Implementing Community Food Action in British Columbia: Criteria for Success and the Role of the Health Sector

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Provincial Health Services Authority
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Foreword

PHSA was asked to investigate leading community food action initiatives in BC in response to the need for a clearer understanding of how the different initiatives became successful and how the health sector contributes in this area.

The report is based on primary research and the findings reinforce the conclusions of prior research into the success criteria for food security initiatives. The case studies have been well documented and contain valuable information on the evolution of the four initiatives themselves.

While there has been general acknowledgement of the role of the health sector in community food security activities, this report documents what until now has been intuitively understood.

PHSA is confident that this report will help health care decision makers develop and design successful food action programs in their communities.
1.0 Executive Summary

This report has been commissioned by the Community Food Action Initiative and managed through the Provincial Health Services Authority.

The purpose of this report is to conduct a comparative analysis of four well-established BC community food security (CFS) initiatives to:

- Investigate the role of public health in community food security.
- Identify success factors for the implementation and sustainability of food security initiatives.
- Offer considerations, based on the insights from the case studies, to enhance the ability of community-based food security initiatives in contributing to public health objectives.

The method used to meet this objective was to develop in-depth case studies on four CFS initiatives:

1. Healthy Eating Active Living in Northern BC
2. Kamloops Food Policy Council
3. Vancouver Food Policy Council
4. The BC Food Systems Network

The research was not in any sense an evaluation of these community food security initiatives. Rather the methodology utilized was a case study approach to document and analyze community food security activity through four specific initiatives in British Columbia.

The Role of the Health Sector in Community Food Security

The role of health that emerged from comparing the four case studies can be situated within the framework of health promotion. In practical terms the health sector:

- Assisted strategic and policy planning development.
- Funded selected projects and programs.
- Provided a certain level of resources (for example, paid staff time and other resources).
- Provided support with project management.
Enabled community links and involvement in CFS through health service activities.

The extent of the role of health sector varied depending on the particular project or program. The research found that the health sector's role was critical, for example, through providing seed funding to enable projects to develop and in the role of project administration.

**Success Criteria**

Evidence from the case studies suggests the criteria for successful CFS initiatives are:

- Demonstrating a clear idea of what is trying to be achieved and how to get there.
- The ability to facilitate and bring together very different people and perspectives, including the means for conflict resolution and building trust.
- Having the ability to secure funding in terms of real dollars as well as in-kind support.
- Being rooted in the communities that have food security needs.
- Having in place, or having the ability to build, a team that includes professionals, dynamic workers and committed volunteers.
- Ensuring responsive and adaptive mechanisms and systems that keep people informed, engaged and ready for change.
- Working in partnership with a wide range of organizations to foster a sense of shared ownership.
- One major success – common to all the case studies – has been the way in which grassroots and community activities integrate with more formal organizations and their policy environments, such as through forming networks or food policy councils.

These success criteria correspond with the success factors previously identified in the report by McGlone et al on Food Projects and How They Work (1999). This study drew on the experiences of food projects in the UK to give a better understanding of how these projects work, what they can realistically be expected to achieve, and how they can help in achieving nutritional and health outcomes.

The McGlone report concludes that there are a number of factors which contribute to the success of food projects, and the more of these factors a project exhibits, the more likely it is to thrive.

The categories which positively influence food project implementation and sustainability are:

- **Reconciling different agendas**: The ability to find common ground and establish common objectives provides a solid foundation for stakeholders to work together.
- **Funding:** Secure funding is critical to whether a project is successful and food projects take a long time to become established. As well as supporting innovation, projects require funding to support their on-going success.

- **Community Involvement:** Genuine involvement of local people as equal partners is essential, as the level of community support can make or break a project.

- **Professional Support:** Professionals need time, resources and authority to invest in a project.

- **Credibility:** Without credibility a project will lack support and fail to obtain funding.

- **Shared Ownership:** Having a sense of collective investment by stakeholders has long term impact on project sustainability.

- **Dynamic Workers:** The leadership of a few individuals, whether professional or community-based, can mobilize support and generate momentum in a project.

- **Responsiveness:** The ability to adapt to changing agendas or priorities of stakeholders is essential in the evolution of a project.

- **Networking or Building Partnerships:** Projects linked with different organizations are more likely to be sustainable.
Implementing Community Food Action in British Columbia: Criteria for Success and the Role of the Health Sector

Considerations for Planning Future Community Food Action

Based on the analysis from the case studies, the health sector could take the following into consideration for future planning for their role in community food action:

1. **Evaluation:** There is a gap in evaluating CFS activity in terms of measurable outcomes which resonate with health care decision makers. There is a role for health authorities in BC to develop innovative and robust methods to measure CFS with respect to health promotion outcomes. In taking the ‘community’ as defining the unit of analysis, and defining CFS as a specific form of health promotion, and combining the two, there is the opportunity to develop measurable indicators related to public health policy objectives.

2. **Leadership in Policy Development:** Policies which determine how food is produced, what food is produced, and how it is distributed and marketed have implications for consumption patterns among a population. Many of these policies therefore have a health impact and affect community food security – including hunger and malnutrition. Public health could take a leadership role in developing intersectoral strategies and policies to address food security.

3. **Funding:** Community food security initiatives should have access to funding that is not short term or focused only on innovation. These initiatives take a long time to become established, and their contributions to health and nutrition outcomes should be encouraged. Food programs have been used successfully as a vehicle to address a wide range of health issues, outside of nutrition alone. Thus food security could be conceptualized more formally as part of communities and individuals ‘livelihood strategies’ and should be supported as such.
2.0 Introduction

This project was commissioned by the Community Food Action Initiative (CFAI) - part of the healthy eating component of ActNow BC. Launched by BC Premier Gordon Campbell, on March 19th, 2005, ActNow BC sets out to make the province by 2010: “healthiest jurisdiction to ever host an Olympic and Paralympic Winter Games.”

ActNow is an extremely wide-ranging cross-governmental and community-based health promotion platform aimed at supporting healthier eating, physical activity, ending tobacco use, and promoting healthy choices during pregnancy.

The Community Food Action Initiative (CFAI) is one initiative under the ActNow umbrella and is framed as a community supporting measure to ensure British Columbians have environments that support healthy eating.

The CFAI is a provincial public health program developed as the result of extensive province-wide consultations with a range of stakeholders from government, academia, health authorities and community. The current program design resulted from this consultation. Participation in this initiative from a diverse group of stakeholders remains ongoing as part of the strategic direction and implementation.

CFAI is a strategic initiative to:

- Identify priorities
- Build capacity and mobilize efforts
- Move the community food security agenda forward
- Increase the evidence base for food security interventions

The purpose of this report is to conduct a comparative analysis of four BC community food security (CFS) initiatives to:

- Investigate the role of public health in community food security
- Identify success factors for the implementation and sustainability of food security initiatives
- Offer considerations, based on the insights from the case studies, to enhance the ability of community-based food security initiatives in contributing to public health objectives

The four community food security initiatives investigated were: Healthy Eating Active Living (HEAL) in Northern BC, Kamloops Food Policy Council (KFPC), Vancouver Food Policy Council (VFPC), and the BC Food Systems Network (BCFSN).
3.0 Methodology

The research was not an evaluation of the community food security initiatives identified. Rather the methodology was a case study approach aimed to document and analyze community food security activity through four specific initiatives in British Columbia. Information was derived from key informant interviews of those directly involved with CFS activities in BC.

Supporting information was used from the grey literature relating to the four community food security initiatives, such as evaluation reports and some government documentation. Undertaking a comprehensive literature review of BC food security activities or on CFS in general was not within the scope of this project.

The use of a case study methodology has strengths and weaknesses. Challenges include:

- Difficulty in designing and scoping of a case study research project to ensure research questions are adequately answered.
- Case study research can be time consuming and often results in large amounts of data. The availability and/or willingness of people or organizations to participate in a case study are sometimes problematic.
- The reporting of case studies can also prove difficult and it can be a challenge to demonstrate rigor and the validity of findings (Yin 1994).

