverers, Community Facilitators and Project Participants, were asked to rate their personal knowledge of food security issues.

During the focus group, Program Deliverers were asked if they thought the CFAI was contributing to the knowledge base of food security. They agreed that the CFAI was having an

impact, but it was difficult to distinguish the contribution of the CFAI from other current initiatives (e.g., Core Programs, Community Action for Health programs) and media attention. Program Deliverers said that food knowledge and skills increased the most when activities targeted skill building, and more so when targeted to specific populations. They mentioned community kitchens and community gardens most often as successful examples of skill-building activities.

Community Facilitators were asked to rate the level of food knowledge and skills in their community before and after implementation of the CFAI projects. On a scale of 1-5 (1 = not very good, 5 = very good), their average rating of community food knowledge and skills increased from 2.3 before the CFAI to 3.5 after implementation. The higher ratings of food knowledge and skills after the CFAI projects were found to be statistically significant. The change in “before” and “after” ratings did not differ significantly between Regional Health Authorities—that is, CFAI projects did not have a bigger influence on increasing food knowledge and skills in one Regional Health Authority over another.

When asked what the CFAI could do differently to increase food knowledge and skills in communities, many Community Facilitators suggested additional educational efforts (e.g., resources, newsletters, websites and workshops) and specific focus on things like food labels and food preparation. Some Community Facilitators said that sustainability was the issue and ongoing funding would ensure achievement of this and other CFAI objectives.

Program Deliverers, Community Facilitators and Project Participants all felt their own knowledge of food security issues had increased because of their involvement in the CFAI.

When Program Deliverers rated their personal knowledge of food security issues on a scale of 1 - 5 (1 = not good, 5 = very good), their average rating increased from 2.1 before the CFAI to 2.9 after being involved in the program. This increase was found to be statistically significant. While most Program Deliverers reported that their knowledge increased, they also added that there was still much to learn. Some Program Deliverers said that they also learned about food security

Suggestions from Community Facilitators on increasing food knowledge and skills:

*Public newsletters written in plain, layman terms, easily accessible. Food facts—where it comes from, how it's grown, travel miles—explained simply.*

*Educate the new people about the foods and the labels*

*I personally think this type of food forum needs to happen in every school in the province, organized by the students.*

*You should keep providing money, so that we (the people) can continue spreading the message to others.*

through their involvement in other activities. When asked about the most important things they had learned about food security, over half of the Program Deliverers (52.6%) referred to recognizing food security as a continuum and complex issue. They also identified the importance of community development (31.6%) and policy (26.3%), plus accepting that change takes time (26.3%). Their comments included:

- *I always go back to the continuum everyone comes into—food security—at a different place. Usually people come in with hunger as their first focus, then they move to community capacity building.*
- *Every community approaches it differently and we need to honour what the community needs to do. There is no cookie cutter approach to food security.*
- *Food security is all about the people.*
- *More of an awareness around policy and the need to change policy, or we just cannot move forward on food security.*
- *We have a lot of work to do.*

Community Facilitators also were asked to rate their own food knowledge and skills on a scale of 1-5 (1 = not very good, 5 = very good) before and after their CFAI project. Their average score was 3.2 before and 4.3 after the projects, and this increase was found to be statistically significant. The change in “before” and “after” ratings did not differ significantly between Regional Health Authorities—that is, working in one Regional Health Authority or another did not influence acquisition of new knowledge and skills around food security issues.

Community Facilitators were then asked to assess specific food knowledge, skills and behaviours and whether they had acquired any of these from their experience in the CFAI project. For each statement they could choose “yes” or “no,” or indicate that they already had that particular skill or that it was not applicable. There were several topics where the majority of Community Facilitators reported increased knowledge and skills because of their involvement in the project (see Table 8), such as knowing about locally grown foods (55.7%), health and diet related issues (55.7%) and making healthier food choices (53.5%). On the other hand, many Community Facilitators reported that they already had particular knowledge or skills, or that it was not applicable—for example, 52.5% of the Community Facilitators said that they already knew which foods are healthy, and 47.5% already know about cooking and preparing healthy meals. Eating more foods traditional to their cultural or family background was rated most often as having no change (29.5%) or not applicable (21.3%).

**Table 8 – Percentage of Community Facilitators indicating changes in food knowledge and skills**

<b>Because I worked in this CFAI project...</b>	<b>Yes</b>	<b>No</b>	<b>Already there</b>	<b>n/a</b>
I know more about how my food is grown	41.0	6.6	44.3	8.2
I know more about locally grown foods	55.7	4.9	31.1	8.2
I know more about which foods are healthy and which foods are not healthy	41.0	1.6	52.5	4.9
I know more about health and diet related issues	55.7	3.3	37.7	3.3
I make healthier food choices	53.3	3.3	35.0	8.3
I eat more foods that are traditional for my culture or family background	21.3	29.5	27.9	21.3
I know more about cooking and preparing a healthy meal	36.1	6.6	47.5	9.8
I am more physically active	32.8	16.4	36.1	14.8

Project Participants were asked similar questions about their food knowledge and skills and changes in their knowledge, skills and behaviours because of the CFAI projects. On a scale of 1-5 (1 = not good, 5 = very good), Project Participants had an average rating of 4.1 for their food knowledge and skills as a result of their involvement in the CFAI projects. Age and gender did not influence their ratings, and there was no significant difference in ratings by Regional Health Authority. As noted above (*section 4.6 Increasing awareness about food security*), Project Participants reported sharing the knowledge they had gained in the CFAI projects with other members of the community, family and friends, making the learning available beyond the actual projects.

For the questions about changes in food knowledge, skills and behaviours as a result of being involved in the CFAI projects (see Table 9), Project Participants had many similar responses as the Community Facilitators. For example, Project Participants' most reported change was learning more about locally grown foods (72.6%). The majority of Project Participants also said they knew more about how their food is grown (61.8%), making healthier food choices (56.8%), health and diet related issues (55.1%), healthy foods (53.7%) and preparing healthy meals (52%). Also like the Community Facilitators, many Project Participants reported already knowing about healthy foods (37.9%) and cooking and preparing healthy meals (35.4%). Eating more foods that

are traditional to their cultural or family background changed the least for Project Participants as well—23.6% said there was no change and 18.4% said this did not apply to them.

**Table 9 – Percentage of Project Participants indicating changes in food knowledge and skills**

<b>Because I worked in this CFAI project...</b>	<b>Yes</b>	<b>No</b>	<b>Already there</b>	<b>n/a</b>
I know more about how my food is grown	61.8	8.1	22.0	8.1
I know more about locally grown foods	72.6	10.9	10.8	5.7
I know more about which foods are healthy and which foods are not healthy	53.7	4.0	37.9	4.5
I know more about health and diet related issues	55.1	6.3	33.5	5.1
I make healthier food choices	56.8	6.8	32.4	4.0
I eat more foods that are traditional for my culture or family background	32.2	23.6	25.9	18.4
I know more about cooking and preparing a healthy meal	52.0	5.7	35.4	6.9
I am more physically active	35.4	15.4	34.3	14.9

Another series of questions for Project Participants assessed their understanding of food security, including knowledge of food security issues and food systems. As reported above (*section 4.6 Increasing awareness about food security*), Project Participants gave average ratings of 3.8 for their understanding of the term *food security* and 3.8 for their understanding food security issues after being involved in the CFAI projects (on a scale of 1-5, 1 = not good, 5 = very good). When asked to define food security, Project Participants provided multifaceted definitions, with two main themes emerging around access and nutritious foods. A total of 14 Project Participants (8.4%) gave a definition that included all of the main points offered by Hamm and Bellows (2003). Table 10 provides a summary of the major themes that emerged in their definitions with corresponding comments.

When asked to rate their knowledge of food systems as a result of their involvement in the CFAI projects (on a scale of 1-5, 1 = not good, 5 = very good), Project Participants' average rating was 3.8. Age and gender did not influence ratings of knowledge of food systems, and there were no significant difference in ratings by Regional Health Authority.

Finally, Project Participants were asked what the CFAI project could have done differently to improve their knowledge and skills. In total, 14.7% of Project Participants reported that the projects did not have to do anything differently and provided positive feedback such as:

- *You really encourage involvement, no suggestions.*
- *The newsletter and community workshops are very informative and answer my questions.*

**Table 10 – Definitions of food security from Project Participants (themes mentioned by % of Project Participants)**

Major themes in the definition of food security	%
<p>Access (food is available and affordable)</p> <p><i>Access to healthy food for everyone.</i></p> <p><i>That there be enough accessible healthy food per capita in a given area, and that people are able to participate in some way in feeding themselves should acquiring food from distances become difficult.</i></p>	53.4
<p>Nutritious foods</p> <p><i>It means having affordable access to HEALTHY quality food for my family.</i></p> <p><i>Nutritious, safe food, in quantity to sustain health for all.</i></p> <p><i>Know what's good for me, food.</i></p>	48.5
<p>Eating local foods</p> <p><i>To grow enough food locally to enable families and communities to store, reserve, distribute, to survive without depending on other countries.</i></p> <p><i>Knowing where your food comes from, who the farmer is.</i></p>	22.2
<p>Sustainable food systems</p> <p><i>Global and economic changes should not render a community unable to feed itself at the base level of health and nutrition.</i></p> <p><i>Access for all to sustainable (local) food sources.</i></p>	21.0
<p>Food safety</p> <p><i>Enable safe food to be distributed and grown within our own community to help feed everyone in every level of income.</i></p> <p><i>Food is not expired.</i></p> <p><i>Safe food, healthy food, nobody goes hungry.</i></p>	18.0

The suggestions Project Participants did make around improving food knowledge and skills fell into three themes: providing more opportunities for learning about food security in general, continuing to offer these kinds of projects, and developing future projects that include new activities. These themes and corresponding comments are listed below.

#### Learning more about food security (22.8% of Project Participants)

- *The community garden project could educate me on: soil development and composting, using non-hybrid seeds and plants, companion gardening, mulching and water conservation.*
- *More hands-on practice and knowledge about harvesting and preparing indigenous wild foods.*
- *Teach more in schools. Encourage field trips.*
- *More workshops, maybe a mentoring program.*

#### Continuing to offer projects like these CFAI projects (14.4%)

- *Have the program run year-round.*

#### Developing future projects and expanding the range of activities (11.4%)

- *I think a stronger network could be facilitated with people across BC doing this kind of work.*
- *Follow-up with initiative that could act on the forum's suggestions and communicate those back to the participants.*
- *In the future we could have a more structured, "apprenticeship" type program, where training in a variety of skills, etc. was even more at the forefront. I feel we are moving in that direction.*
- *More cross-communication with farmers and civic/agricultural planners and a more comprehensive, coordinated communication plan set up ahead of process.*

## *4.9 Increasing community capacity*

The fourth objective of the CFAI is to increase community capacity to address local food security. Building community capacity includes helping communities and individuals to learn new skills and understanding, build confidence and responsibility, and participate in collaborative efforts (BC Public Health Alliance on Food Security, 2005). The evaluation looked at capacity building at both the community and individual levels, recognizing that the program offered many



skill development benefits to those involved. Program Deliverers and Community Facilitators were asked about leveraging additional resources, forming new partnerships, identifying new food security champions and rating community capacity. Community Facilitators also reported on their project group's capacity and program development and on their own personal capacity development. Project Participants described their involvement in the CFAI projects and changes in capacity they experienced as a result.

The ability to leverage additional resources (money, time, capital expenditures) beyond the funding from the CFAI was considered a key indicator of community capacity. Leveraging demonstrated a project's capacity and credibility to attract and secure additional resources to achieve its goals. Program Deliverers and Community Facilitators both reported that projects were able to leverage more resources because of the CFAI funding. Some Program Deliverers said that the CFAI funding was a catalyst for community action, including the development of community advisory committees that in turn leveraged other resources. Others noted that resources were leveraged at both the project level and the higher systems level.

Program Deliverers identified many organizations that contributed to CFAI projects—for example, municipal governments, school districts, local growers and retailers, foundations, federal, provincial and other grants. These organizations and partners provided both resources and in-kind support to the CFAI projects. Program Deliverers were not always able to quantify the total dollar amounts, and in-kind contributions took different forms:

- Staff time – including in-kind and paid time
- Volunteers – community members gave many volunteer hours (and also created networks and held potlucks drawing in new resources); positive media attention
- Organizational support – contributing organizations provided structure, administration and staff time

Program Deliverers said that being able to leverage additional resources was key to the success of the CFAI projects.

