

As part of a Sheridan College, Oakville Community Foundation and Food for Life research study, we spoke with people about their experiences accessing healthy food through food banks and food programs in the Halton Region. Here are some highlights.

The event: Participants were asked to identify the **barriers** to healthy food access (**roots of the tree**). Then they explained the **consequences** of having little access to healthy food (**branches of the tree**). Last, participants imagined what their **ideal food program** looked like.

Consequences from lack of access to healthy food



Physical health

- Chronically hungry; skip meals to save food for children
- **Common issues:** constant fatigue, lack of muscle mass, obesity, anemia, osteoporosis and diabetes



Poverty Cycle

- Hungry children are unable to concentrate at school
- Stigmatized for attending a child hunger program
- Mislabelled as having behaviour problems because children are hungry and can't learn properly
- Children are isolated because they can't afford social activities
- Children don't have the strength to participate in free school sports
- Fear children would grow up less happy than generations before them and would not be able to become productive members of society



Mental health

- Being hungry or concerned about hunger takes up energy
- Feelings of hopelessness, depression, tired, stress, anxiety, discouragement
- Feeling less smart because only able to concentrate on hunger



Emotional health

- Shame and embarrassment for inability to provide adequate nutrition for families
- Low self-esteem and negative outlook on life
- Feelings of anger, hostility and living in fear



Relationships

- Relying on family put strains on the relationship
- Difficult to socialize in and out of home because of lack of food or money



Financial health

- Don't pay bills such as hydro and rent to purchase food
- Loss of employment due to inability to concentrate

Barriers to healthy food access



Access to money

- Most jobs are low-income, precarious labour
- High cost of living while ODSP and OW benefits remain low & seniors weren't prepared to live off of low pensions
- Lone parents did not anticipate breakdown of relationships
- Long wait lists for rent-geared-to-income housing
- Not enough affordable and stable housing



Access to food programs/banks

- **Getting to programs:** hours of operation, high cost and lack of transportation
- **Being allowed access:** Inconsistent intake policies; difficult screening processes that takes a lot of personal information
- **Experience at the program:** Proving need for program offers little privacy and is degrading



Stigma

- Feel judged by community, other food bank users and volunteers
- Some food bank staff/volunteers' lack of professionalism



The food: variety, quality, quantity

- Need food that is more kid friendly and meets varying health, cultural and dietary needs
- Lack of toiletries and personal hygiene products
- No labelling on packages, expired food and food that takes too long to process
- Lack of knowledge to cook in bulk when large quantities of particular items were available
- Lack of space to store large quantities of food
- Lack the ability to grow their own foods at home which could increase input of healthy foods

Solutions: Building an ideal food program



Communication

- Well-advertised with posters, weekly email updates, phone calls and through door-to-door advertising
- Social service agencies have program and service information including hours of operation and intake requirements
- Create food program advisory board which includes neighbours to help develop communication plans
- Program administrators and boards of directors would work to build bridges with the neighbours to reduce stigma and create a more pleasant experience



Programming

- Food baskets should be accompanied with recipes that include food in the basket
- Community gardens would allow neighbours to actively participate in growing their own food
- Give seeds and directions to plant some of own produce
- Grocery gift cards could be used to purchased needed items
- Food program set up like a grocery store, using a grocery cart and picking out required foods
- Paid or volunteer staff go through mandatory sensitivity training



The food: variety

- Important considerations: food sensitivities, culturally specific foods, and product
- More access to protein, dairy and fresh produce
- Staff check daily for expired foods, mark them and place in one area
- A variety of spices, sauces and condiments available



Intake processes

- Access to a program should be automatic without any burden of proof of poverty
- Universal membership card - apply one time and allows access to any program without any other requirements



Shifting the method of transportation

- Delivery services, especially for elderly, lone parents of young children and for those with any type of disability
- Know which food is available every week and pick needed items
- Refrigerated delivery trucks drop food off to programs which has refrigeration and freezer units on-site
- Access day and night, predictable days of the week
- Programs located in areas easily accessible by public transportation
- Areas not serviced by public transit have mobile trucks with pre-set days and times
- Carpool with neighbours and offer small incentives to those willing to pick up other neighbours



Wrap-around services

- Located in a central location with other social services
- Anyone who requires any social services should automatically be accepted into any food program
- One location for all services would increase access for many, help reduce stigma and stress, reduce amount of time, and transportation costs

All participants agreed that an ideal food program includes:

- Community-based cooking & nutritional classes
- Cook in bulk so food that is fresh, in-season on sale or comes in bulk can be prepared and frozen
- Weekly community dinners to help feed people struggling to get enough, but also help with social isolation

How can I learn more?

Dr. Sara Cumming, Dr. Mike McNamara and team are doing the research study these highlights are based on. If you have any questions, please contact:

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