That being said, the case study methodology offers a number of strengths:

- This approach offers a robust method to investigate contemporary phenomenon within a ‘real-life’ context.
- A case study can make an important contribution to where understanding of context is important, in particular where the experiences of individuals and the contexts of action are critical, something that is particularly relevant for this research.
- Case methodology enables a high degree of flexibility to explore the key questions set out in the project objectives.
4.0 Community Food Security in BC: the Role of the Health Sector

This section provides a brief explanation of the alignment of community food security to public health goals and the BC context of community food security and public health.

4.1 CFS and Public Health

The Community Food Action Initiative has adopted the definition of community food security offered by Hamm and Bellows (2003) which states that “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”.

Essentially food security revolves around the idea that people should have reliable access to nutritious food. But as this definition suggests, it is about much more than this. The term food security has evolved into an umbrella concept which includes activities ranging from social justice and hunger alleviation to sustainable food production and distribution through to ensuring safe and healthy food systems.

Food security is emerging as an area of interest within the health sector. As outlined in the Perspectives document\(^1\) the promotion of healthy eating and ensuring access to nutritious foods are seen to have important implications for improving the health of populations.

“From a population health perspective, it is understood that in order to influence the health of individuals, families, and communities, comprehensive action strategies must be undertaken on the full range of health determinants. To place food security within this framework, comprehensive and coordinated food policy, programs and services acting across determinants are seen to provide the context for healthy, safe and sustainable food systems leading to a well nourished population.”

4.2 The BC Context

In BC, community food security activity has been occurring across an extremely diverse group of sectors for some time. An added dimension to this context is the integration of community food security into public health policy through ActNow and the Framework for Core Functions in Public Health.

The provincial government has implemented Act Now, a health promotion platform designed to improve the health of individuals and communities by focusing on five goals for BC’s population by 2010. One of the goals relates to Healthy Eating, with the objective of increasing by 20 per cent BC’s

\(^1\) Perspectives on Community-based Food Security Projects: A Discussion Paper, PHSA/ActNow BC
population who eat recommended daily servings of fruit and vegetables. An array of healthy eating initiatives is included under the ActNow umbrella - most directly related to community food security is the Community Food Action Initiative.

In 2005 the Ministry of Health developed a Framework for Core Functions in Public Health, to contribute to enhancing population health and wellness. Food security has been identified by the Ministry of Health as one of 21 core programs to be provided in a renewed and modern public health system.

4.3 From the Case Studies: The Role of the Health Sector in Community Food Security

The role of health which emerged from comparing the four case studies can be situated within framework of health promotion. For example, the four case studies provide qualitative insights into CFS as a local and regional health promotion strategy. In fact the HEAL 2005 evaluation report defines HEAL as “a collaborative approach to health promotion”. Thus ‘health promotion’ was a core activity of the community food security initiatives investigated.

Many of the interviewees talked about the process of enabling people to increase control over and improve their health. This tended to involve certain groups or populations of people – mainly those affected by low income, socially or economically disadvantaged groups, those with a long-standing health problem – rather than the population as a whole.

The extent of the role of health sector varied depending on the particular initiative. The health sector’s leadership role was evident in the following areas:

**Capacity Building**

- Enhancing community links and involvement in CFS through health service activities.
- Building capacity through inter-sectoral alliances and partnerships.
- Working directly with communities to identify and act upon local priorities.

**Strategic and Policy Planning Development**

- Developing policies and working with institutions (such as health authorities, local government, businesses) to enable healthier food choices, improve food access, and support ethical food procurement policies.
Partnerships

- Engaging with First Nations and Aboriginal communities to address food security as part of their wider Aboriginal health initiatives.

- Working with schools and other outreach programs to improve children’s health.

- Working with government and industry to develop healthy and sustainable agriculture, farming and local food supply systems.

- Working towards a framework which links health and the economy.

Funding

- Providing seed money to CFS initiatives.

Infrastructure Support

- Provided help with project management.

- Providing staff time and job responsibilities.

- Resources (copying, printing, conference call facilities).

- Research and data collection.

- Project management (for example, administering Federal grants).

In particular, analysis of the case studies provides some learnings on roles and responsibilities and the way different social actors worked together that lead to successful CFS initiatives. One of the key roles of health authorities have already played, and that stands out from this research, is the way in which staff members, notably community nutritionists, have helped to initiate, develop, and implement CFS service programs and policy. They have been instrumental in working in respectful ways with communities to help facilitate community-led food security solutions and projects, and in policy development.

Evidence from the case studies point to extensive multiplier and value added outcomes when the health sector invests in CFS infrastructure development or provides seed funding for community generated CFS solutions.
5.0 Implementing Community Food Action: Criteria for Success

The four case studies – all very different, in terms of scope and geographies, but sharing similarities in objectives and approaches – serve in particular to help understand the process by which community food security initiatives have developed within BC, the obstacles encountered, and the key criteria for successful implementation.

The food security activities outlined in this report as part of the case study evidence have little to do with ‘top-down’ planning. They demonstrate local negotiation, local knowledge and are grounded in community-based activity.

Success has been taken to mean what seems to work to enable the process of community food security to take place.

**Success Criteria**

Evidence from the case studies suggests the criteria for successful CFS initiative are:

- Demonstrating a clear idea of what is trying to be achieved and how to get there.
- Having the ability to facilitate and bring together very different people and perspectives, including the means for conflict resolution and building trust (reconciling differences).
- Having the ability to secure funding in terms of real dollars as well as in-kind support.
- Ensuring there are champions to advocate on behalf of the initiative.
- Being rooted in the communities that have food security needs (community involvement and credibility)
- Having in place, or having the ability to build, a team that includes professionals, dynamic workers and committed volunteers
- Ensuring responsive and adaptive mechanisms and systems that keep people informed, engaged and ready for change.
- Working in partnership with a wide range of organizations to foster a sense of shared ownership.
- One major success – common to all the case studies – has been the way in which grassroots and community activities integrate with the more formal organizations and their policy environments, such as through forming networks or food policy councils.
These success criteria correspond with the success factors previously identified in the report by McGlone et al on *Food Projects and How They Work* (1999). This study drew on the experiences of food projects in the UK to give a better understanding of how these projects work, what they can realistically be expected to achieve, and how they can help in achieving nutritional and health outcomes.

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3. **Funding:** Community food security initiatives should have access to funding that is not short term or focused only on innovation. These initiatives take a long time to become established, and their contributions to health and nutrition outcomes should be encouraged. Food programs have been used successfully as a vehicle to address a wide range of health issues, outside of nutrition alone. Thus food security could be conceptualized more formally as part of communities and individuals ‘livelihood strategies’ and should be supported as such.
Appendixes

Case Study 1: Kamloops Food Policy Council

Kamloops Food Policy Council (KFPC) was established in 1995 with representatives from a wide range of interests connected to food: from agriculture, charities to health professionals. The Council describes its role as creating chances for people to meet and act on community food issues, public education and advocacy, developing policies to improve community food security, creating and supporting community programs such as community gardens, the Good Food Box, food recuperation, farmers’ markets, community kitchens, and the breastfeeding coalition.

The KFPC was formed against a background of food security activity, mainly emergency food programs, that had been building up in the Kamloops since the late 1980s, some of these activities continue today and now have nearly a 20-year history. If the main characteristic of KFPC had to be summed up in one word it would be “longevity.”

A key turning point in the origins of KFPC came in 1994 when Laura Kalina, a community nutritionist, but also leader in the development of Kamloops food security movement, organized a large one-day food forum bringing together agriculture, politicians, emergency food representatives and other groups with an interest in food, to discuss food security. At the end of the forum there was such momentum it was decided to form a Food Policy Council.

CFS activity in Kamloops is described as “very successful.” One example of success cited is a 30 per cent reduction in food bank use between 1998 and 2001, making the city the only community in Canada to actually experience a drop in food bank use.

Documented academic research on exactly why this happened has not been undertaken, but at the time emergency food security programs were well established, such as community kitchens, community gardens, food boxes, and other programs. Unfortunately, food bank use went back up again after this period.