Comments from Program Deliverers on leveraging resources:

*There was an awakening of the system at the higher level—programs taking notice of food security where they had not before, such as the Ministry of Employment.*

*There is a greater sense of community, that we're all into this together... We build a greater sense of collaboration and coordination.*

*For every one dollar, there was two to three dollars given from local communities. Where do you begin and end with communities?*

*Infrastructure, office space, people attending, media attention – I am really impressed with what they leveraged with the tiny pot of money.*

Community Facilitators also were asked about additional funding and community contributions they were able to leverage for their CFAI projects. Most of the Community Facilitators reported getting some of their funding from other sources (16.9% said they relied on CFAI funding alone). Among those who received other funding, the most frequent response (20.3%) was that 50% of their budget came from other sources. Overall, 33.7% received less than half of their funding from other sources, and 27.2% received more than half their funding from outside the CFAI. A total of 6.8% of the projects received 90% of their funding from other sources, with CFAI funding representing 10% of their budget.

Community Facilitators then were asked to estimate the amount of money leveraged from other sources, and their responses varied from none to \$80,000. The most frequent response (25.5%) was between \$1,000 and \$5,000. Their estimates of amounts leveraged were added together for an overall estimate of the additional funding brought in from other sources to help the CFAI projects. The total leveraged by the 67 CFAI projects was just over \$500,000. This number was doubled to get a rough estimate of \$1,000,000 leveraged by all the CFAI projects in the province (since 43.2% or almost half of all projects were surveyed).

Community contributions to the CFAI included funding, capital costs and various in-kind contributions. Most of the Community Facilitators (89.7%) reported that they were able to secure free meeting or office space, as well as in-kind labour (88.1%) and technical expertise (75.5%). Many received additional funding from the community (66.7%), and some had capital costs covered (23.6%), such as the purchase of refrigerators. Another 56.4% were able to use land or gardens for their projects. Table 11 shows the kinds of community contributions received by CFAI projects within each Regional Health Authority. Community Facilitators were able to check all that applied in the survey, and most indicated receiving several kinds of contributions. There was some variation among regions, although a majority of projects received in-kind labour, technical expertise and meeting, kitchen or office space in all the Regional Health Authorities.

**Table 11 – Percentage of CFAI projects reporting community contributions in each Regional Health Authority**

<b>Community Contribution</b>	<b>Fraser</b>	<b>Interior</b>	<b>Vancouver Island</b>	<b>Vancouver Coastal</b>	<b>Northern</b>
Money – additional funding	86.7	66.7	66.7	40.0	50.0
Capital costs (e.g., buying refrigerators)	41.7	27.3	0	37.5	0
In-kind labour	83.3	94.1	80.0	90.9	100.0
Technical expertise (e.g., on proposal writing, evaluation)	50.0	80.0	100.0	81.8	100.0
Meeting / kitchen / office space	81.3	94.4	80.0	100.0	100.0
Land / gardens	25.0	70.0	50.0	72.7	50.0

Community Facilitators also estimated the number of volunteer or in-kind hours that were contributed to their CFAI project. The most frequent response was 0 to 50 hours (19.5%), and 10.5% indicated over 501 hours had been contributed. Their responses were added together for an overall estimate of volunteer hours. In total, over 13,000 hours or 1,625 days (at 8 hours/day) of volunteer and in-kind hours were contributed to the 67 CFAI projects. The days were doubled to get a rough estimate of 3,250 volunteer workdays leveraged by all the CFAI projects in the province (since 43.2% or almost half of all projects were surveyed).

Partnerships were recognized as another indicator of community capacity. Similar to leveraging resources, forming and sustaining partnerships demonstrated the capacity to attract and engage with other groups on collaborative efforts. As reported above (*section 4.6 Increasing awareness about food security*), all the Program Deliverers and 97% of the Community Facilitators said they had formed partnerships with other organizations to deliver the CFAI program and projects. CFAI projects partnered with an average of 4.8 organizations.

Program Deliverers acknowledged the infrastructure in place in many communities, for example

- *We did not start from scratch. We had a regional network that we wanted to keep thriving.*

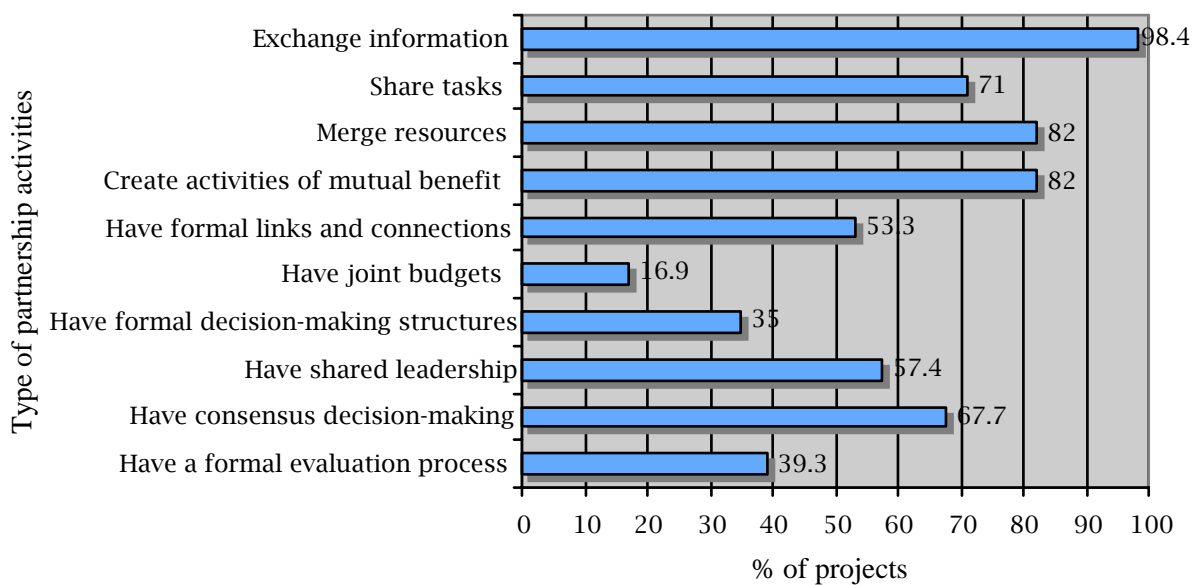
Program Deliverers said that CFAI projects could have the biggest impact when they are linked with existing partners and programs. Building coalitions and developing action plans with partners are necessary to be effective. Over half the Program Deliverers reported that they saw

increased collaboration on food security at the local and government levels. Their comments include:

- *I was blown away that people are looking at food security really broadly. At the table, we had Ministry of Education, Ministry of Employment and Ministry of Agriculture and Food. That was the biggest shift I have seen.*
- *It is on people's radar, and on our bosses' radar. They have a better understanding of food security. More people are aware that it should be part of their program planning.*
- *We have a group of people more in sync, have a definition on what they mean by community food security.*

Community Facilitators reported on the strength of the partnerships they formed by identifying activities they had engaged in with other organizations (and so demonstrating their capacity at the project level to engage in increasingly collaborative activities). Almost all the Community Facilitators (98.4%) reported that their CFAI project was involved in exchanging information with their partners (Figure 5). Many projects merged resources (82%), created activities with mutual benefits (82%) and shared tasks with their partner organizations (71%), but not as many projects had formal decision-making structures with their partners (35%) or joint budgets and fundraising (16.9%).

**Figure 5 – Partnership activities with other organizations (% of projects)**



Another indicator of increased community capacity was the emergence of new food security leaders or champions. Although food security champions existed before the CFAI, the majority of Program Deliverers (73.7%) agreed that more champions emerged because of the increased awareness of food security as a broad health issue. These new champions included nutritionists, nurses, school teachers, community developers and community members involved in the projects. As well, 68.4% of the Program Deliverers noted champions emerging in senior management positions, including medical health officers, program directors and executive directors:

- *My medical health officer really carried it, my director...they are supportive at their tables. I keep them informed with what they do. We get to go to their meetings and report about CFAI activities, and we never did that before.*
- *There is greater awareness of food security above us—in upper executive level—that was really important in terms of giving a profile to food security.*

Community Facilitators (68.3%) also reported that new food security champions emerged because of the CFAI. Over half the Community Facilitators in each Regional Health Authority said their projects produced new food security champions. New champions were often members of the community (27%), public health staff such as nutritionists and nurses (12%), and teachers and school staff (10.5%). Community Facilitators described some of their new food security champions:

- *Community members such as local business owner, garden group members and the owners of Indoor Jungle.*
- *Teens in our alternate program who now "own" food action.*
- *A community nutritionist spearheaded an Eat Local campaign for the summer of 2007 and was supported with strong volunteer efforts by about 10 forum attendees.*
- *Teachers and their students, parents of students.*
- *We have inspired a school to start their own garden.*

Program Deliverers and Community Facilitators were asked directly about levels of community capacity before and after the CFAI projects were implemented. Program Deliverers gave an average rating of the community capacity in their regions as 3.0 before the CFAI and 3.6 after the CFAI projects (on a scale of 1 – 5, 1 = not good, 5 = very good). The increase in community capacity ratings was not found to be statistically significant. Again, some Program Deliverers said they found this question difficult to answer due to diversity within their region. Program Deliverers did describe various project activities that contributed to increased community

capacity: workshops, including food forums (mentioned by 63.2% of Program Deliverers), influencing policy (21.1%), evaluation activities (15.8%), media attention (15.8%) and administration (10.5%).

Community Facilitators also were asked a series of questions to assess community capacity: rating the capacity of the group that participated in their CFAI project, describing the program development of the project and also assessing their own capacity development after being involved in the CFAI.

Community Facilitators rated the skills, assets and strengths of their project group before and after the CFAI. On a scale of 1-5 (1 = not very good, 5 = very good), they gave an average rating of 3.2 before the CFAI project and 4.3 after the project. This increase in ratings was found to be statistically significant. The change in “before” and “after” ratings did not differ significantly between Regional Health Authorities—that is, skills, assets and strengths of the project groups increased equally across all Regional Health Authorities. As well, there was a significant positive relationship between these ratings of skills, assets and strengths and the numbers of partnerships formed. The greater number of partnerships formed, the more likely the skills, assets and strengths would be rated higher after the CFAI.

When asked what the CFAI could have done differently to build the skills, assets and strengths of the project group, Community Facilitators most often suggested additional funding and resources (25.5%) and increased education, skill development and training (12%). Some Community Facilitators (7.5%) had positive feedback and said that no changes were needed. Comments from Community Facilitators on supporting capacity development included:

- *Provide funding for more programs and follow-up programs for previous attendees.*
- *Funding for the local initiatives needs to continue with a broad mandate and support for continuity, not just innovation.*
- *I think there is a general need to “train” people in all organizations about these types of skills, and this training should be offered free or for very minimal cost, with the need to do a small project as part of the training.*
- *Templates with goal-setting examples that we could use to mark off where we were and what we needed to do to forge ahead.*

- *Sharing of info would be nice...It would be helpful to know what other groups are doing with their funding. This would lead to fresh ideas, what works and what doesn't work for other groups. Possibly the CFAI could provide a contact list of their various recipients to the recipients, including the focus of each project and an update as to how each group is doing.*
- *Support was fantastic!*
- *CFAI was very supportive and enabled us to do things the way we saw fit. This was very empowering. Thank you.*

To determine the program development among projects, Community Facilitators were asked if their projects were able to develop focused activities, key purpose, goals and objectives, terms of reference and a mission statement (representing progressive stages in program development). The majority of Community Facilitators said that their projects had developed key activities (85.7%), goals and objectives (82.5%), and key purpose (77.8%). Fewer projects had developed terms of reference (36.5%) and a mission statement (21.5%)—the more advanced stages of program development. For the most part, responses were consistent across the Regional Health Authorities, meaning that the location of the project did not influence whether the project engaged in any of these activities. It was also found that the project focus (e.g., community garden, food forum, policy development) was not related to the stage of program development activities, except that projects that focused on policy development were more likely to have developed terms of reference than the other types of projects.

To assess their own capacity development, Community Facilitators were asked if they felt their involvement in the CFAI projects had improved their ability to make decisions, set goals, solve problems, lead, work with others on a team and feel like they are making a difference. For each option they could choose “yes” or “no,” or indicate that they already had that particular ability or that it was not applicable. Overall, more Community Facilitators indicated that they had these skills when they started in their project (see Table 12), but over a third also indicated that they had built capacity in each of these areas through the project. The largest increase was in the number of Community Facilitators (67%) who felt that they could make more of a difference now because of their involvement in the CFAI project.

**Table 12 – Capacity development for the Community Facilitators (% of Community Facilitators)**

<b>Because I worked in this CFAI project...</b>	<b>Yes</b>	<b>No</b>	<b>Already there</b>	<b>n/a</b>
I am better at making decisions	33.9	4.8	51.6	9.7
I am better at setting goals	35.5	6.5	46.8	11.3
I am better at solving problems	34.4	6.6	45.9	13.1
I am more of a leader	39.3	4.9	42.6	13.1
I work better with others on a team	43.5	3.2	43.5	9.7
I feel I can make more of a difference	67.7	1.6	22.6	8.1

For assessing community capacity with the Project Participants, the evaluation looked at ways that the Project Participants were involved in the CFAI projects and changes in personal capacity.