Another milestone in the history of KFPC was to successfully see food policies adopted by the both the health region and then the municipal government. For example, the KFPC began discussions with the City of Kamloops in 2000 to include food policy as part of the Kamloops Social Plan (the latter was drawn up in 1996). The City Council voted in favor on May 9th 2002 to incorporate elements of food policy into the Social Plan. KFPC now has a direct link into the City policy-making apparatus and the City in turn has access and engagement with communities represented through the KFPC. However, it is important to note that from its formation, KFPC remains an independent body and in fact receives no direct funding for its work.

In this regard, it is important to highlight that while Foodshare was a concept pioneered by Laura Kalina through the Food Policy Council, it was not able to be implemented until it was a project of the Kamloops Food Bank/Action Centre who took on full liability as a society. This is an important
distinction because success of the Foodshare project required the ability to issue tax receipts. All fundraising and negotiations for formal contracts with head offices of donors were done by the Food bank, without Food Policy Council involvement.

Unfortunately, while the Kamloops Food Bank/Action Centre’s Foodshare program is hugely successful, funding vehicles are not readily available and one interviewee felt this was a critical fact to convey, as it relates to the issues many community-based organizations face in relation to the time and effort needed to incessantly fundraise for small grants.

Another important factor in the development of food security in Kamloops could be its size: with about 70,000-80,000 people, it was found easier to build and develop community networks and to use the media to good effect than might be possible in, say, a larger city like Vancouver.

How the KFPC Works

Through analysis of the interviews four main ‘processes’ emerged to define the way in which the KFPC operates as an organization to develop food security at the community level:

Building bridges: to achieve this KFPC was described by one interviewee as working “continuously” on many different levels. As important as working with ‘external’ organizations, like local government or food businesses that donate food, has been working to bring ‘internal’ agencies together and creating a space where they can collaborate, air differences and develop common goals.

Creating and initiating projects but not running them: KFPC has become the conduit for community food security creativity and innovation, not the day-to-day running of projects. The process of how the Council works as an organization was summed up as: “…we don’t want to run the projects, we just want to get the level of interest... so that’s our success: initiating [projects] based on need, getting whichever partner is the one that needs to do the work, working with them, making them successful, passing it off [and then moving] onto the next project.”

Creating a space for open communication and developing vision: The Council has played the pivotal role with developing and keeping a common vision and part of this role is seen as getting everyone talking. There is a meeting every month and all the stakeholders are there and information shared which often leads to action. To give two examples:

- At one meeting it was discussed that there was a need for more community gardens. A church group present heard this need and dug up their front lawn creating 30 new spots.

- A need was identified by one group for more fruit and vegetables. Representatives from the Farmers’ Market were then able to help out by arranging for the group to collect their leftover produce at the end of Saturday’s market.
As one interviewee comments: “Unless you talk, how do you know what people need?... it’s communication that’s so important.”

**Being an advocate for partners and stakeholders:** One of the key roles of KFPC is to ‘speak’ on behalf of a lot of community interests. In this way KFPC acts as an advocate for food security and can address sensitive political issues that individual food security agencies can not directly because they need to be seen to act as politically neutral. Also in this role KFPC can act to change wider community stereotypes around food security and about the people who seek food assistance. Areas described by one interviewee where it was felt the KFPC advocacy role is particularly important is with respect to better services for children, women, and aboriginal communities.

**The Relationship between KFPC and the City of Kamloops**

Food policy is located in the Social Planning function of the City of Kamloops, which in turn, sits in the City’s Recreation Department. Through the social planning function, KFPC is given an ear to social planning issues and the City Council to community concerns about food security.

From the interviews four issues of note were gleaned about the relationship between KFPC and the City council:

1. **The influence of food policy is limited:** Even though food policy is now on the ‘inside’ in the City, in the context of the totality of the City’s work it is a minor part of the broader community activities the City undertakes (such as sewerage, water, and so on). But now food policy does have a presence.

2. **Trying to find the ‘audience’ for social enterprise and community business development through food:** The City of Kamloops would like to see further activity in establishing new food businesses and social enterprise. So far the City has been unsuccessful in this respect, and it still feels a need to locate and bring on board the ‘right audience’ to take this further.

3. **Developing strategic planning related to food policy:** The City would like to foster more strategic thinking around food policy or even a strategic plan on what tasks need to be tackled over the next five years with realistic goals.

4. **Food policy, health, and the City:** Health per se in relation to its food policy work does not play a central role in the City’s thinking about food policy, but connections to other parts of the City’s work are being made through the City’s involvement with KFPC., for example, in the context of the City’s chronic disease management programs. The City is making connections through food with the health sector and looking for opportunities to develop strategic partnerships with the Health Authority that align with its food policy strategic planning.
Food policy also taps into the City’s objective to become the healthiest community in the country. As one interviewee said: “We would like to be known as the healthiest community in the country. A piece of that is food policy.”

**Funding Issues**

All the case studies raise at some time the tricky issue of funding. A common complaint is the burdensome application process for funds. One interviewee said: “…actually that’s one thing [doing funding applications] that I find extremely frustrating. My time could be spent initiating more projects, but what am I doing, trying to get funds…”

Interviewees in Kamloops confirm that even relatively small sums of money can have major impact on community food security projects, from getting them going to keeping them running. But constantly looking for funds to sustain a project, often from different sources, can in turn change the character of that project.

Funding issues therefore, split into two major areas of concern. First, as already mentioned, the application process itself, and second, but more fundamentally is the issue of sustainability and building suitable community food security infrastructure for the longer-term. Interviewees argued that preserving and developing well-established community food security infrastructure is relatively cost effective. For example, for a part-time executive director to run the KFPC around $30,000 would be needed. Investments in existing infrastructure would, in this case, help build on more than a decade of food security work supported through civil society and volunteer work. A real concern raised is that without more formal government support for existing food security infrastructure the years of work and future potential to address community food security needs might be compromised or lost.

As one interviewee said: “I think that’s where government has to come to the plate and say, ‘you know what, you want the Food Policy Council, here’s X-amount of money for you to run your Food Policy Council’, because it does take time. It can’t all be volunteer. That’s my big beef right now…we need money for some infrastructure…”

**Future Directions**

All the case studies are undergoing a period of introspection, particularly on future priorities. For example, Kamloops’ food security community is currently revisiting the work between the City and KFPC, which is now four years on, to see how they can develop their relationship even further. A meeting to this effect was held at the end of March (2006).

With respect to this process it is felt the “low lying fruit has been picked” and it is now time to move onto the next level. It is also felt important, by one interviewee, that all assumptions are questioned.
Another emerging focus is on social enterprise and how systems can be created that provide economic development around food: moving food security even further towards social enterprise, economic development, and policies that support that.

From analysis of the interviews, there seems to be an emerging issue that might become a challenge that will need addressing. With trying to bring in greater community involvement a lot of expectations are also being pushed back on communities for them to come up with solutions and ‘strategic’ planning. This in itself is creating a further challenge for communities that will need to be factored in. But then it will be equally challenging that when communities provide these solutions they are then respected, taken on board and supported or implemented.

**Summary: Success Factors**

- Timescales – taking the long-view has been critical
- Communications – both internal and external and between stakeholders
- Building bridges – between and within food security interests
- Collaboration – working through mechanisms to facilitate effective collaboration
- “Incubating” projects and programs
- Creative, dynamic and consistent leadership – just doing it!
- Community-led innovation and creativity in terms of ‘management-style’ and culture as well as new projects and programs
- Building food policy more widely into City political and governance structures
- Defining key issues, creating focus, and championing these issues
- Self-examination of work done, questioning assumptions, frequent assessment of future priorities and directions, then acting on these in small chunks
- Reliance on voluntary effects, from staff doing ‘side of desk work’, ‘seniors’ helping in communities, to the work of charities and use of voluntary monetary and in-kind donations
- Understanding different ‘audiences’ – developing projects and programs require addressing different audiences in appropriate ways, whether it is the business community, government and health authorities, different stakeholders, and individuals or communities involved.
- Taking action - building on ‘successes’ through scaling up or extending a range of projects
Summary: Health Sector involvement:

- Health authority pays for staff time and resources to enable food security work
- Partnering to develop food security solutions
- Helping to facilitate community participation, for example funding food forums, workshops
- Becoming involved in strategic thinking with partners
- Developing solutions for safe food handling and distribution practices
- Developing unique programs using food security initiatives for people with existing health needs
- Emergency food assistance/hunger is a central and on-going ‘health’ concern

The Food Share Project

Kamloops has successfully set up the first BC program outside Vancouver that does food recovery. Four main lessons were gleaned through the interviews on what made the setting up of the Food Share project possible:

- **Ensuring food safety:** The role of the health authority was crucial in helping to ensure a system was put in place for the safe handling of fresh foodstuffs. This involvement helped to convince the head offices of grocery stores to take part and allow fresh foods to be recovered.