Project Participants were first asked about how they were involved in the CFAI project. The more people involved in a project and the greater level of their involvement would reflect the capacity of the project to engage participants and enable skill building. In total, 56.7% of Project Participants said that they had invited other people to come to the CFAI project, 54.7% were involved in the decision making for their project and 52% helped organize the project activities. There were no significant differences between male and female Project Participants, nor did age influence their level of involvement—youth and adults were equally likely to be involved in the various activities. The low income cut-off (LICO) did not influence Project Participants' involvement in inviting others or decision making, but Project Participants below the LICO were less likely to help with organizing project activities.

Project Participants were asked the same questions on individual capacity development as the Community Facilitators, to identify changes in capacity as a result of their involvement in the CFAI project. As with the Community Facilitators, the largest increase reported by Project Participants (75.9%) was feeling they could make more of a difference (see Table 13). Overall, many Project Participants felt that the CFAI projects helped improve their ability to work with others on a team (57.2%), set goals (49.4%), make decisions (46%), be more of a leader (44.4%) and solve problems (43.4%). Roughly one quarter to one third of Project Participants felt that they already had these skills before the CFAI (with the exception of feeling they could make a difference). Project Participants' responses did not differ by gender, age or Regional Health Authority (that is, the CFAI projects did not have a bigger influence on individual capacity levels in one Regional Health Authority over another).



**Table 13 – Capacity development for Project Participants (% of Project Participants)**

<b>Because I worked in this CFAI project...</b>	<b>Yes</b>	<b>No</b>	<b>Already there</b>	<b>n/a</b>
I am better at making decisions	46.0	8.5	30.1	15.3
I am better at setting goals	49.4	6.9	30.5	13.2
I am better at solving problems	43.4	8.0	33.1	15.4
I am more of a leader	44.4	12.9	25.1	17.5
I work better with others on a team	57.2	2.3	27.7	12.7
I feel I can make more of a difference	75.9	5.2	13.2	5.7

### *4.10 Developing policy to support food security*

The fifth CFAI objective is to increase the development and use of policy that supports community food security. Program Deliverers and Community Facilitators were asked about the impact the CFAI had on policy development, any changed or new policies, and ratings of supportive policy development. Program Deliverers were also asked if they had any suggestions for encouraging the development of food security policy.

When asked about the impact of the CFAI on Regional Health Authority policies (e.g., on policy reviews or existing or new policies), most Program Deliverers (94.1%) said that the CFAI had influenced policy. In some cases policy was influenced just by the fact that food security positions were developed in the Regional Health Authority, or because individuals involved in the CFAI brought issues to Regional Health Authority facilities like hospitals and schools. Program Deliverers identified policy changes in the following areas: hiring staff to work in food security, delegating land use for community gardens and providing healthy foods in government buildings, schools and vending machines. Program Deliverers also noted that the CFAI projects were usually one of many factors influencing policy at this time, in addition to other food security programs and media attention.

Almost half of the Community Facilitators (45.9%) reported that their CFAI project had an impact on food security policies. The most frequently reported impact was that the need for policy development was recognized and the process of policy development had begun (19.5%). Community Facilitators also reported that their projects had influenced policies in the workplace (6%) and policies around urban agriculture (6%) and buying locally produced food (3%).

Program Deliverers and Community Facilitators both rated the development of food security policy higher after the CFAI projects. On a scale of 1 – 5 (1 = not good, 5 = very good), the average rating given by Program Deliverers was 1.3 before and 3.1 after implementation of the CFAI projects. For Community Facilitators, their average rating was 2.3 before the CFAI and 3.3 after implementation. The increases in average ratings were found to be statistically significant. The change in “before” and “after” ratings by Community Facilitators did not differ significantly between Regional Health Authorities—that is, all Regional Health Authorities were equally likely to have their CFAI projects contribute to food security policy development.

Comments from Community Facilitators on influencing policy development:

*Local stakeholders are in the process of developing a food security policy for our city.*

*We are in the process of pushing for a food charter.*

*Our social service agency created a food policy for our workplace*

*Provincial regulations about farm gate sales of beef. Policy procurement in local government, local hospital.*

*Municipal urban agriculture policy accepted.*

*A couple free-food service agencies made connections with local growers and the local organic grocery store and now buy all their foods from local businesses.*

*Personally it was gaining more knowledge around the need for policy.*

Program Deliverers were asked what Regional Health Authorities could do differently to encourage food security policy development. The most frequent response was for the Program Deliverers to lead by example (42.1%), followed by more resources, such as more staff, time and money (21%). Program Deliverers' comments included:

- *They could “walk the walk.” The Health Authority itself has a healthy food policy.*
- *We can be models—it’s the best thing we can do.*
- *The CFAI has to be a strong voice to bring it to the ministries and industry who implement the policies, and the environmental health officers.*
- *We could actually create the understanding and make it [policy development] explicit.*
- *Dedicate more time for nutritionists to work on food security. It is not an easy thing; dedicated staff time is needed.*

In another part of the evaluation Program Deliverers were asked what they thought was the most important thing to measure in evaluating the CFAI at this time. Many Program Deliverers replied that they were interested in measuring policy development. They noted that they “would love to have everyone hitting it on the policy level, but they are not there yet.” Also, when projects were able to influence policy development, they had a greater impact on improving food security.

## 5. Discussion and conclusions

### *5.1 Program delivery*

The CFAI is a comprehensive, multi-layered approach to address food security—and far reaching. During the first two years of the CFAI, 155 projects were administered across BC through the five Regional Health Authorities, involving over 14,000 people. The Regional Health Authorities administered the CFAI funding differently to meet the needs, priorities and capacity in their regions. They designated a food security lead and worked with regional food security committees and local food security networks to coordinate program delivery. Funding was distributed through existing program infrastructures for regional activities and divided among areas within the region for community-based projects. Regional Health Authorities used application and administration processes relevant to their areas and populations (increasing access to the CFAI in this way) and required that projects address one or more of the CFAI objectives. They also did planning before or as part of the CFAI, including environmental scans, food system assessments and community consultations to bring people together around food security and identify priorities.

The CFAI projects also varied in size, funding, timelines, levels of capacity, focus and activities. Most projects had one year of CFAI funding, plus other sources of financial, in-kind and volunteer contributions, and multiple partnerships. The most frequent project focus was on food forums and action plans, followed by community gardens, community kitchens, school programs and policy development.

The continuum of food security strategies (*see section 2.3*) demonstrates how a wide range of actions at different levels and sectors is needed to address a complex issue like food security. The structure of the CFAI allowed regions and communities to develop different strategies depending on their own food security issues. The BC Public Health Alliance on Food Security (2005) proposed that the CFAI focus on strengthening participation strategies while working toward system redesign along the continuum. Very few CFAI projects focussed on efficiency strategies such as emergency food services, and some Program Deliverers said they did not fund programs that only consisted of food provision. Many of the CFAI projects helped to build individual and community capacity by involving community members in such participation strategies as

community kitchens, community gardens, food education and skill development. Projects also involved diverse partnerships and networks to increase awareness and collaborative action on food security in their communities. System redesign strategies were reflected in some CFAI projects that had an impact on policy development, and some projects involved existing food policy councils and coalitions.

This evaluation looked at the first two years of the CFAI implementation, and most project activities were at earlier stages of development and the food security continuum. The community engagement and partnerships fostered in these projects can be built upon to move towards broader food system stakeholder involvement and long-term solutions represented by redesign strategies.

As outlined in Table 2 (*section 2.4*), promising practices in food security programs also support this variation in program delivery—for CFAI projects and activities to be responsive to community needs and priorities, fit into the community and existing programs, consider existing capacity, and ensure genuine community involvement, partnerships and credibility (McGlone et al., 1999; Provincial Health Services Authority, 2006a). Further, McGlone et al. (1999) found that no one type of project was more successful or sustainable than another, as projects are specific to the communities where they are based.

The complex structure and diversity of the CFAI was appropriate within a population health approach (*also described in section 2.4*), which considers individual, family and community levels as well as social, economic, environmental and cultural influences on health. Taking a population health approach encompassed many other promising practices identified for food security programs. For example, the CFAI aimed to build personal skills through projects that focussed on preparing healthy meals and growing food, or increasing understanding of the local food system, food security issues and policies. Strengthening community action occurred through capacity building projects, community engagement in food forums and action plans, and support for community decision making. As well, projects worked on building supportive environments and healthy public policy by involving various partners, including the local food system, and working towards broader action on food security. (Promising practices related to the CFAI objectives are discussed in more detail below for each objective.)

A population health approach also means improving access to safe, nutritious and affordable food for everyone, including those most vulnerable to food insecurity by providing them with opportunities and capacity to address their specific food security needs (BC Ministry of Health, 2006). Also a promising practice, programs need to be rooted in the communities that have food security needs, with particular focus on low-income households and communities (McGlone et

al., 1999; Winne, 2005). For the CFAI, Regional Health Authorities defined vulnerable populations for their areas, and many projects identified people with low or fixed incomes as a target population, along with families. Over half of the projects also named single parents, children, youth, adults, Aboriginal peoples and seniors as target populations. Some respondents noted that the whole community could be considered vulnerable, particularly if road access became blocked. Program Deliverers and Community Facilitators reported they were successful at reaching their target populations, and that working with existing partnerships and agencies helped to ensure target population involvement in the CFAI. They also noted barriers to participation, such as time, geography and transportation, lack of capacity or support for participation, lack of interest in the project, and communication barriers. They offered suggestions for improving target population involvement, including more resources (time and money), more outreach to community members and partners, involving current champions and leaders in the community, including target populations in steering groups, and doing more community development.

It was not possible to determine participation of low-income target populations in CFAI projects due to the small sample size. However, of the Project Participants who provided enough information to calculate whether they fell above or below the low income cut-off (LICO), about 25% fell below the LICO.

As recommended for effective program delivery, the Regional Health Authorities incorporated food system assessments, planning, research and evaluation into their CFAI activities (Winne, 2005). This province-wide evaluation also has been designed and implemented for the CFAI, including development of the evaluation framework, program logic model and outcome measures to capture the diversity and complexity of the program. While this diversity made the CFAI more responsive to local needs, it also made evaluation and comparison more difficult. There was no standardized reporting or recordkeeping for CFAI activities across the Regional Health Authorities. Most Program Deliverers reported that evaluation of the CFAI projects was expected, but the type, scope and quality of the evaluations varied. Lack of human resources and time likely contributed to inconsistent or incomplete evaluation among the CFAI projects.

Overall, the Program Deliverers, Community Facilitators and Project Participants were highly satisfied with how the CFAI program and projects were run. They also made similar suggestions for improving on the program delivery, such as having:

- paid coordinating positions in projects
- more time to implement the projects (including enough time to develop proposals and prepare the communities)
- multi-year funding for sustainability
- more partnerships, volunteers and community participation

Program Deliverers also noted that projects ran more smoothly when there was existing infrastructure and community developers on board. For continuing evolution of the CFAI, they recommended integrating the CFAI into intersectoral food security policy at the provincial and national levels, continuing with evaluation activities, receiving food security reports relevant to BC, facilitating discussions among the Regional Health Authority leads, and developing a province-wide communications plan. They also recommended setting clear priorities for the program and ensuring there is a provincial coordinator for the CFAI.

The three evaluation target groups were asked to reflect on the most important outcomes or experiences from the CFAI. Common themes emerged from their responses on the impact of the CFAI:

- increased relationship building, networking and partnerships
- higher profile and priority for food security
- increased interest and buy-in for food security issues in the community
- increased knowledge of healthy foods, food issues and skills
- greater access and availability of food, sharing foods in the projects, and practical experience growing food

As discussed above, consistent recommendations emerged for improving the delivery of the CFAI by increasing human resources, partnerships and outreach, and sustainability. Program Deliverers noted that staff worked on the CFAI part time or “off the side of their desk,” and Community Facilitators relied on thousands of volunteer hours overall to implement the CFAI projects. While more coordinators and staff were hired as the CFAI became more established, implementing a complex program like the CFAI clearly requires a higher level of human resources than what was available during the first two years of funding. The need for coordinators at all levels was identified: coordinating positions in projects, full-time coordinators in the Regional Health Authorities, and a provincial coordinator for the CFAI. Having more project staff also would help improve the organization and evaluation of project activities.

Program Deliverers said that partnering with existing infrastructure and networks compensated in part for a lack of human resources. Involving more partners, community leaders and community members in CFAI activities would increase awareness, participation and ownership of food security issues—and solutions—in the community.

Delivering food security programming from a population health approach requires complex structuring. Overall, the CFAI was designed to maximize effectiveness, but additional resources would be required to sustain this program. The evaluation target groups recommended continued funding for CFAI projects, including making more funding available and providing multi-year funding.

## *5.2 Increasing awareness about food security*

Increasing awareness is in itself a promising practice for effective food security programs (McGlone et al., 1999; Tahoma Food System, 1999). Raising food security awareness took on many dimensions in the CFAI—for example, identifying food security issues in the community and corresponding health impacts; engaging communities to take action on food insecurity; promoting the CFAI to communities, networks, potential partners and project groups; and encouraging community members to participate and volunteer in CFAI projects. Program Deliverers noted that interest in food security is high, it was good timing to capitalize on this interest, and the CFAI funding helped to get people’s attention. Community Facilitators identified lack of awareness as one of the top three food security issues in their communities.

Program Deliverers and the Community Facilitators both rated levels of food security awareness in their areas significantly higher after implementation of the CFAI. In fact, some Program Deliverers felt that the CFAI had the greatest impact on this objective of all the CFAI objectives. The CFAI helped to raise awareness among both staff and communities and tapped into people’s willingness to get involved.

Program Deliverers used a variety of methods to communicate about the CFAI, including making connections with existing committees, networks (formal and informal) and food policy councils, community agencies, local governments and other stakeholders. Community Facilitators most often used word of mouth and meetings to promote their projects, and both used telephone, email, print and local media for getting the word out about the CFAI. In terms of messaging, about half of the Program Deliverers said that name recognition was not very important to food security, but



more felt that name recognition for the *Community Food Action Initiative* was important for the program's future and funding. They also noted that there was confusion about the name of the program and the concept of food security (as well as with other food security programs).

Increasing the number of partners and people involved in the CFAI was a direct way of increasing food security awareness. Almost all the Program Deliverers and Community Facilitators said they formed partnerships with a wide range of groups for implementing the CFAI, including health care organizations, schools, farmers and other community organizations. They also said they would have liked to reach more groups, but more time and interest among potential partners was needed. As the number of partners increased for CFAI projects, so did the number of target populations identified—further extending the reach of the CFAI.

Over 14,000 people participated in CFAI projects and events across BC, and community members contributed thousands of volunteer hours to the projects as well. Project Participants in the evaluation rated their understanding of the term *food security* and of food security issues quite highly as a result of being involved in the CFAI projects. The impact of the projects on raising awareness went further still, as almost 75% of Project Participants said they shared what they learned with others, including family, friends and the community in general.

While food security has a higher profile now, there were many other food security initiatives and programs underway, and it was not possible to separate out the impact of the CFAI from these programs and media attention. But evidence from the evaluation target groups showed that the CFAI was effective at increasing awareness about food security for staff, partners, community members and others who were involved in the program. Increasing participation in the CFAI will directly increase awareness, so addressing barriers to participation for target populations (including communication barriers), doing more outreach to community members and partners, and marketing the program will help to raise interest and involvement.

As recommended above, a province-wide communication strategy is needed for the CFAI's continuing evolution. Communication strategies were being designed at different levels, but consistent messaging about the CFAI and food security will address confusion about the issue in the community and confusion with other programs. Clearer identification and recognition of the CFAI will be important for the future of the CFAI from a programming and funding perspective. Some evaluation respondents suggested changing the name *Community Food Action Initiative* to something more descriptive and meaningful to build public awareness of the program and its link to food security.

## *5.3 Increasing access to local healthy food*

Previously food insecurity was seen mostly as a food availability issue—puzzling researchers in developed countries where food was plentiful—until Sen’s entitlement theory (1981) proposed that food insecurity should be measured by food access rather than availability. Recent research has shifted the focus to access, with the World Health Organization, for example, asserting that “access to good, affordable food makes more difference to what people eat than health education” (Wilkinson & Marmot, 2003, p. 26). Access to healthy foods can be affected by low income and affordability, no local grocery stores or transportation to stores, inadequate kitchen or storage space for preparing food, or living in remote communities where nutritious foods can be limited and expensive (BC Provincial Health Officer, 2006).

Solutions proposed for improving access to healthy food range from increased community assistance to better food distribution and anti-poverty strategies (Allen & Wilson, 2005). Promising practices in food security programming to increase access to healthy food include teaching basic food and cooking skills (to increase options), increasing availability of nutritious foods through community kitchens and fresh produce through community gardens, and increasing food gleaning and donations (Hamm & Bellows, 2003; Moron, 2006). The CFAI projects focussed on many of these activities, but measuring changes in access to local healthy food proved challenging.

Program Deliverers did not rate access to local healthy food any higher after implementation of the CFAI projects than before the CFAI. Some noted that it was difficult to answer this question due to the diversity of populations and communities within their region. They referred to challenges for more rural or northern areas around accessing local foods, and also the focus in the first two years of the CFAI on bringing people together to learn about food security rather than on specific access issues. However, many Program Deliverers reported increased access to healthy foods for specific target populations involved in such projects as cooking clubs, community kitchens and community gardens.

Community Facilitators did give higher ratings for access to healthy food in their communities after implementation of the CFAI. They said access issues (including affordability, low income and poverty) were among the top food security issues in their community. They also identified increased access and availability of healthy foods as one the most important outcomes of the CFAI.

Project Participants rated their access to local healthy food quite high as a result of the CFAI projects. They also said learning cooking skills, growing their own food and enjoying foods in the projects were among their most important experiences in the CFAI.

However, without establishing if there was a representative sample of participants for the evaluation, increased access for vulnerable populations cannot be shown.

Many CFAI projects were aligned with promising practices for increasing access to healthy food, and these activities mostly fell within the scope of participation strategies. Community Facilitators and Project Participants both said that increased access was one of the accomplishments of the projects. Building on successful projects will further increase access to local healthy food for specific target populations and all community members. Working towards redesign strategies, increased access can be realized through advocacy and policy changes to improve transportation options (e.g., bus routes to grocery stores), attract local food businesses to low-income neighbourhoods, strengthen local food production, control and distribution, and increase income levels for individuals and families living on low incomes or income assistance.

## *5.4 Increasing food knowledge and skills*

Promising practices in food security programming recommend education and skill building for participants, plus offering a mix of learning opportunities and benefits (e.g., nutrition education, cooking skills, growing food, understanding of the food system and food security issues).

Research has found that skill building programs like community kitchens are not in themselves effective at resolving hunger and malnutrition or overall food insecurity issues (McCullum, Pelletier, Barr, Wilkins & Habicht, 2004). However, multiple benefits have been shown for participants in community kitchens and community gardens, including increased coping skills, social support, capacity building and access to healthy foods (in addition to food knowledge and skills).

For example, Tarasuk (2001) found that community kitchens increased household food security by providing participants with food products to take home, skills for preparing healthy meals, and opportunities to meet other community members in similar circumstances and develop mutual supports. Low-income women participating in community kitchens increased their coping skills with the social support they received (McCullum et al., 2004), and nutrition education helped households to maximize the benefits of existing food resources in the community and increase

their consumption of healthy meals (Moron, 2006). Benefits of community gardens include increased access to nutritious foods, increased physical activity and improved mental health for participants, and improved social health and cohesion within the community (Cook, B., 2008).

McGlone et al. (1999) argued that the contributions of community food projects to raising social capital are often overlooked when measuring their success. As well as raising skill levels and supporting healthier eating, such projects help to overcome social isolation. They also can foster a sense of worth and increased well-being for participants, and enable them to take more control of their own health.

This evaluation of the CFAI attempted to assess changes in food knowledge and skills at community and individual levels. Program Deliverers agreed that the CFAI was contributing to the overall knowledge base of food security, although its impact could not be separated out from other food security programs and media attention. They indicated that food knowledge and skills increased the most when activities targeted skill building, and more so when targeted to specific populations, with community kitchens and community gardens as the most successful examples. Community Facilitators rated the level of food knowledge and skills in their community higher after implementation of the CFAI projects, and they saw this increase as one of the most important outcomes of the CFAI. They suggested the CFAI could further increase food knowledge and skills in communities through additional educational efforts and specific focus on things like food labels and food preparation. Also continued funding will be needed to continue knowledge and skill building activities within the CFAI.

Program Deliverers, Community Facilitators and Project Participants all said their own knowledge of food security had increased because of their involvement in the CFAI. Important lessons for Program Deliverers included gaining an understanding of the complexity of food security and the importance of community development, policy and patience for making effective changes. Community Facilitators reported knowing more about locally grown foods, health and diet related issues, and making healthier food choices because of the CFAI projects. Project Participants described similar impacts of the CFAI on their knowledge, skills and behaviour, such as knowing more about how their food is grown, making healthier food choices, health and diet related issues, healthy foods and preparing healthy meals. They also said they were sharing their knowledge and skills from the CFAI projects with others in the community, family and friends, making the learning even more widely available. Many Project Participants wanted to learn more about food security and hoped that the CFAI could continue and offer more projects and new activities.

Project Participants said learning how to cook and grow their own food and sharing these experiences with other people from their community were the most important benefits of the CFAI. As discussed in the research above, participants were acquiring new knowledge and skills and gaining new coping skills, new supports and new friends. This additional benefit of camaraderie and empowerment also occurred in a wide variety of CFAI projects, as participants were able to find other people in their community who shared similar concerns and support.

Knowledge and skill development will not “fix” food insecurity on its own, but it is an important part of capacity building within the continuum of food security strategies. As suggested by Medeiros et al. (2005), increased knowledge and skills are short-term outcomes that can lead to behaviour change and taking action to eat healthy foods (medium-term outcomes) and ultimately to improved health status and changes in policy (long-term outcomes). McGlone et al. (1999) also advised that short-term outcomes of food projects should not be overlooked when measuring success, as they can help participants develop skills and confidence to use a wider range of foods or to improve their food purchasing or eating patterns. Such projects also help build personal capacity and social support among participants.

Respondents in the evaluation described how they have applied the knowledge and skills they gained, changed health behaviours (e.g., improving food choices and physical activity) and found support by being involved in the CFAI projects. They said the CFAI needs to be sustained with continued funding to be able to keep developing and offering these knowledge, skill and capacity building projects for communities.

## *5.5 Building community capacity*

Community capacity building involves helping individuals and communities to recognize their strengths and assets, develop new skills and understanding, build self-confidence and responsibility, and increase coordination, collaboration and available services in the community (BC Public Health Alliance on Food Security, 2005). Its aim is to enable and empower communities to achieve their goals (Centre for Community Capacity, 2008).

The focus of the CFAI was on building capacity through participation strategies while working toward system redesign along the continuum of food security strategies (BC Public Health Alliance on Food Security, 2005). Participation strategies included knowledge and skill building projects, community kitchens and community gardens. These community-based and community-

driven initiatives helped to build individual and community capacity by involving people experiencing food insecurity and by working through partnerships and networks for meaningful community engagement, commitment and support.

Promising practices in food security programming also stress the importance of involving the community and supporting community development and social capital development. Programs should involve community members as active participants and equal partners, and include them in planning and decision making from the start (McGlone et al., 1999). Winne (2005) noted that community food security is a community development strategy as much as it is an anti-hunger one. It brings together many individuals, groups and sectors (and resources) to develop collaborative solutions to local food system problems and needs. Further, community participation leads to better social outcomes—as demonstrated by research on social capital and how social networks contribute to a community’s health and well-being. When programs connect neighbourhood people to each other and to the programs that are trying to better their community, there is more lasting community improvement (Winne, 2005). Research on the relationship between food security and social capital has found that low-income households may have similar limited financial or food resources, but those that are connected to neighbours, friends and helping services are less likely to experience hunger (Provincial Health Services Authority, 2006a).

As discussed above for knowledge and skill building, community-based food security projects and activities can help build social capital by overcoming social isolation, giving people a sense of worth and increased well-being, and empowering them to take more control of their own health (McGlone et al., 1999). The Provincial Health Services Authority (2006a) suggested that increasing connections among community interventions also will increase social capital, community resiliency and people’s willingness to help each other. “This community-building function of community-based food security activities may be their most important contribution to improving the lives and health of the participants” (p.39).

To be effective, food security programs need to fit into the community and with existing infrastructure, capacity and initiatives (Provincial Health Services Authority, 2006a).