- **Efficient logistics:** The food security agencies involved had to develop a system where they could pool their resources to make the food share work and the food reached the people who needed, rather than local agencies working individually picking up and distributing the food.

- **Effective collaboration:** Food share is an idea from KFPC and is run through the Kamloops Food Bank. For the food recovery program to work individuals and different groups had to work out a way to undertake the venture collectively; the Food Bank took leadership and ‘ownership’ of the project to make it happen.

- **Business skills:** As well as community food security skills, the food recovery program team had to be business ‘savvy’ to be aware and respond to the needs of their business donors, and in terms of the costs and liabilities of the food recovery scheme.

In its first full run from January 7th to 31st, Food Share collected and distributed 36,186lbs of fruits and vegetables that would otherwise have been dumped.
Gardengate: Introducing the Social Farmer

An intriguing food security idea is illustrated by the successful Gardengate project: to find and resource ‘social farmers’ to develop sustainable food supply for CFS purposes.

Gardengate is a partnership project between KFPC the BC Society of Training and Health and Employment Opportunities (THEO BC) that aims to enhance access to healthy food and employment for people with disabilities. Today, around 40 mental health clients use the site.

Success Lessons Include:

- **How to get a piece of land**: The site was founded on Interior Health Authority land that was not being used. At the time, the Health Authority had just adopted its policy that said it would support local agriculture so Laura Kalina simply asked to use it, and got the land. She says without that policy in place they would not have got the land.

- **The ‘social farmer’**: Another crucial element to the project’s success was hiring a social worker who was also an horticulturist. He turned the site into an organic certified mini-farm producing more than 17,000 pounds of food on one acre.

- **An integrated approach**: For example, Lila Jennejohn, a volunteer who was active in helping set up and run Gardengate and continues to oversee the philosophy and direction of the project, was also able to run workshops for clients on food safety, cooking skills, and help them develop an interest in cooking with whole foods.

From Food Bank to Food Action Centre

Since September 2004 Kamloops food bank has being undergoing something of a transformation – in ‘business speak’, it might be termed as organizational turnaround – in practical terms it has meant moving the food bank from a $62,000 loss to a $51,000 surplus. But the changes have been much more than money alone as Marg Spina, the food bank’s remarkable and energetic executive director explained in an interview.

Kamloops food bank, which is a member of KFPC, is in the process of transforming itself into a Food Action Centre. When Marg Spina was persuaded by Laura Kalina to come out of retirement to take on the job of running the food bank, she decided to do a complete review of what the food bank was doing and how it was being done.

Marg was new to food security but had a long background in community development, as she said: “my interest is in social justice and turning things around, reversing the paradigm...the greatest work experience I had came from the First Nations community. That probably affects a lot of how I look at things and the holistic way I like to operate, and also too the sharing aspect”
In fact ‘reversing the paradigms’ sums up Marg’s style. One of the first things she did was look at the people using the food bank, as she explained: “Instead of [seeing them] as ‘victims,’ people that we needed to help, that were helpless - we reversed the paradigm there and they became our most valued resources. What do you do with resources? You mine them. So they were invited to help us in the work of the Food Bank. So instead of being a client, we changed that from client to volunteer and with that we started a brand new program of skill development, capacity building, and asset building.”

She then looked at the organization itself: “The next step we took was to look at how we were organized as a group and we were top-down. So we decided to be bottom-up and flat and have areas of responsibility and teams within each area that were interdependent. We couldn’t do much about the wages but what we could do is we could look at skill development and skill sets. So the skill sets required to be a volunteer coordinator, for instance, and the skill sets to be a bookkeeper were different but you could learn both and you could try the job out when someone was away, and you could get a feel for whether you liked it or not.”

Another component of the ‘turnaround’ was facing up to the difficult facts. Marg said: “Everyone knew we were out of money and they trusted that I would have the expertise to turn things around because the alternative was no jobs at all, and there were 2,000 people a month that needed to be fed. My management style is consultative as opposed to autocratic, so what we did is we sat down and we worked it through together…”

Another area that the food bank has worked on is creating a more comfortable way for people to come in and accept food. Marg said: “Just because people are marginalized doesn’t mean that we should have our services look any different. I also don’t think you have to look or act differently because people are marginalized. I encourage everybody that comes in to be on their best behaviour and dress their best in honour of the people coming in.”

Marg acknowledges that not everyone is comfortable with some of the changes, but for others it has been important for them to now be seen as the ‘helper’ rather than the ‘helped.’

The food bank has also introduced new activities and projects, included are:

**Seniors as mentors:** a senior’s mentoring program has been started which offers seniors a way to contribute their knowledge. The food bank has received funding for Life, Learn, Opportunities Workshops, and these are being developed, created and managed by seniors, but anyone can go and they are all free. The only criteria are that attendees are a volunteer of the Food Bank.

**The ‘Cashless Society’:** the food bank has developed a cash-free point system so people get so many points for volunteering and then points translate into free clothes or whatever is needed need from the thrift shop. Prices are only $0.25 - $1.00. It’s not a revenue-generating operation, but is set up to be “a dignified way of providing access to nice things.” There is also a refurbished computer recycling project, so that when a volunteer ‘earns’ 300 points they can apply for a long-term loan of a computer.
Marge said: “We’ve created the ‘cashless society’ and we are recognizing people who are marginalized in constructive ways while giving them the skills and self-confidence to rebuild their lives.”

**Creating a ‘thrift store’ for volunteers:** the food bank converted an office into a thrift store and seniors volunteer to staff it. People can use the points earned to buy what they need like clothing, shoes, bedding, furniture. The thrift store volunteers will just give people clothes if they are going for a job interview as long as the person lets them know if the job works out or not.

**Bringing nutrition to school children**

There is an emphasis on the needs of children (44% of Kamloops food bank users are children) and reaching out to children in communities with food needs For example, the food bank is now feeding four groups of Aboriginal preschoolers and their moms, and in their culturally appropriate settings.

There are a number of future areas where Marg believes additional resources could contribute to the needs of people at the food bank.

For example, many of the people who come to the food bank have health needs, so Marg suggests why don’t health services come to them? She said: “We have 2,000 people a month, so why wouldn’t the dental hygienist come here? Why wouldn’t the nutritionist come here, or the infant development specialist? So what I’ve done now is developed coordinated services for babies under two where the moms get weekly hampers and someone sees that child until they start school.”

Marg also estimates that a sizeable minority of people that need the food bank are mental health clients.

Some of the volunteers have been sent by organizations like the Society of Training for Health and employment Opportunities (THEO BC). She said: “We’ve seen huge successes and people’s workers and group homes have told us it’s just been phenomenally successful for them.” She suggests that it would be really nice to see people who volunteer eight hours a day, that have a condition that means they probably won’t ever be able to work, receive some stipend like $100 or $200 per month that would be distributed based on performance and assisting in the work of the Food Bank.

She would also like to see a ‘life skills’ component to the work the food bank does. She said: “It is a good fit because when people are really down on their luck and they’ve given up on themselves you are going to find them at the food bank. So I think that would keep costs down and lots of times the job creation projects that are out there are all three-piece suit type things, so they don’t meet these needs.”

Marg believes because of the work food banks are doing government should look to provide a basic lump sum payments for infrastructure costs. She argued: “Recognizing that our social fabric has changed and looking at infrastructures that are in place, why not provide some baseline funding?”
Finally, Marg sums up what is equally important: “It’s not always about money. It’s about that simple human connection. Person to person. I think that’s what we’ve lost in this last generation and that’s what we’re providing with our seniors, our young moms, our mental health volunteers. Everyone comes together. We have a great big Italian style lunch cooked by a volunteer and everyone sits and eats together and shares.”

**Case Study 2: Vancouver Food Policy Council**

**Introduction**

Vancouver Food Policy Council (VFPC) is the most recent community food security initiative of all the case studies. VFPC is directly linked to the City of Vancouver, but is made up of unpaid volunteer members. The VFPC receives no direct funding for specific projects, but the City of Vancouver has made a commitment to fund two full-time staff positions to help support the work of the FPC and provides a modest budget of $15,000 for expenses.

If the main characteristic of the development of the Food Policy Council had to be summed up in one word, it would be that VFPC has been all about ‘process.’ But the focus on ‘process’ - from the political and bureaucratic to defining the role and purpose of VFPC itself - can lose sight of the fact that the Food Policy Council is firmly rooted in community and grassroots initiatives and Council members are hugely representative of community food security activity.

In terms of success factors, there is just one overriding ‘success’ described by interviewees and that is the successful formation of VFPC itself. This followed years of political, bureaucratic and community processes built upon a decade of grassroots community food security activism, projects and programs, particularly from 1990 onwards. As one interviewee explained:

“I think the important thing is there was about a 10-year track record of mobilizing community support and involving people in workshops and conferences and meetings, and we also got grants to do some major policy work.”

The history of VFPC displays all the tensions found in the food security debate, particularly finding the balance between addressing hunger and poor nutrition in relation to the ‘redesign’ of mainstream food systems and achieving the goal of a ‘sustainable’ food system.

Approved by the City of Vancouver in July 2004, VFPC met for the first time in September 2004. In 2006, VFPC members felt they needed to reassess their role and how VFPC operates based upon what they have learnt through its first year of operation. This process more formally got underway in January 2006 and was still on-going while this research was taking place.

**The Formation of VFPC**
A detailed study of the origins and development of VFPC has been researched and written by Wendy Mendes, who also worked as the City’s food systems planner making her an active participant in steering through the creation of food policy council. Her work was presented as her PhD thesis in December 2005 (Department of Geography, Simon Fraser University). The detail of the process leading to the formation of VFPC is not presented here, just some key moments and issues raised by the interviewees.

A key tipping point for the formation of VFPC was July 2003 when the City of Vancouver passed a motion supporting the development of a:

“just and sustainable food system for the City of Vancouver that fosters equitable food production, distribution and consumption, nutrition, community development, and environmental health.”

From the passing of this motion, the political mechanism was created for the setting up of a Food Policy Council. But it would be wrong to place the momentum for the creation of VFPC just within the apparatus of the City, as one interviewee said:

“In Vancouver and its region there was the benefit of a fairly well established and sophisticated network...of food related organizations ranging from the emergency food-providing end of the spectrum through to urban agriculturalists and farmers and nutritionists. So by 2003 when that motion was tabled there were a number of successes... [and] community groups had earned a reputation and a track record for delivering programs from the Farmers’ Markets to community gardens, to a lot of nutrition-related work.”

Following this motion a Food Policy Task Force was set up to provide leadership to achieve this goal. The Task Force included City councilors, public employees and representatives with links to around 70 community groups. From the work of the Task Force, it was recommended that VFPC be formed. Key to the whole process was the fact that a number of city councilors became ‘champions’ of food policy within the political system and helped steer the process through a City council that was also politically sympathetic to the notion of a just and sustainable food system.

### Positioning Food Policy So the City Can Take Action

A key element of the strategic positioning of food policy to the City was to describe food policy opportunities in a manner that the City could see where it had a capacity to act (as opposed to highlighting national or international issues which required actions beyond the jurisdiction of the City). To this end research was undertaken (in August 2003) to demonstrate the wide range of areas that the City was already involved in with respect to food or funding food-related activities. Food policy is therefore seen very much from a ‘systems’ perspective, from production through to consumption and the recycling of waste.

### VFPC Is Up and Running
VFPC was set up with the recommendation that its mandate be to act as an advisory and policy development body with the aim to improve the health and security of the local food system. After much political debate, funding for two full-time, one permanent and one temporary, City staff members was approved – a food policy coordinator and food systems planner – to support the work of VFPC and food policy work within City government. As well as staff costs a budget of $15,000 was also allocated to cover costs of such things as arranging meetings. A feature of the early months of VFPC has been balancing the expectations of a citizen group with the way in which a bureaucratic organization functions, not least how the City’s food policy staff should operate seamlessly between the two.

The creation of VFPC was unique compared to the City’s other citizen advisory groups. The City’s citizen advisory councils (there are 20) have their members appointed by the City. Except for VFPC that is, whose members were elected following extensive community consultation thus making VFPC the City’s only elected citizen advisory group. The food policy council is therefore elected out of the community’s own membership. There were 20 member seats assigned in creating the VFPC, and in the first instance 15 were filled from this community participatory process.

The membership of the food policy council was constructed to represent or champion food system sectors, these are: production, processing, access, distribution, consumption, and waste management of food, as well as system-wide and ‘at-large.’ This structure is under review with the discussion being VFPC might better be organized around food ‘issues’ (such as hunger, youth, Aboriginal food security) rather than ‘sectors’ alone.

VFPC’s early work has involved identifying key areas to prioritize and for members to operate in small working groups to develop policy in these areas. After a detailed facilitation process, members identified four priority work areas, these are:

1. Increasing access to groceries for residents of Vancouver
2. Institutional food purchasing policy for public facilities
3. Recovery, reuse, and recycling of food
4. Food Charter for the City of Vancouver

Again this method of operation – members working on developing policy in the priority areas – is under review and may not continue in its present form.

One innovative and successful aspect of VFPC work to date has been to develop and run Public Food Policy Forums. Two have been held so far, in June and November 2005, and each attracted around 150 participants. The purpose of the Forum’s has been to enable the community to bring information to Food Policy Council members. So at the first it was different community groups doing presentations around what’s happening in their communities. At the November meeting VFPC
presented its work and held workshops so the community could give input back into the work of VFPC.

Despite its teething troubles, one interviewee summed up the success of the Food Policy Council so far:

“I think the food policy council has been really successful in continuing to build capacity in the food community...in bringing together a range of organizations and interests around food policy goals. It’s not been easy. This is a new model...having a group that’s elected and accountable to the community, [but] who also has an official relationship with local government.”

**Food Policy within the City Organization**

The setting up of VFPC has also enabled food policy to become an area of influence within City government. Through the appointment of food policy staff there is now a ‘voice’ for food within local government. For example, food policy staff has developed an official partnership with the City’s Office of Sustainability which means there will be regular meetings to keep food policy on the Office for Sustainability’s radar. Food policy staff have also gone around to a number of different departments and done presentations on the work that they are doing and why this should fit into a Municipal government. For example, presentations have been done with various parts of the planning department, with housing, and cultural affairs. There are also plans to start discussions with the City’s Engineering department about urban agriculture, since there is one area of engineering that deals with greening the city.

**Possible Future Directions**

Vancouver Food Policy Council is affecting policy through working on issues, programs, building community capacity, responding to political opportunities, and recommending policy. Currently VFPC meetings are structured based on a working group reporting back (on the priorities listed above), but for the future this will probably change with the Council taking on a more advisory role. One interviewee described how the role of VFPC would probably change in the future:

“[It will be a] totally different shift in how we run our meetings, and it's a different understanding about who we are. What we've [now] realized is that our work is actually to support, to link, to be catalysts, to be a hub of connectivity and networking around issues, programs, community-building, so that those thing can move along the continuum, and so that policy happens as a result of that work, rather than trying to create policy in a vacuum.”

In addition VFPC is keen to form more partnerships, co-sponsor events, using linkages that are already there to connect people in the community, and connect people with resources.
With regard to the role of health, big opportunities are seen here, one interviewee caught the new spirit of community food security in relation to public health: “My perspective at this point in time is that it’s all blowing open and everybody’s getting on board. The province is there, the health authorities are opening up, there’s funding coming down from everywhere. People are starting to recognize that this is an issue that has major health impacts and we need to start taking care of it.”