They also should involve networking and partnering with a wide range of stakeholders for a shared sense of ownership and common goals and objectives (McGlone et al., 1999). Partnerships were considered an indicator of community capacity building for the CFAI, as they demonstrated capacity to attract and engage with others on collaborative efforts. Program Deliverers described how they worked with existing networks and many new partners to deliver the CFAI, and with existing infrastructures for project administration. They also reported that collaboration on food security had increased at local and government levels and, notably, at a broader system level involving different ministries and sectors (as recommended by Winne, 2005). They reinforced that CFAI projects can have the biggest impact when they are linked with existing partners and programs. On average, Community Facilitators said their project formed partnerships with about five other organizations and typically they shared information, resources and activities with their partners. As McGlone et al. (1999) noted, local networks and partnerships provide opportunities for sharing regular, practical support and for linking volunteers, staff and professionals together and with the community.

Programs also need champions to advocate on their behalf (Provincial Health Services Authority, 2006b). The emergence of new food security champions and leaders was another indicator of increased community capacity for the CFAI. With more people and partners involved, and more awareness of food security as a broad health issue, Program Deliverers and Community Facilitators agreed that more food security champions had emerged during the CFAI. These new champions included nutritionists, nurses, school teachers, community developers and community members. Program Deliverers also identified champions within senior management in their organizations (e.g., medical health officers and executive directors).

Secure funding to support set-up and ongoing operations (in real dollars and in-kind support) is critical for the success and sustainability of projects (McGlone et al., 1999; Provincial Health Services Authority, 2006b). An important indicator of community capacity for the CFAI was the ability to leverage additional resources from other organizations and the community. Program Deliverers and Community Facilitators both reported leveraging more resources, at the project level and the higher systems level. Sources included school districts, local growers and retailers, foundations and all levels of government, while contributions took the form of additional funding, capital costs and in-kind support (e.g., staff time, volunteer hours, organizational support, meeting and project space). As rough estimates, about \$1,000,000 was leveraged and more than 26,000 volunteer hours were contributed to the CFAI projects across BC. Program Deliverers said that being able to leverage additional resources was key to the success of the CFAI projects.

Evaluation respondents gave mixed ratings for increased community capacity. Program Deliverers did not rate community capacity higher after implementation of the CFAI, but they did describe various project activities that contributed to increased community capacity, such as holding workshops and food forums, influencing policy and doing evaluation. They felt that the CFAI forums and projects enabled community members to explore challenges and strategies and to build skills. Community Facilitators reported that the capacity (skills, assets and strengths) of their project groups had increased through the CFAI. Their ratings of increased capacity rose with the number of partnerships a project group formed (indicating shared support among partners). They suggested more funding and resources are needed for increasing the capacity of project groups, as well as more education and skill development.

Finally Community Facilitators and Project Participants were asked to assess their own capacity development as a result of CFAI projects. Large majorities in both groups reported that, because of their involvement in the CFAI, they now feel they can make more of a difference.

Capacity building occurred at many levels of the CFAI—for the communities, organizations and thousands of people involved. As participation strategies, many CFAI projects engaged communities and made connections among neighbours, professionals, partners and networks. People built relationships and partnerships and shared and developed strengths, supports and successes. CFAI projects also helped people feel more empowered to improve food security in their communities.

Sustaining community efforts will be essential for the success of the CFAI (BC Public Health Alliance on Food Security, 2005). As well, interventions that strengthen community action towards system redesign will be more effective for achieving long-term positive health outcomes (Community Nutritionists Council of BC, 2004). Respondents in the evaluation said they were concerned about sustainability—for what they had achieved and for future food security programming. Many projects leveraged additional funding and resources, but projects need funding for both start-up costs and ongoing costs. As McGlone et al. (1999) described, local community projects take time to set up and really “get going” and work well. Funding should be available to new projects, but existing projects continue to need financial support. Successful programs are able to develop a long-term plan or process for project sustainability (McGlone et al., 1999).



## *5.6 Developing policy to support food security*

Policy development is an essential part of system redesign along the continuum of food security strategies. The Dietitians of Canada (2007) stressed that “community food security cannot be realized outside of a policy context” (p. 5). Policies provide a framework for making decisions and taking actions to improve food security, and for integrating the work of food security action projects. Food security policy development builds the supportive infrastructure and enabling environment for healthy eating (BC Public Health Alliance on Food Security, 2005). Policy supporting community food security can lead to more local food production, more local food consumption and increased community empowerment (Tarasuk, 2001).

Examples of successful food security policy development include school board policies that enable easy, affordable access to healthy foods, municipal government policies that support land use for community gardens, and the development of community food policy councils and community coalitions (BC Public Health Alliance on Food Security, 2005).

As noted above, policy development is a longer-term strategy within food security. In the initial years of the CFAI, some projects included emergency food provision (efficiency strategies), while most projects focused on capacity-building (participation strategies). Program Deliverers noted that they would have liked to see projects capable of influencing and developing policy, but that was not a realistic expectation so early in the CFAI program development. Still, Program Deliverers rated the development of food security policy higher after implementation of the CFAI (noting that other food security programs and media attention also were influences). Most felt that the CFAI had influenced policies in their regions. Policy changes included establishing food security positions in Regional Health Authorities, hiring more staff to work in food security, designating land use for community gardens, and making healthy foods available in government buildings, schools and vending machines. Program Deliverers recognized that they could lead by example to encourage the development of food security policy in Regional Health Authorities, and more resources (staff, time and money) would be needed as well to focus on policy development.

Community Facilitators also rated food security policy development higher after the CFAI, and almost half said their project was able to contribute to policy development. They felt that the CFAI projects helped to get communities thinking about food policies, recognize the need for policy development and initiate the process of policy development. Projects also had some impact on workplace policies and policies related to urban agriculture and buying locally produced food.

Program Deliverers and Community Facilitators reported extensive networking and partnering through the CFAI, including the involvement of existing local food policy councils. Also recognized as a promising practice for food security programs, networks and food policy councils provide opportunities to integrate community and grassroots activities with more formal organizations and their policy environments (McGlone et al., 1999). The BC Provincial Health Officer (2006) noted that establishing a food policy council signals that a community is moving from short-term hunger relief (e.g., food banks and soup kitchens) to a more long-term, coordinated planning process to address food insecurity. Food policy councils bring together stakeholders from different sectors to work together to examine the issues and create comprehensive approaches so that the whole population of a community (regardless of income or individual resources) has better access to healthy foods. They help to overcome fragmentation in the food system, educate officials and the public, shape public policy, improve coordination among existing programs and start new initiatives (Cook, B., 2008).

Work in the CFAI has focussed on capacity building in the first years, with some influence on policy development. Evaluation respondents recognized the importance of policy development to support food security, and they said it is an area where they would like the CFAI to have more impact. When projects are able to contribute to policy development, they have a greater impact on improving food security. More resources are in place for policy development, including the food security positions and staff hired in Regional Health Authorities, and more resources are needed. The networks, coalitions and existing food policy councils involved in the CFAI provide a mechanism for the coordination and collaboration needed from across the food system to address food insecurity. The BC Provincial Health Officer (2006) recommended both supporting communities to establish food policy councils or coalitions for local action on food security and also developing a coordinated inter-ministerial approach at the provincial level.

## *5.7 Summing up*

This evaluation of the CFAI looked at whether the program was being delivered effectively and achieving its objectives. Overall, the evaluation results reinforce the importance of community-led solutions and coordination and collaboration at all levels of the program to address a complex issue such as food security. The results also show high levels of satisfaction with the program, progress on achieving the CFAI objectives, and strong support for its continuation.

Key findings from the evaluation of the CFAI include:

- Using a population health approach enabled the CFAI to engage large numbers of people (including target populations) and communities to take local action on food insecurity. The delivery method needs to be preserved and protected.
- The CFAI helped to increase the profile and priority of food security with communities, service providers, Regional Health Authorities and other levels of government.
- The CFAI supported the development of personal capacity, community capacity and social capital.
- Partnerships were key to the success of the CFAI. New and existing partnerships and networks contributed to delivering the program, extending the reach of the CFAI, building capacity and meeting the CFAI objectives.
- The CFAI leveraged many resources, including time, money and infrastructure.
- New food security champions emerged at all levels as a result of the CFAI.
- The CFAI helped to create more awareness about the importance of policy and need for policy change to work toward long-term solutions to food insecurity.
- To evolve the CFAI, continue dedicating human resources and providing multi-year funding.
- It was not always possible to separate out the impact of the CFAI from other food security programs and media attention. The identity of the program and its links to food security should be strengthened.
- The diversity and complexity of the CFAI made evaluation challenging and revealed the need to build evaluation capacity within program management.

## 6. Next steps

Directions for the continued development and success of the CFAI are summarized below for delivering the program and achieving the CFAI objectives.

### *Program delivery*

#### **Administration**

1. Ensure there are sufficient human resources within the CFAI for effective organization, administration and evaluation of the program. Coordinating positions are needed at all levels: projects, Regional Health Authorities and province.
2. Continue to hire community developers to work with communities where possible. Create specific wording in job descriptions for nutritionists, community developers and other staff involved in the CFAI to formalize their continued involvement in food security and the CFAI. This will “institutionalize” ongoing support for the program.
3. Continue to deliver the CFAI to the grassroots and maintain the regional and community-based approach for flexibility and responsiveness.
4. Use existing program infrastructure for the CFAI at the Regional Health Authority level for efficient use of available resources.
5. Allow more time in the application process for staff to work with groups to develop successful proposals for CFAI funding. The target populations for the CFAI are more likely to have difficulty in putting together a successful application. Time to work with these groups, capacity building and partnering with others in the application process will increase their access to the program.
6. Maintain a provincial project inventory with cooperation among Regional Health Authorities. Include information on type of project, funding, key outputs/outcomes, partnerships and leveraged resources, as well as project products and other resources for sharing (clearinghouse).
7. *Ministry of Healthy Living and Sport*: Link the CFAI into the bigger picture and advocate for inter-ministerial policy related to food security at the provincial and national levels.

8. *Provincial Health Services Authority*: Take the lead to
  - continue and further develop evaluation activities
  - produce food security reports relevant to the needs and situations in BC
  - continue facilitating discussions between the Regional Health Authority leads and include reflective practice, problem solving and focussed topics
  - develop and maintain a strategic plan for the CFAI
  - finalize a province-wide communications plan for the CFAI

## Sustainability

9. Consider multi-year funding for projects to ensure the CFAI objectives can be met.  
Evaluation respondents consistently identified sustainability for making progress on the CFAI objectives as well as project objectives.
10. Develop a more equitable funding formula that takes into consideration the large geographic distances and challenges for more remote parts of BC.
11. Provide training for community members to develop the skills needed to run and sustain a community-based food security project.
12. Organize events where communities can share their knowledge with other projects, network and capitalize on lessons learned.

## Target population involvement

13. Make outreach to the target population(s) a project priority.
14. Promote and support partnerships for projects. Projects that had more partners also had more target populations.
15. Increase access to the CFAI by considering budget allocations for transportation, child care, translation services and other supports to enable participation.

## Evaluation

16. Continue to work with an evaluation framework based on the program logic model. Add short-term, intermediate and long-term outcomes and corresponding success indicators for each of the activities in the program logic model.

17. Continue to build the capacity of Regional Health Authorities to integrate outcome evaluation into their program management.
18. Develop common tools to measure outputs/outcomes and implement them in all the Regional Health Authorities to build a data set for continuous program improvement and cross-comparison. This information will be invaluable for producing updates and reports for decision-makers and those involved in the CFAI.
19. Assess the program impact for project participants and explore health outcomes related to food security.
20. Make a concerted effort to encourage a representative sample of project participants in future impact evaluations (e.g., through focus groups with interpreters, community events, more and better incentives).
21. Consider further study to compare different types of projects to determine if one project has a greater impact than another, or to review processes and curriculum used in projects for effectiveness.

## *Achieving the CFAI objectives*

### *Increasing awareness about food security*

22. Develop and use a consistent CFAI communications strategy and messages across Regional Health Authorities to avoid confusion about food security or the program in the community.
23. Consider changing the name *Community Food Action Initiative* to something more descriptive and meaningful, with clearer links to food security.
24. Broaden the reach of the CFAI through additional and diverse partnerships for projects. Awareness increased with the number of partners involved in projects.

### *Increasing access to local healthy food*

25. Develop clearer indicators for measuring access to local healthy food.

26. Define “vulnerable” populations more clearly and consistently across the province to be able to measure increased access for those populations. Current application ranges from “everybody” to a more traditional low income cut-off (LICO) definition—making tracking difficult and diluting the impact the CFAI might have for low-income target populations.

### *Increasing food knowledge and skills*

27. Continue to focus on practical workshops for specific populations for more effective knowledge and skill building.
28. Produce and distribute educational resources and develop more workshops on a wider range of topics.
29. Include a “train-the-trainer” model to build and share skills among community members for improving local food security.