This year VFPC members plan to spend time creating measurable objectives so VFPC has really clear goals, a clear mandate, and strategy.

**Concluding Comments**

VFPC brings together a unique level of community experience and representation that also has food security as one of its central concerns. The early months of VFPC have been a steep learning curve and there have been teething problems. Now there is a desire to make changes to the way the Council operates so it can become much more effective in its role. This, together, with the long history of struggle to put in place a Food Policy Council for the City of Vancouver, suggests Council members would be keen to really start making their mark and raising the profile of VFPC further. If they could link up in constructive ways with the Province’s broader health objectives, such as those related to ActNow! and the Community Food Action Initiative, through the Council’s community roots they have the potential to become one of the key CFS ‘partners’ for community-led food security health outcomes.

**Summary of Success Factors**

- The setting up of a ‘formal’ food policy council following more than 15 years of community food security campaigning and activism.

- The policy process has successfully brought people together who would not necessarily see their connection with food.

- The VFPC has demonstrated the viability of a democratic, community-based and participatory citizen advisory group on food policy.

- The food policy process has produced research and policy papers that form a research ‘base’ for the work of VFPC.

- It has been important to frame the ‘right’ questions about food within the ‘right’ context.

- Having staff members working within the City organization to make the ‘food policy’ connections and links to other parts of government work
VFPC has brought together a diverse range of ‘visions’ and perspectives and starting to build collaborations and mechanisms for those with an interest in food and food security to work together in a way that has not been possible before the formation of the Council.

VFPC and the Role of Health

The policy framework in which the Vancouver Food Policy Council is positioned is that of ‘sustainability’ (rather than health). Sustainability is a central policy in the strategic thinking of the City of Vancouver so it was felt politic for food policy to be positioned in this context (the City has an Office of Sustainability). A ‘just and sustainable food system’ is defined by the City as one:

“...in which food production, processing, distribution and consumption are integrated to enhance the environmental, economic, social and nutritional health of a particular place’

Health is therefore an important component but very differently situated from how, for example, Toronto’s food policy council was set up. Toronto Food Policy Council was established in 1990 within the public health unit of the municipality. So administratively and conceptually Toronto’s public health links are very strong, while for Vancouver’s food policy council ‘health’ is part of a wide spectrum of issues that then needs to relate to the City’s ‘sustainability’ agenda.

But one interviewee explained about the role of health:

“It was clear to all of us pursuing the health angle that it was not going to necessarily get a lot of uptake if only for the reason that jurisdictionally it was just a bit too far-field from how this City could intervene. So instead what emerged was a sustainability framing, and part of that arose out of a recognition that something like food policy was going to have the most success if it could be aligned with policy areas that were already well accepted, with which the [City] already had expertise and infrastructure, and practical experience. In Vancouver’s case that was sustainability.”

However, ‘health’ is playing a more central role in food policy thinking within the City, as one interviewee commented: “I think we’re going to see much more creative ways of thinking about city building and city planning that include food and other issues that relate to health. I think it will be very interesting to see what happens over the next five or 10 years as health concerns become much more explicitly expressed in city planning decisions.”

There are a number of nutritionists sitting on the VFPC who are bringing that health point of view and have been working for a very long time on food security issues. But there are also people from all other aspects of the food system giving VFPC a broad perspective. The differing backgrounds of VFPC members has, at times, caused some tensions within VFPC over achieving the right balance between addressing issues such as hunger and poor nutrition or focusing on ‘food systems’ objectives.
One interviewer considering the role of health in the work of VFPC sums up the current position of the Council:

“We’re trying not to make it about only one particular issue because it really is about everything. We’re trying to have it be a holistic approach and within that health is a huge [topic].”

One interesting connection between food and health and its influence on local and provincial food security thinking, which was highlighted by just one interviewee in all the case studies, is the increased awareness of the public at large over health scares connected to food in general. By these broader health issues they meant ‘mad cow disease’, avian flu, obesity and similar health issues.

They commented that the influence of these health issues should not be underestimated in shaping the policy environment. In this context they said raising awareness of food policy in Vancouver: “had everything to do with mass media, and public awareness, and [the] fear factor.”

**Case Study 3: Healthy Eating Active Living (Heal) in Northern BC**

**The ‘much more’ of HEAL**

There are some important differences with the Healthy Eating Active Living (HEAL) initiative as compared to the other case studies presented here:

First, HEAL originated as a diabetes prevention program set up with Federal funding (from Health Canada), rather than a more broadly defined community food security initiative. But food security was included as an interconnected part of HEAL’s four-part prevention strategy: the other three parts being community development, health promotion and participatory approaches. Food security, in the sense of HEAL being a health promotion project, is very much about access to food.

Second, HEAL is described in its evaluation reports as “a collaborative approach to health promotion” (although none of the interviewees described HEAL in this way as part of their interview).

Third, the HEAL project is ‘technically’ over. HEAL was set up based on a $300,000 grant from Health Canada in October 2001 (some written reports say September 2001), initially for three years as part of the Canadian Diabetes Strategy Prevention and Promotion Contribution Program. This was extended for a further 12 months, meaning HEAL the ‘diabetes program’ in effect ended in March 2005.

However, and perhaps unexpectedly, HEAL lives on – legally as a non-profit society – yet in terms of community food security as something much more. It is the ‘much more’ of HEAL that is the core of this case study. The one word that characterizes HEAL is that it is a CFS ‘movement.’
The project-by-project successes of HEAL and the contributing ‘success factors’ have been extensively documented in two recent evaluation reports (Hampe et al 2005 and Healy et al 2004). Some highlights from these include HEAL setting up 19 demonstration projects supporting community food and health initiatives, its ‘vision’ and leadership in CFS, building community capacity and collaboration among multiple sectors, aiming to address the determinants to health, and many, many more, including using the initial budget of $300,000 to enable communities to leverage that investment up to $1 million worth of cash and resources (Hampe et al 2005).

This case study does not set out to replicate these reports, not least because the research for this project is not an evaluation, but focuses on what the interviewees described in terms of their personal involvement with HEAL about the process of building capacity for health by communities through food security initiatives.

There are some important characteristics that define the work of HEAL and help explain the overall context in which it operates, these are:

- It is focused on the needs of the North, and on addressing the food security and health needs of Northern BC communities;

- It is defined by geography and climate (meeting the health needs of around 300,000 people in a space the size of Texas);

- It needed to address a wide range of health-related problems in communities where people are often marginalized, face many economic and social disadvantages, and have few resources;

- Defined by logistics – HEAL has to overcome the challenges of remote locations, poor communications infrastructure, and long-distances for traveling to maintain and sustain momentum;

Also critical to understanding the success of HEAL is that it is built on an earlier three-year food and health-related project – the Eating Disorders Project North – and was able to mobilize the network and lessons from this project. As one interviewee explained: “because we had had this wonderful experience [of creating the Eating Disorders Project] it was easy to move forward.”

Although the funding for HEAL was for diabetes prevention, it was limited to a narrow focus on diabetes as a ‘disease condition.’ Instead, the focus was on what communities could do and were doing in relation to their overall health. In the HEAL approach, health was talked about in terms of health promotion such as quality of life and harm reduction. In this context, the relationship with Health Canada was particularly important. Health Canada was supportive of the need to place diabetes prevention in the larger context of addressing food security issues. Health Canada was remarkably open to a broader definition of what made a good diabetes prevention project at this local, community level.
As well as Health Canada taking an innovative approach, the Health Authority also took an interesting role. They agreed to handle the financial management and to provide other practical support (such as conference calls, photocopying, printing, and other administrative duties) as well as staff time. However, the Health Authority tended to step back from the actual running of the project, letting the HEAL advisory committee, with their strong ties to the community, lead the project. Health authority professionals (community dietitians) were also part of the advisory committee and this helped to ensure the consistency of the committee. With hindsight, the HEAL advisory committee might be described as acting as a de facto ‘food policy council’ for Northern BC although this is an observation and not how any interviewees described the committee’s work.

In this respect the role of the health authority has been atypical – moving away from a more clinical approach to fostering an active community-centric role. So the Health Authority, through their management style and in enabling community nutritionists to have a strong role, has been an important component towards HEAL’s ability to work through communities.

Food and Health

In this broader context food can play an interesting role beyond nutrition, addressing a wider range of health related issues and extending the ‘health’ reach of professionals like community nutritionists. One Interviewee explained this in some detail:

“...I’ve discovered that when you put food on the table, food is a conversation that people will come to the table and talk about, but they may not want to talk to you about residential school abuse. They may not want to talk to you about hunger. They may not want to talk to you about cocaine. But you bring food to the table and we can talk about this gentle approach and talk about food in the meaning in their lives and that kind of thing, and what happens is when they get together and collectively work on food, these other issues come in. You might have a centre, let’s say... a food place, and the next thing you know they’ve got a little group over here that’s meeting on the other issue. So I find putting food on the table is a gentle way of bringing those other players together and building that trust and relationships amongst each other using this as the topic, and those other things just fall out naturally.”

HEAL as an “approach” to health through community food security

To understand how ‘health’ can be delivered through community based initiatives like HEAL the rest of the Case Study is how HEAL works as a process to enable food and health outcomes. But what in practice is HEAL? HEAL is not an organization, it is not a project, it is not a program. HEAL is an approach to health through community food security that might be described as a whole larger than its constituent parts. It did not set out to “reinvent the wheel” or to put in place new infrastructure and bureaucracy. At times HEAL itself did not know what HEAL was. As one interviewee said:
“...what is HEAL? They themselves had this conversation – ‘Are we a program, are we a project...what are we?’ They arrived at the understanding that they call themselves ‘a movement’...”

At the heart of this food and health ‘movement’ is the idea that “communities know best what works for communities.” As one interviewee said: “We wanted to have people have the opportunity to grow their own things, learn how to eat it, learn how to cook it.”

Right from the start of HEAL saw their approach as being on a ‘journey’ which they called ‘charting the stars’ and it was visionary, by which is meant connecting the personal to the political and finding tools and ways to enable communities to connect the dots to see the bigger picture in relation to their food and health.

The journey was mapped out at face-to-face “gatherings”. A gathering would be about sharing what communities had learned and identifying what skills communities wanted and then carrying out necessary training for those things. Also, part of this process was building in the evaluation so that it was participatory and ongoing from the very beginning. The skill-building component of gatherings drew people to them and was also a response to the realization that if you’re going to build capacity, community skills must also be developed.

The HEAL approach is definitely unique because, as one outside interviewee put it, they had never worked with a group that was so impassioned. They said: “I was just overwhelmed…it’s a group that tries to be very inclusive and if you’re in the room it’s almost...a loving atmosphere. It’s one of those touchy-feely kinds of groups. To be honest that’s not for everybody and it might have been, without knowing it, a little bit exclusionary. People might have been intimidated or overwhelmed by it, but you cannot hold that against the group because they are always reaching out, and [seeing] how to include more people.”

Central to the development of HEAL and the bedrock of its ‘passion’ for food and community health has been the advisory group (around 15 members) at its core and the fact that it has remained just about unchanged throughout the life of HEAL, even though the overall ‘movement’ has changed.

One interviewee summed up the HEAL approach to food: “I talk food. I start with food and its role in our lives and then the next piece would be explaining these concepts – food security, food systems, food policy...I might talk a little bit of food systems trends and then I would present a food security continuum. The whole thing can be done in about 20 minutes, but I start with food and its role in your life.” Food was also the entry point to talk about health issues, not just nutrition, but a range of health problems affecting a community.

Another main component of the HEAL approach has been to make it relate to and be relevant to the realities people have to deal with in the Northern BC. One interviewee explained this succinctly:

“It’s about positioning that [HEAL] approach as the only one that makes sense for people in northern and rural communities and it has to be done on an individual community basis; you cannot cookie-cutter this stuff because everybody, of course, is after some model that’s replicable. This is replicable in that you have
to be willing to do it the way each community wants it done...So we have real, made in the North, local solutions to local issues and try to, as much as we can, respect that community's issues, and if they ask for help, fine, we'll offer the help, but we're not going to go in there and tell them what they're doing wrong or how they need to change it to do it right.”

In practice HEAL, like the other case studies, has been about bringing together different people from many different backgrounds and disciplines. However, in bringing together communities there was at times a lot of suspicion since, in the past, communities had been asked to contribute to a proposal then got nothing. One interviewee asked that the point be made in this report: “about the hoops communities are made to jump through to get what are often pittances of money, it's really a huge investment of time and resources that often the community can ill afford.”

From bringing people together HEAL set out to develop a ‘social contract’ to create an equitable playing field that allows people to own, create, and shape themselves in relation to their own health and community food security solutions.

Part of the HEAL work was helping to set up 19 community ‘demonstration’ projects that resulted from communities putting forward proposals for funding. For the community demonstration projects it helped to establish, HEAL developed a flexible understanding of what project sustainability meant. HEAL decided ‘sustainability’ comes in many forms: that some projects are not going to be sustainable, others are going to develop into something else and some projects become embedded in the practice of a community or individual and live on.

In short, a project will not be ‘sustainable’ if: “it's not owned by the people, it’s not been integrated by an agency, and it hasn’t become something else, [then] it simply dies.”

Participatory evaluation was crucial to the development and implementation of HEAL. This process then became a planning tool. The evaluators used community-generated ‘success indicators’ to show what was needed for a project to make a difference. The next step was to discuss within community groups what was needed to achieve success indicators and hence bring about community change.

Even though HEAL was community based and led, they did not operate in isolation. HEAL was very connected provincially, nationally, and with other health regions and used these connections, where applicable, to learn from and to capitalize on opportunities if they became available.

From analysis of the interviews, eight areas stood out as important for developing effective community-based food security initiatives that also relates to health outcomes; these are:

- **Allowing communities to say what they wanted to do**: communities were invited to apply for money and to describe what it was they wanted to do. Communities in turn put in a lot of volunteer work to make community food security initiatives successful.
Community champions drove success: They had the vision and the knowledge of their community, and what they needed was the support to be able to translate that into real things that mattered to the community.

Communities were trusted to provide solutions: as one interviewee said: “I think what gets underestimated so much is the genius and creativity and innovation that resides in small communities – in rural and northern communities. It really gets overlooked…”

Effective communications for community support: while communities were left very much to their own devices, regular conference calls were held when people would get to speak about what was happening in their community. That check-in allowed data collection in projects and to track what was happening in communities. It also allowed people to really share what was working in their community and the achievements or challenges that they’d had, which in turn would allow everybody else to take part with praise, or ideas, or support.

Creating community links to get things done: Another area communities benefited was they often wanted to be linked up with somebody who was doing something they were trying. For example, if they wanted to start a community garden, they wanted to be linked with somebody who had already done that. If they wanted to start a community kitchen, they wanted to know where they could find funding for it, and so on.

Celebrating success: HEAL developed the idea of HEAL ‘heroes’ to help spread the word of what was happening in communities around the North. HEAL heroes were nominated by their communities and were people who were exemplifying healthy eating and active living.

Targeting women can lead to inclusivity: as one interviewee said: “women are very much the heart of the community and if you can get a woman involved you actually, inadvertently, reach so many of the sectors of the community because it’s women who are actually carrying these kinds of burdens... if you identify the right women you actually get to the men, and so that in terms of preventative messages we’ve got women who are then able to take that back and make it work within their families and within their communities…”

Community involvement in policy development: as well as initiating projects, communities also quickly started to embrace the whole idea of mobilizing towards systems and policy change.

Summary HEAL’s success factors:

- It started with good vision and strategic planning;
- It started with a group of committed people that stayed with the project;
- It has had an evaluation component right from the start;
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- There were good communications, not only internally within the group itself, but to the communities as well;
- There were dedicated staff;
- There was seed money for the communities to develop their own food and health related ‘demonstration’ projects; and,
- Successes were celebrated.