### *Increasing community capacity*

30. Continue to work with partners in both government and the community to identify champions and organizations to support CFAI projects.
31. Continue to encourage projects to leverage additional resources (e.g., funding, space, volunteer time) from their communities.
32. When selecting projects for funding, ensure they have a clear plan to involve participants, especially identified target populations, in planning, organizing and decision-making in the projects.
33. *Provincial Health Services Authority*: Continue to support collaboration among Regional Health Authorities to encourage systems capacity building.

## *Developing policy to support food security*

34. Support projects to apply more focus and time to policy development. Define policy development more clearly to help projects be more strategic about influencing policy.
35. Support communities to establish food policy councils, coalitions or networks for local action on food security.
36. *Regional Health Authorities, Provincial Health Services Authority and Ministry of Healthy Living and Sport*: Lead by example in developing, implementing and promoting policy that supports community food security.



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## Appendix A

### Glossary of food security terms

Term	Definition	Source
<b>Acceptability</b>	Culturally acceptable and appropriate food and distribution systems.	Provincial Health Services Authority (2006a)
<b>Accessibility</b>	Physical and economic access to food for all at all times.	Provincial Health Services Authority (2006a)
<b>Action plan</b>	A specific method or process to achieve the results called for by one or more objectives. May be a simpler version of a project plan.	American Society for Quality (2008)
<b>Adequacy</b>	Nutritional quality, safety and sustainability of sources and methods of food supply.	Provincial Health Services Authority (2006a)
<b>Agency</b>	Actors, policies and processes that enable actions that ensure food security.	Provincial Health Services Authority (2006a)
<b>Availability</b>	Sufficient supplies of food for all people at all times.	Provincial Health Services Authority (2006a)
<b>Awareness</b>	Knowing something: having knowledge of something from having observed it or been told about it.	MSN Encarta (2007)
<b>Buying clubs</b>	Made up of individuals, families, organizations that place orders from a distributor who delivers food to a central location. Members typically work together to order and distribute food.	Kurbis et al. (2006)
<b>Capacity building</b>	An approach to the development of skills, organizational structures, resources and commitment to health improvement. Capacity building can take place at the individual, organizational, community and professional levels. Capacity building offers a way to prolong and multiply health gains many times over.	Food Security Projects of the Nova Scotia Nutrition Council & Atlantic Health Promotion Research Centre (2005)
<b>Collective kitchen</b>	Characterized by the pooling of resources and labour to produce large quantities of food.	Engler-Stringer & Berenbaum (2005)
<b>Community capacity</b>	The more skills, assets and strengths that a community group has, the better prepared they are to achieve their goals.	Centre for Community Capacity (2008)

<b>Term</b>	<b>Definition</b>	<b>Source</b>
<b>Community capacity building</b>	Involves assisting individuals and communities to recognize their strengths and assets, equipping individuals and communities with new skills and understanding, building self-confidence and responsibility, increasing or enhancing tools, coordination, collective efforts and the availability of services in the community.	BC Public Health Alliance on Food Security (2005)
<b>Community food security</b>	Quality and quantity of food available at community level—encompassing environmentally sustainable production, localization, community development and socio-cultural concerns.	Ostry & Rideout (2004)
	A situation in which all community residents obtain a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes community self-reliance and social justice.	Hamm & Bellows (2003)
<b>Community kitchen</b>	A location that offers cooking and food preparation equipment to a group of individuals who meet regularly to cook meals.	Kurbis et al. (2006)
<b>Community-supported agriculture</b>	Consists of a community of individuals who pledge support to a farm operation so that the farmland becomes, either legally or spiritually, the community's farm, with the growers and consumers providing mutual support and sharing the risks and benefits of food production.	US Department of Agriculture, National Agricultural Library (1993)
<b>Core programs</b>	Long-term programs that Health Authorities provide in a new and modern public health system—organized to improve health and assessed in terms of improved health and wellbeing, or reduction of disease, disability and injury.	Hollander Analytical Services Ltd. (2006)
<b>Farmers' markets</b>	Open-air locations to sell produce to public during specified hours. Products are typically locally grown and sold directly to the public (can be expensive).	Kurbis et al. (2006)
<b>Food forum</b>	Community gathering for the purpose of learning more about issues related to food security.	By interview
<b>Food insecurity</b>	Food insecurity is a situation where individuals in a society lack physical and/or economic access to the food they need (Food and Agriculture Organization, 1989). Food insecurity and hunger are often used interchangeably—both are concerns about individual access to food.	Community Nutritionists Council of BC (2004)
<b>Food-related social enterprise</b>	Components of social economy run like businesses, producing goods/services for market economy, but managing their operations and redirecting surpluses in pursuit of social and environmental goals.	Kurbis et al. (2006)
<b>Food security organizations</b>	Organizations working toward food security throughout the food system, including food production, food waste diversion, food processing, advocacy, education, policy development, research, networking, outreach, social enterprise creation and sustainable agriculture.	Kurbis et al. (2006)

<b>Term</b>	<b>Definition</b>	<b>Source</b>
<b>Food systems</b>	A set of dynamic interactions between and within biogeophysical and human environments which result in the production, processing, distribution, preparation and consumption of food.	Gregory, Ingram, & Brklacich (2005)
<b>General food security</b>	The ready availability of nutritionally adequate and safe foods, and an assured ability to acquire acceptable foods in socially acceptable ways.  There are three dimensions to food security: <ol style="list-style-type: none"> <li>1. Availability: sufficient food supplies are available</li> <li>2. Stability: food does not fall below requirement in years to come</li> <li>3. Access: poor are able to produce or purchase the food they need</li> </ol>	Hamm & Bellows (2003)
<b>Gleaning</b>	Involves the collection of surplus produce from farms or individuals, which is then processed and distributed.	Provincial Health Services Authority (2006a)
	Many non-profit organizations are expanding the definition of gleaning to include not only crops from fields but also leftover food from restaurants, stores, farmer markets, cafeterias, food manufacturers and others.	Hupcey (1996)
<b>Good food box</b>	Operates like a large buying club with centralized buying and coordination. Food boxes vary in size, cost and contents. They are intended to be inexpensive and provide healthy food.	Kurbis et al. (2006)
<b>Harvest box or Harvest bag</b>	A fresh produce bulk buying program that makes fresh, high quality produce available at lower cost.	Harvest Box Program (2008)
<b>Household food security</b>	Quantity and quality of food coming into a household (in North America, function of income and personal choice and knowledge).	Ostry & Rideout (2004)
	A situation in which all households have both physical and economical access to adequate food for all members and where households are not at risk of losing such access.	Hamm & Bellows (2003)
<b>Hunger</b>	The uneasy or painful sensation caused by lack of food.	Radimer (2004)
	The uneasy or painful sensation caused by a lack of food and is a potential, but not necessary, consequence of food insecurity.	Keenan, Olson, Hersey, & Parmer (2001)
	More than an uneasy or painful sensation caused by lack of food. Hunger bespeaks the existence of social, environmental and economic problems. Hunger is a situation in which someone cannot obtain adequate amounts of food, even if the shortage is not prolonged enough to cause physical health problems.	Community Nutritionists Council of BC (2004)



<b>Term</b>	<b>Definition</b>	<b>Source</b>
<b>Individual food security</b>	Individual's access to nutritious food (capacity to purchase and prepare food, psycho-social concerns about obtaining food, and clinical issues of nutritional adequacy).	Ostry & Rideout (2004)
<b>Malnutrition</b>	A clinically measurable condition that results from an excess, imbalance or deficit of nutrient availability in relation to tissue needs.	Community Nutritionists Council of BC (2004)
<b>Obesity</b>	Obesity refers to excess amounts of body fat. Men with more than 25 percent body fat and women with more than 30 percent body fat are considered obese.  Body mass index (BMI) has become the standard used to measure overweight and obesity. BMI uses a formula based on a person's height and weight. BMI equals weight in kilograms divided by height in meters squared ( $BMI = kg/m^2$ ). A BMI of 25 to 29.9 indicates a person is overweight. A person with a BMI of 30 or higher is considered obese.	Community Nutritionists Council of BC (2004)
<b>Social capital</b>	A "composite measure" which reflects both the breadth and depth of civic community (staying informed about community life and participating in its associations) as well as the public's participation in political life. It is characterized by a sense of social trust and mutual interconnectedness, which is enhanced over time through positive interaction and collaboration in shared interests.	Mobilizing for Action through Planning and Partnerships (2008)
<b>Sustainability</b>	Meeting the needs of the present without compromising the ability of future generations to meet their own needs.	US Environmental Protection Agency (2008)
<b>Urban agriculture</b>	Growing, processing and distribution of food and other products through intensive plant cultivation and animal husbandry in and around cities.  Urban agriculture includes green belts, farming at city's edge, community gardens and vacant inner-city lots, fish farms, farm animals at public housing sites, municipal compost facilities, schoolyard greenhouses, restaurant-supported gardens, backyard orchards, rooftop gardens and beehives, and window box gardens.	Kurbis et al. (2006)
<b>Urban delivery services</b>	Local and/or organic food delivered to individuals at their home or office.	Kurbis et al. (2006)
<b>Vulnerable populations</b>	Those made vulnerable by their financial circumstances or place of residence; health, age, or functional or developmental status; ability to communicate effectively; presence of chronic or terminal illness or disability; or personal characteristics.	Kurbis et al. (2006)

## Appendix B

### CFAI Program Logic Model

Outcome #1	Activity	Target Group	Output	Success Indicators	Data Collection	Stakeholder Engagement
Awareness about food security increased	Multiple strategies	Program Deliverers  Community Facilitators  Project Participants	# and type of projects	<p>Questions on awareness:</p> <ul style="list-style-type: none"> <li>▪ Knowledge of food: safe, culturally acceptable, nutritionally adequate</li> <li>▪ “Food security” terms</li> </ul> <p>Inventory of projects – capture “learnings” from successes and challenges</p> <p>Develop criteria for successful project, e.g.:</p> <ul style="list-style-type: none"> <li>▪ Grassroots decision making</li> <li>▪ Leveraging resources</li> <li>▪ Sustainability</li> <li>▪ Increased awareness</li> </ul>	<p>Sample of participants, interview or focus group</p> <p>Paper and pencil surveys</p>	<p>One-on-one interviews</p> <p>Focus group discussions</p> <p>Incentives to encourage high participation levels (e.g., gift cards)</p>
	Engage media  Communication plan	Project Participants	# and type of media partners engaged	Scan project inventory to identify food security stories	<p>Scan</p> <p>Interviews</p>	Discussion with CFAI participants

Outcome #2	Activity	Target Group	Outputs	Success Indicators	Data Collection	Stakeholder Engagement
Access to local healthy food increased	CFAI projects implemented	Program Deliverers  Community Facilitators  Project Participants	<p># and type of projects</p> <p># of people attending</p> <p># of partners</p>	<p>Pre and post questions on:</p> <ul style="list-style-type: none"> <li>▪ Access, affordable locally grown food: safe, culturally acceptable and nutritionally adequate</li> <li>▪ Partnerships</li> <li>▪ Sustainability</li> </ul>	<p>Sample of participants, interview or focus group</p> <p>Paper and pencil surveys</p>	<p>One-on-one interviews</p> <p>Focus group discussions</p>
	Local approach for food issues  More available local food	Program Deliverers  Community Facilitators  Project Participants	<p># and type of food security issues</p> <p># of local food sources</p>	<p>Inventory of food issues</p> <p>Healthy local foods that are safe, culturally acceptable and nutritionally adequate are affordable</p>	Paper and pencil surveys	<p>Interviews</p> <p>Discussion with CFAI participants</p>

Outcome #3	Activity	Target Group	Outputs	Success Indicators	Data Collection	Stakeholder Engagement
Food knowledge and skills increased	Multiple projects	Program Deliverers Community Facilitators Project Participants	# and type of projects # of people attending	Questions on food: safe, culturally acceptable, nutritionally adequate Inventory of projects Develop criteria for successful project: <ul style="list-style-type: none"> <li>▪ Sustainability</li> <li>▪ Grassroots decision making</li> <li>▪ Leveraging resources</li> <li>▪ Increased knowledge and skills</li> </ul>	Sample of participants, interview or focus group  Paper and pencil surveys	Interviews Focus group discussions Incentives to encourage high participation levels (e.g., gift cards)
	Have food action plans	Community Facilitators Project Participants	# of people attending	More people can access, prepare and consume local, safe, culturally acceptable, nutritionally adequate food	Scan Paper and pencil surveys	

Outcome #4	Activity	Target Group	Outputs	Success Indicators	Data Collection	Stakeholder Engagement
Community capacity to address local food security increased	Multiple projects	Program Deliverers	# and type of projects	Criteria for community capacity, e.g.: <ul style="list-style-type: none"> <li>▪ Successful coalitions</li> <li>▪ Sustainability</li> <li>▪ Grassroots decision making</li> <li>▪ Leveraging resources</li> <li>▪ Evidence of increased capacity</li> </ul> Community partners are involved in initiatives  Leverage resources: support, capital costs, financial resources	Sample of participants, interview or focus group  Paper and pencil surveys  Interviews	One-on-one interviews Focus group discussions Incentives to encourage high participation levels (e.g., gift cards)
	Develop multi-sectoral partnerships	Community Facilitators Project Participants	# and type of partners			

Outcome #5	Activity	Target Group	Output	Success Indicators	Data Collection	Stakeholder Engagement
Increase in policy that supports food security	Identify areas to develop policy	Program Deliverers	# of supportive policy changes	Inventory of policies, regulations, legislation	Interviews	Telephone interviews Focus group discussions
	Have policy reviews	Community Facilitators Project Participants	# of reviews, changes in regulations, legislation	Integrated policies, regulations, legislation that support food security		

## Appendix C

# Focus Group Survey

### *Purpose:*

- *To bring out delivery issues between the Health Authorities, and between the Health Authorities and the Provincial Health Services Authority and Ministry of Health.*
- *What are the success stories and where is there room for improvement?*

### **Questions on CFAI objectives**

1. Do you believe that the CFAI is contributing to the knowledge base of food security?
2. Do you believe the public is aware of the CFAI as a program?
3. Do you think that certain CFAI activities were more successful at meeting the objectives? What activities and why?