Looking into the future

Again, like the other case studies, HEAL is in a period of introspection in the sense it is going through a period of transition: with the major diabetes prevention project funding ended it is not clear in which direction the Northern ‘food security movement’ will be heading next. Three issues raised by interviewees seem to be important:

- firstly, that the movement aims to fully embraces the concept of ‘food citizenship’ in its work, that is, that access to affordable healthy food choices is a ‘human right’;
- secondly, bringing more aboriginal communities on board in a meaningful way in relation to their food and health needs and the work of the ‘food security movement’ (the 61 aboriginal communities in Northern BC represent 15 per cent of the region’s population and are also the most food insecure); and,
- thirdly, creating and developing more community food animators or change-agents throughout the region in relation to CFS, food and health.

CASE STUDY 4: The BC Food Systems Network

The BC Food Systems Network (BCFSN), established in 1999, brings together a wide range of interests that have a connection to food security. These include nutritionists, gardeners and farmers, First Nations, policy analysts, and community food activists (members of the network can be found at the BCFSN’s website www.fooddemocracy.org).

In public materials the BCFSN describes itself as being: “advocates [for] local and regional food security policies which aim at supporting local food production, processing and distribution.” However, the BCFSN makes an important distinction between whether it is a ‘network’ or an ‘advocacy’ organization: it is first and foremost a ‘network’ that would then take an ‘advocacy’ position on a particular issue if the membership decided this is what it wanted.

Since its inception, the BCFSN has worked on a number of the topics central to community food security in BC, including ‘health.’ The early work of the BCFSN was also specifically directed at the
role of health in community food security. For example, as one interviewee explained: “We decided that persuading the health authorities that food had something to do with health was going to be an easier sell than persuading agriculture that food had something to do with agriculture. So we started really pushing in that direction.”

The BCFSN grew in strength and numbers through involvement in a health-related project funded through the health sector. The Action for Food Security Project was funded for two years by Health Canada (now the Public Health Agency of Canada) between 2000 and 2002. The BCFSN’s Executive Director was one of the researchers on the project. The project aimed to link the provincially-funded Pregnancy Outreach Programs and the Canada Prenatal Nutrition Program and Canada Action Plan for Children programs with community food policy/food security organizations in their communities, in order to help increase the food security of the individuals involved in the programs while ensuring their inclusion in community-level action for food security.

The project’s final report to Health Canada stated that the BCFSN had been considerably strengthened by the project: “The most important effect has been to bring pregnancy outreach participants and leaders, and First Nations activists, into the Network. This has been of inestimable value in enabling us as a group to work effectively and consistently for a sustainable food system in BC.” (Kneen 2002).

BCFSN has embraced the population health approach – dating back to that first two-year project – more than an individual health approach. The activities of the BCFSN, as expressed by one interviewee ‘are focused on increasing local food security and thriving local food systems because we see this as fundamentally supporting the broadly-defined health of communities and the individuals within them. A healthy, food-secure community has secondary benefits of increasing the well-being of individuals but fundamentally is a communal approach.’

While health was very important in funding some of the early work of the BCFSN, it was by no means the only funder, and so the BCFSN does not owe its existence to the health sector in that regard. However, the role of the Community Nutritionists in supporting community food security organizing in their communities has been a vital element in the development of the community food security movement in BC. Their advocacy was critical in the acceptance of food security as a core program of public health. They have been a huge support for the BCFSN as well.

The work of the BCFSN

The work of the BCFSN, by its nature bringing together a lot of different food system interests, covers a range of topics, but from analysis of the interviews, the BCFSN has been especially successful in bringing forward and supporting two important areas relevant to community food security. These are:
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- **First Nations**: helping to enable the First Nations’ perspective on food and health find a place in wider debates on community food security

- **Sustainable agriculture and food production**: ensuring that sustainable food systems and local food production are kept firmly on the community food security agenda.

Currently, the BCFSN regards sustainable local food systems as a top priority. With so much emphasis on health policy in relation to community food security, it is seen as important to keep the broad perspective of food security within health activities. The BCFSN sees the need to forge closer links with farmers and to train people so they can engage in small-scale food production and urban agriculture. One way in which the BCFSN can see this happening is in developing and maintaining partnerships with agriculture groups and organizations (including the Ministry of Agriculture and Lands) to ensure that farmers and others engaged in local food production are included in the broad food security movement which the Network represents.

One interviewee stressed that the “Network’s current emphasis on agriculture and food production is not a departure from an emphasis on population health, but rather a recognition of the importance of a viable local food economy as a basis for population health and underpinning the social determinants of health.” This partnership development is consistent with the BCFSN’s philosophy of a holistic systems approach to community food security and health.

**How the BCFSN works**

In bringing together local and regional interests concerned with community food security, the BCFSN has been successful, in the words of one interviewee, in: “connecting people, providing resources, and working models through those connections. It has created awareness; it has created political lobby power through having such a linked group of people across the province.”

Related to this, the BCFSN has been able to bring together the ‘two dimensions’ of community food security activity: interests from both the charitable food assistance side and production and agricultural interests.

When asked what the main success of the BCFSN is, one interviewee replied: “I would describe our success as pulling together an extraordinary, diverse group of people who have an openness to listen to one another and a willingness to work together. That’s the success.” A key function of the network has been to mentor those involved in community food security work and to nurture emerging projects or initiatives. The BCFSN has played an important role in providing information and advice to people coming in to food security work and to support peer learning.

The BCFSN has two central features in how it works as an organization, firstly through holding its annual gathering at Sorrento, and, secondly, through keeping members connected electronically, mainly through the internet, but also telephone and email. For example, as different issues arise,
they are posted to the BCFSN electronic list-serve. The BCFSN has become a vehicle for circulating information relating to food policy issues, including community food security.

But it is the Sorrento gathering that is the “lynchpin” of the BCFSN’s work. Held annually, the gatherings serve not only as a networking event, but as an educational meeting (through workshops and invited speakers) and a planning meeting for the following year for the BCFSN. For example, the September 2005 gathering of 106 participants (at the Sorrento Centre on Shuswap Lake) had Land and Food as its core theme. The policy objectives of the gathering under this theme were to:

- Develop strategies to ensure that population health initiatives related to healthy eating are committed to using BC food products,

- Encourage community food security programs to seek partnerships with local agriculture,

- Facilitate the development of food policies that emphasize local, seasonal foods; and,

- These means to increase the market for BC food products.

The Sorrento gatherings bring together a wide mix of people and interests, including leadership from indigenous people which has been one of the critically important components of the development of the network.

For example, on interviewee described the importance of traditional foods as part of First Nations food culture, especially in relation to health and well-being. From this perspective food is more than something you just eat, it is also an expression of spirituality and has psychological and medicinal benefits.

The gathering also offers a platform for a wide range of perspectives, as one interviewee explained: “even though we try and maintain a fairly high level of discourse on food policy in our work, people whose only experience is that they’ve been in a pregnancy outreach program or they’ve been a client at a food bank, feel that they have a right to be there and that what they have to say is honored.”

One BCFSN member interviewed described the Sorrento gathering as: “filling the tank a little bit to get through the next year.” She said it was an opportunity for her to really look at the work she had been doing and: “just validating that we’re onto the right path...so for me it’s been a source of inspiration, it’s certainly been an opportunity to figure out what’s been working in other communities so that we can also make decisions about where...[in] a more food secure world do we want to fit.”
Future challenges

Other areas mentioned by those interviewed as important for the BCFSN:

- Supporting the development of school food policy,

- Working with academics and bureaucrats to support meaningful engagement with community and participatory processes,

- Succession planning,

- Developing further the voice and participation of food-related social enterprise in the community food security movement, including working to help small enterprises in areas such as market research for bioregional foods, business development as well as supporting local food supply where appropriate (such as government purchasing).
References


Miewald et al (2005) Food System Assessment for the City of Vancouver, Vancouver: City of Vancouver’s Department of Social Planning and Simon Fraser University’s Centre for sustainable Community Development.


Provincial Health Services Authority (2006) Perspectives on Community Based Food Security Projects: A Discussion Paper