### **Questions on Health Authorities' relationship to the Ministry of Health and Provincial Health Services Authority**

4. What is the role of the Ministry of Health with regard to delivering your program?
5. What is the role of the Provincial Health Services Authority with regard to delivering your program?
6. How have the Provincial Health Services Authority and Ministry of Health contributed to your Health Authority goals?
7. What would you do differently in your interactions with the Provincial Health Services Authority and Ministry of Health?
8. The Provincial Health Services Authority had a unique role in the delivery of the CFAI—they undertook a number of province-wide responsibilities in the delivery of the program. Do you think what they did was appropriate (e.g., evaluators, provincial initiatives, communication strategy, Aboriginal strategy)?

### **Questions on Health Authorities' relationships to each other**

9. Was there sharing of information between the Health Authorities (e.g., on processes and what was successful)?
10. Are there any other issues you want to discuss?

## Appendix D

# Program Deliverers Survey I

### Administration

1. How is the CFAI structured in your Health Authority/Provincial Health Services Authority/Ministry of Health? Loosely describe it.
2. What sort of planning did your Health Authority do?
3. What methods did you use to inform the public about the CFAI?
4. How many full-time and part-time dedicated staff were involved in your Health Authority/Provincial Health Services Authority/Ministry of Health? (Were they staff, nutritionists, nurses, did they have a full-time coordinator?)
5. Did your Health Authority have a communication strategy around the CFAI?

### Administration: Funded projects

6. Do you think the projects you selected support the objectives of the CFAI?
7. What were the criteria you used to select your projects?
8. Were there projects that weren't funded?
9. What types of projects weren't funded and why weren't they funded?
10. If a project was not successful, did they revise and resubmit their applications?

### Evaluation

11. Do you have a system for evaluating the projects in your Health Authority/Provincial Health Services Authority/Ministry of Health? How are you doing this?
12. What is the most important thing we should be measuring at this time with the community projects?

### Leveraging money

13. In your opinion, what was leveraged in your Health Authority as a result of CFAI funding, but not directly related to it? (E.g., in each Health Authority money was added— environmental scan, fridges purchased, etc., along with in-kind staff)
14. What would be a general estimate of what was leveraged?

### Administration: Conclusions

15. From your perspective, how has the CFAI grown or evolved in the past three years?

Through the survey, we will have a few questions where we ask you to rate aspects of the CFAI on a scale of 1-5. With these questions, please feel free to explain your ratings.

16. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate the overall administration of the CFAI in your Health Authority/Provincial Health Services Authority/Ministry of Health?
17. Based on our discussion on the overall administration of the CFAI, is there anything you would do differently with regard to administration?

### **Reaching your target group**

Target Group: People in your community whom you are trying to reach to create change.

18. The CFAI had a special mandate to increase food security for certain populations (e.g., vulnerable people), and each Health Authority defined that in their own way. What did your Health Authority do specifically to increase access to the CFAI for these people?
19. What were the barriers of reaching this group?
20. What were the successes in reaching this group? Say specifically
21. What would you do differently to improve engagement by your target group?
22. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate the overall success in reaching the target groups in your Health Authority/Provincial Health Services Authority/Ministry of Health?

### **Partnership and networking**

23. Other than the Provincial Health Services Authority and Ministry of Health, did your Health Authority form partnerships with any other organization to facilitate the delivery of the CFAI?
24. If so, what kinds of people or organizations did you partner with?
25. Do you feel that you partnered with the appropriate partners?
26. Do you feel that there were groups left out of the partnerships and who?

### **Capacity building**

Community capacity is: “The more skills, assets and strengths that a community group has, the better prepared they are to achieve their goals” (Doug Easterling of the Colorado Trust).

27. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate the capacity of the communities *before* CFAI?
28. What activities did the projects do to develop capacity (e.g., dealing with the media, conducting evaluations, influencing policy, other)?
29. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate the capacity of the communities *after* CFAI?

### **Leadership**

30. Have food security champions/leaders emerged as a result of the CFAI in your Health Authority?
31. Where did these food security champions emerge? Above you?

### **Projects and policy**

32. Do you think that certain CFAI activities were more successful at meeting the objectives? What activities and why?
33. Did the CFAI have an impact on Health Authority policies (reviews, changes, existing and new)?
34. If so, how many new policies and how (e.g., school system or in long-term care facilities and hospitals)?
35. What action has there been as a result of the development of the policy?
36. What could the Health Authority do differently to encourage the development of food security policy?
37. Looking back, how would you rate the development of food security policy?

38. How would you rate the development of supportive food security policy today?

### **Knowledge**

39. Looking back, how would you rate (one a scale of 1-5, 1 = not good, 5 = very good), your knowledge about food security issues before the CFAI?
40. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate your knowledge on food security issues now?
41. What do you think is the most important thing you learned about food security?

### **CFAI objectives**

For the final section, we would like to know more about your perception on the impact of the CFAI. We will ask some retrospective questions and current questions related to the objectives of the program in your region.

42. Looking back, on a scale of 1-5 (1 = not good, 5 = very good), how would you rate the level of food security awareness in your region prior to the CFAI?
43. How would you rate awareness about food security in your region today?
44. Can you give us one example of how CFAI increased awareness?
45. Looking back, on a scale of 1-5 (1 = not good, 5 = very good), how would you rate the level of access to local healthy food in your region prior to the CFAI?
46. How would you rate access to local healthy food today?
47. Can you give us one example of how the CFAI increased access?
48. Looking back, how would you rate the level of food knowledge and skills in your region prior to the CFAI?
49. How would you rate food knowledge and skills today?
50. Can you give us one example of how the CFAI increase food knowledge and skills?

### **Name recognition**

51. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate the name recognition for CFAI as a program?
52. In your opinion, how important do you think name recognition is to food security?
53. In your opinion, how important to you think name recognition is to the future of the CFAI as a program?

### **Your favourite project**

54. Tell us about one project/community in your Health Authority that was a success story.

## Appendix E

# Program Deliverers Survey II

### Administration and partnerships

1. How did the reference group [CFAI Provincial Advisory Committee] evolve?

Through the survey, we will have a few questions where we ask you to rate aspects of the CFAI on a scale of 1-5. With these questions, please feel free to explain your ratings.

2. On a scale of 1 to 5 (1 = not good, 5 = very good), how effective has the reference group been in ensuring the CFAI objectives were met?
3. Can you describe the decision-making process for the reference group?
4. On a scale of 1 to 5 (1 = not good, 5 = very good), how effective was the reference group in decision making?

Community capacity is: “The more skills, assets and strengths that a community group has, the better prepared they are to achieve their goals” (Doug Easterling of the Colorado Trust). We recognize that communities don’t always start from zero when building capacity.

5. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate the capacity of the reference group before CFAI (developing skills and knowledge)?
6. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate the capacity of the reference group now?
7. How did the reference group develop the skills and knowledge (e.g., dealing with the media, conducting evaluations, influencing policy, other)?
8. With respect to capacity building, did the reference group do anything specifically to empower the community facilitators or Health Authority leads and co-leads to build capacity in the target group?
9. Was there room for improvement for the reference group?
10. Describe some of the successes with the reference group.

### CFAI Health Authority Operations Committee

11. How did the Operations Committee evolve? (Are there people that you believe *should* be there that are not there?)
12. On a scale of 1 to 5 (1 = not good, 5 = very good), how effective has the Operations Committee been in ensuring the CFAI objectives were met?
13. On a scale of 1 to 5 (1 = not good, 5 = very good), how effective was the Operations Committee in decision making?
14. Can you describe the decision making process for the Operations Committee?
15. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate the capacity of the Operations Committee before CFAI (developing skills and knowledge)?
16. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate the capacity of the Operations Committee now?
17. How did they develop the Operations Committee skills and knowledge (e.g. dealing with the media, conducting evaluations, influencing policy, other)?



18. With respect to capacity building, did the Operations Committee do anything specifically to empower the community facilitators or Health Authority leads and co-leads to build capacity in the target group?
19. Was there room for improvement for the Operations Committee?
20. Describe some of the successes with the Operations Committee.
21. Did any food security champions or leaders (technical experts) emerge at the Ministry of Health or Provincial Health Services Authority level? At what level and where?

### **Administration: Funding**

22. In your opinion, what was leveraged as a result of CFAI funding, but not directly related to it? (E.g., in each Health Authority money was added to it—fridges purchased, etc., along with in-kind staff)
23. What would be a general estimate of what was leveraged in terms of time, money and capital costs (in-kind equipment)?

### **Target group**

Target group: People in your community whom you are trying to reach to create change.

24. What did the Provincial Health Services Authority/Ministry of Health do to enable the Health Authorities to better reach the target group?
25. What do you think were the barriers of reaching this group?
26. What do you think were the successes in reaching this group?
27. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate the success in reaching the target group?

### **Administration**

28. In general, was there room for improvement in the ways the Health Authorities administered the CFAI?
29. In general, can you describe some success stories with how the Health Authorities administered the CFAI?
30. From your perspective, how has the CFAI grown or evolved in the past three years?
31. What is the most important thing we should be measuring at this time?
32. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate the overall administration of the CFAI?

### **Policy and projects**

33. Do you think that certain CFAI activities were more successful at meeting the objectives? What activities and why?
34. Did the Operations Committee or reference group develop a provincial food security plan? What did this include? What were the main features of the plan (e.g., did they follow the objectives of the CFAI)?
35. Was there a provincial gap analysis done?
36. Did the CFAI have an impact on provincial policies (reviews, changes, existing and new)?
37. If so, how many new policies and how (e.g., school system or long-term care facilities and hospitals)?
38. What action has there been as a result of the development of the policy?
39. What could the Health Authority do differently to encourage the development of food security policy?

40. Looking back, on a scale of 1-5 (1 = not good, 5 = very good), how would you rate the development of food security policy?
41. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate the development of supportive food security policy today?

### **Knowledge**

42. Looking back, how would you rate (on a scale of 1-5, (1 = not good, 5 = very good) your knowledge about food security issues before the CFAI?
43. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate your knowledge about food security issues now?
44. What do you think is the most important thing you learned about food security?

### **Name recognition**

45. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate the name recognition for CFAI as a program?
46. In your opinion, how important do you think name recognition is to food security?
47. In your opinion, how important to you think name recognition is to the future of the CFAI as a program?

### **CFAI objectives**

For the final section, we would like to know more about your perception on the impact of the CFAI. We will ask some retrospective questions and current questions related to the objectives of the program in your region.

48. Looking back, on a scale of 1-5 (1 = not good, 5 = very good), how would you rate the level of food security awareness prior to the CFAI?
49. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate awareness about food security today?
50. Can you give us an example of how the CFAI increased awareness?
51. Looking back, on a scale of 1-5 (1 = not good, 5 = very good), how would you rate the level of access to local healthy food prior to the CFAI?
52. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate access to local healthy food today?
53. Can you give us an example of how the CFAI increased access?
54. Looking back, on a scale of 1-5 (1 = not good, 5 = very good), how would you rate the level of food knowledge and skills prior to the CFAI?
55. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate food knowledge and skills today?
56. Can you give us an example of how the CFAI increased knowledge?
57. Looking back, on a scale of 1-5 (1 = not good, 5 = very good), how would you rate how the CFAI increased community capacity to address food security?
58. How would you rate community capacity to address food security today?
59. Can you give us an example of how the CFAI increased community capacity to address food security?
60. Tell us about one project/community in your Health Authority that was a success story.
61. What does food security mean to you and how has CFAI supported that notion?

## Appendix F

# Community Facilitators Survey

You are being invited to take part in the Community Food Action Initiative (CFAI) survey for the leaders of the community projects! This evaluation is being conducted by Facilitate This! We have been hired by the Provincial Health Services Authority to conduct this evaluation. The purpose of this survey is to evaluate aspects of the CFAI project(s) you were involved in.

The goal of this survey is to evaluate the impact of the CFAI according to its five objectives:

- To increase awareness about food security
- To increase access to healthy foods
- To increase food knowledge and skills
- To increase community capacity
- To increase supportive food policies

We hope that the information learned from this evaluation will benefit similar projects and program improvement. Your participation is entirely voluntary. You have the right to refuse to participate in this evaluation. Your responses will be anonymous and confidential. The purpose of the survey is for program improvement. We are really pleased that you are participating, and to thank you for your time, we will compensate you with a \$20 gift card upon completion of the survey (from The Bay/Zellers or Save-on-Foods/Overwaitea).

If you consent to participating, please click on the “yes” button below and the survey will begin.

### Introduction

1. Do you agree to participate? (Yes/No)
2. Was your organization formed as a result of CFAI funding? (Yes/No)
3. Did your organization receive funding for one/two years?
4. Were you involved with one than one CFAI project (multiple projects)? (Yes/No)

If you were involved with more than one project, for the rest of the questions in this survey, please report on only ONE of your projects

### Project focus

5. What was the main (first) focus for your project (check one)?
  - Food forum
  - Action plan
  - Community garden
  - Community kitchen
  - Farmers market
  - School program (e.g., farm to school, school garden)
  - Community supported agriculture
  - Emergency food service (gleaning, food bank)
  - Policy development
  - Other (please specify)

6. What was the secondary focus(es) for your project (check all that apply)?
- Food forum
  - Action plan
  - Community garden
  - Community kitchen
  - Farmers market
  - School program (e.g., farm to school, school garden)
  - Community supported agriculture
  - Emergency food service (gleaning, food bank)
  - Policy development
  - Other (please specify)

### **Planning your project**

7. How many people were involved in the planning and decision making for your project (e.g., staff, volunteers)?
8. What sort of planning did your organization do in advance of the delivery of the program (check all that apply)?
- Identifying food security needs in your community (needs assessment)
  - Identifying programs that already exist in your community (environmental scan, community mapping)
  - Searching out and inviting key stakeholders
  - Creating a formal food security plan
9. Did your project identify specific food security issues? (Yes/No)
10. What were the top 3 issues?
11. Did you go outside your committee to get advice or help/professional advice (e.g., experts in community development, food security, growing, etc.)? (Yes/No)
12. What did you do to promote the project (check all that apply)?
- Email listserv
  - Meetings
  - Media
  - Newsletters
  - Telephone
  - Word-of-mouth
  - Other (please specify)

### **Target group**

13. Who was your target group(s) (check all that apply)?
- Children (0 to 12)
  - Youth (13-19)
  - Teen parents
  - Single parents
  - Families
  - People on lower or fixed income
  - Adults
  - Seniors/Elders
  - New Canadians (Immigrants)
  - First Nations/Aboriginal people
  - Other (please specify)

14. How many people in total participated in your project (e.g., from your community, target group, others)?
15. Of the people who participated, what percentage was male/female (estimate)? Male \_\_\_\_\_  
Female \_\_\_\_\_
16. On a scale of 1-5 (1 = not good, 5 = very good), how involved was your target population in the planning/decision making of your project?
17. Were there barriers in reaching this group? (Yes/No)
18. What were the barriers?
19. Please describe a success story in reaching your target group.
20. What would you do differently to improve engagement by your target group?

### **Partnerships**

21. Did your project form partnerships with other organizations?
22. If so, what kinds of people or organizations did you partner with (CHECK ALL THAT APPLY)?
  - Churches
  - Schools
  - Emergency food organizations (e.g., food banks)
  - Service providing organizations (e.g., Salvation Army, Rotary Club, etc.)
  - Health care organizations
  - Municipalities
  - Aboriginal organizations
  - Growers/farmers
  - Retailers
  - Media
  - Other community organizations
  - Other (please specify)
23. Do you feel that there were groups left out of the partnerships? (Yes/No)
24. If yes, what groups were left out as partners with your project?

### **Project organization summary**

25. On a scale of 1-5 (1 = not good, 5 = very good), how satisfied were you with the following:
  - a. The application process (e.g., support, timing)
  - b. The organization of your project
  - c. The decisions made regarding your project
  - d. Your success in reaching your target group
  - e. Your project activities
  - f. Your project's accomplishments
26. Is there anything you would do differently with how your project was organized?

### **Goals and terms of reference**

27. Did your project develop (yes/no for each question):
  - a. Focused activity(ies)
  - b. Key purpose
  - c. Goals and objectives
  - d. Terms of reference (road map for the project)
  - e. Mission statement

**Leadership**

28. Because I worked in this Community Food Action Initiative (CFAI) project:

	Yes	No	Already there*	n/a
1. I am better at making decisions				
2. I am better at setting goals				
3. I am better at solving problems				
4. I am more of a leader				
5. I work better with others on a team				
6. I feel I can make more of a difference				

29. Have NEW food security champions/leaders emerged as a result of the CFAI in your project? (Yes/No)

30. Give us some examples of who emerged as food security champions (e.g., community member)?

**Organizational relationships**

31. Your Community Food Action Initiative (CFAI) project may have been involved in a number of activities with other organizations. When you think of your partnerships with other organizations, did you:

- a. Exchange information
- b. Share tasks
- c. Merge resources
- d. Create activities of mutual benefit
- e. Develop formal links and commitments
- e. Have joint budget and fundraising
- f. Have consensus decision making
- g. Have a formal evaluation process

**Community capacity building**

32. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate the skills, assets and strengths of your project group...

- a. Before you got CFAI funding
- b. After you got CFAI funding

33. What could have the CFAI done differently to build your group's skills, assets, and strengths?

**Leveraging**

34. How much of your total budget for your project came from OTHER SOURCES (not CFAI funding)? (specify percentage)

35. Did the community contribute any of the following to your project? (Yes/No)

36. Can you give us a general estimate of how much was contributed to your project from sources other than CFAI (in dollars)?

37. Can you give us a general estimate of how many in-kind VOLUNTEER HOURS were contributed to your project?

38. Are you applying for other funding to sustain your project? (Yes/No)

**Evaluation/Reporting**

- 39. Do you have a system for reporting on and evaluating your project’s success? (Yes/No)
- 40. Have you shared the results of your reporting/evaluation with people who participated in your project? (Yes/No)
- 41. Have you shared the results of your reporting/evaluation with the general public? (Yes/No)

**Skills and knowledge**

- 42. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate your knowledge about food security issues...
  - a. Before you got CFAI funding
  - b. After you got CFAI funding
- 43. Because I worked in this Community Food Action Initiative (CFAI) project...

	Yes	No	Already there*	n/a
1. I know more about how my food is grown				
2. I know more about locally grown foods				
3. I know more about which foods are healthy and which foods are not healthy				
4. I know more about health and diet-related issues				
5. I make healthier food choices				
6. I eat more foods that are traditional for my culture or family background				
7. I know more about cooking and preparing a healthy meal				
8. I am more physically active				

- 44. What do you think CFAI could do differently to improve your knowledge about food security issues?

**Policy**

- 45. Did your Community Food Action Initiative (CFAI) project have an impact on food security policies?
- 46. If yes, what kind of policies did you impact?
- 47. On a scale of 1-5 (1 = not good, 5 = very good), how would you rate the development of supportive food security policy:
  - a. Before you got CFAI funding
  - b. After you got CFAI funding

**CFAI objectives**

On a scale of 1-5 (1 = not good, 5 = very good)...

- 48. How would you rate the level of food security AWARENESS in your community:
  - a. Before you got CFAI funding
  - b. After you got CFAI funding
- 49. How would you rate the level of ACCESS to local healthy food in your community:
  - a. Before you got CFAI funding
  - b. After you got CFAI funding
- 50. How would you rate the level of FOOD KNOWLEDGE AND SKILLS in your community:
  - a. Before you got CFAI funding
  - b. After you got CFAI funding
- 51. What could the CFAI have done differently to increase food security awareness, access and knowledge in your community?

**Final comments**

52. In your opinion, what was the most important impact/outcome/experience of your project?
53. Do you have any additional comments on the survey?
54. Could you provide us with your name and mailing address so we can mail you the gift card?  
Once the cards are mailed, identifying information will be destroyed and will not be included in any analysis or reporting subsequently.
55. Please tell us what \$20 gift card you would like!
  - a. The Bay/Zellers/Home Outfitters
  - b. Save-on-Foods/Overwaitea Foods/PriceSmart Foods/Cooper's Foods
56. Would you be willing to help us survey participants in your project and be OK with us contacting you about this later? We would be contacting you about the participants in your project to obtain their contact information. You will be compensated with an honorarium for your assistance.



## Appendix G

# Project Participants Survey

1. What type of project did you participate in (Please only circle one)?

- Food forum and action plan
- Community garden
- Community kitchen
- School program
- Emergency food service (e.g. gleaning, food bank)
- Policy development
- Other

2. There are many ways to be involved in the project. Did you (check all that apply):

- Help with inviting other people to come?
- Help organize the project activities?
- Get involved with decision-making?

3. How satisfied were you with the following:

	Not good			Very good	
The organization of your project activities	1	2	3	4	5
The actual project activities	1	2	3	4	5
The decisions made about your project	1	2	3	4	5
The project's accomplishments	1	2	3	4	5

4. What would you do differently in the organizing of your project?

5. What does the term “food security” mean?

The following two lists contain some changes you may or may not have experienced because of participating in your project. Please indicate “yes” or “no” with the following statements:

6. Because I participated in this Community Food Action Initiative project...

	Yes	No	Already there*	n/a
I am better at making decisions				
I am better at planning ahead				
I am better at setting goals				
I am better at solving problems				
I am more of a leader				
I work better with others on a team				
I feel I can make more of a difference				

*\* Note: “Already there” means you already knew this or had this skill*

7. Because I participated in this Community Food Action Initiative project...

	Yes	No	Already there*	n/a
I know more about how my food is grown				
I know more about what foods are grown around here				
I know more about foods that are healthy/not healthy				
I know more about health and diet-related issues				
I make healthier food choices				
I eat more foods that are traditional for my culture or family background				
I know more about cooking and preparing a healthy meal				
I am more physically active				

\* Note: "Already there" means you already knew this or had this skill

8. What do you think the project could do differently to improve your knowledge and skills?

9. As a result of your participation in your project, please rate

	Not good			Very good	
Your understanding of the term "Food Security"	1	2	3	4	5
Your knowledge of food security issues	1	2	3	4	5
Your access to local healthy food	1	2	3	4	5
Your knowledge of food systems	1	2	3	4	5
Your food knowledge and food skills	1	2	3	4	5
Your knowledge about food security policies	1	2	3	4	5

10. Did you share your food knowledge and skills with others outside your project? Please explain how.

11. How did you hear about your project (circle one)?

- Email
- Newspapers, TV or radio
- Newsletters, flyers and brochures
- Word of mouth
- Other

12. What was your most important experience from the project?

ABOUT YOU!

13. I am: Male Female

14. What year were you born?

15. Have you moved to Canada in the last 5 years? Yes No

16. Are you Aboriginal? Yes No

If yes, are you: First Nations Métis Inuit

17. What is the highest grade level you achieved in school?

If you went to college/university, how many years did you complete?

18. What is your marital status?

Single   Married   Common-law   Divorced/separated

19. What is your household income before tax per month?

20. How many people does your income support in your household?

21. What is the size of your community?

Less than 30,000   30,000-99,999   100,000-499,999   500,000 +

## Appendix H

Table of before and after ratings

<b>Deliverers</b>			
<b>CFAI Objective</b>	<b>Before rating</b>	<b>After rating</b>	<b>Significant difference</b>
Increase awareness	1.7	3.2	Yes
Increase access	2.0	2.5	No
Personal food knowledge and skills	2.1	2.9	Yes
Increase community capacity	3.0	3.6	No
Policy development	1.3	3.1	Yes
<b>Community Facilitators</b>			
<b>CFAI Objective</b>	<b>Before rating</b>	<b>After rating</b>	<b>Significant difference</b>
Increase awareness	2.2	3.4	Yes
Increase access	2.3	3.1	Yes
Personal food knowledge and skills	3.2	4.3	Yes
Community food knowledge and skills	2.3	3.5	Yes
Increase community capacity	3.2	4.3	Yes
Policy development	2.3	3.3	Yes