Food Security & Housing

Preliminary Rationale and Strategies for the Subsidized Housing Sector

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Forward

Shelter and food are basic human needs. In British Columbia, there are relatively high rates of homelessness, poverty, and food insecurity. Currently the City of Vancouver and surrounding municipalities are facing a housing crisis. As local and provincial governments continue to work with non-profit organizations to update and provide new housing stock, how can efforts to increase subsidized housing complement community food security initiatives?

This document is a preliminary discussion to explore the current practices and research surrounding the issues of food security and housing. It is a compilation of a review of the literature and interviews with housing providers, community developers and those involved in a range of food security programs and policies in Vancouver, British Columbia. Due to time limitations, a purposeful sample of interviews took place between May and July 2008. A list of those interviewed is provided as Appendix C.

It is my hope that this document will begin a useful discussion and prompt future research integrating community food security with the subsidized housing sector.

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Executive Summary

A Population Health Approach, Subsidized Housing, & Food Security

The health status of a community is determined by such factors as our social, economic, and physical environments, personal health practices, nutrition and physical activity, development during early childhood, and access to quality health care. The goal of a population health approach is to reduce health status inequities that may exist between different groups and to enable everyone in the community to achieve the highest possible level of health. Policies and programs with a population health approach aim to improve everyday living circumstances, including access to safe, affordable housing and nutritious, culturally acceptable food.

BC Housing (2007) defines subsidized housing as “all types of housing whereby the provincial government provides some type of subsidy or rent assistance, including public, non-profit and co-operative housing, as well as rent supplements for people living in private market housing.” Housing providers work in partnership to develop housing options for people who have low incomes, seniors, those who are homeless or at risk of homelessness, women fleeing abusive relationships, Aboriginal people, and people with mental and physical disabilities.

Community food security exists when “all community residents obtain a safe, personally acceptable, nutritious diet through a sustainable food system that maximizes healthy choices, community self-reliance and equal access for everyone” (Bellows & Ham, 2003). Individuals are considered to be food insecure if they lack the physical, economic, or cultural access to the foods they require for productive, healthy and active lives. Poverty is a root cause of food insecurity.

Low-income populations face limited choices; healthy food choices may be unaffordable. Barriers to food security for low-income populations include lack of grocery stores in low-income neighbourhoods, lack of access to personal and public transportation, and limited food preparation and storage facilities. Making healthy choices the easy choice in supportive environments is crucial to improving the population’s health. Engaging tenants of subsidized housing is a valuable way to reach populations vulnerable to food insecurity.

The Role of Housing: Integrating Food Security

Populations vulnerable to homelessness and inadequate housing are also at greater risk for food insecurity. Subsidized housing providers have recognized the need for safe and healthy food and have been involved in food provision strategies for tenants. Strategic housing approaches, which integrate food security considerations, will reduce the costs associated with ‘ad-hoc’ food provision.

The impact of housing on food security and tenant wellbeing is particularly important as local governments and organizations continue to provide, update and replace affordable housing stock in the province. Housing can be located to support community food security (for example, near grocery stores) and designed to strengthen food-related strategies (for example, with large kitchen and storage space). To include a range of food security considerations, new housing developments require a plan to collaborate with a number of stakeholders early in the design and policy process. For
housing stock already in place, the integration of food security policy and programming requires the development of partnerships to share and collaborate resources.

A housing strategy requires a comprehensive approach that includes more than shelter and integrates multiple determinants of health. Food security policies that integrate social aspects into programming are more successful. Food can be a tool to improve health through nutrition, to reach vulnerable populations, stabilize individuals, and build communities. Comprehensive food security interventions must be population-specific because food has community and cultural aspects and individuals have specific nutrient requirements throughout the lifecycle and in association with illness.

**Food Security Options for Subsidized Housing**

Provision of housing can be instrumental in redistributing resources in a community. Nevertheless, food insecurity is a concern for many tenants of subsidized housing. Strategies for integrating housing and food security can be organized into three categories, (1) Short-Term Relief; (2) Community Development; and (3) Food System Change.

(1) Short-term food relief includes donated food and meals in institutional or non-institutional settings. The goal is to provide food for the hungry. Program options include meal provision, food banks, gleaning programs and food exchange.

(2) Community capacity development programs pair food-related activities with health promotion strategies to increase skills, self-esteem, self-confidence, and community involvement. Strategies include community gardens, community kitchens, farmers’ markets, buying clubs and social enterprises.

(3) Food system change is the redesign of policies to achieve sustainable community food security. Long-term strategies to support tenant food security includes the development of partnerships and networks for housing providers to become informed and involved in local food security initiatives. The food environment within and surrounding housing developments can be altered to provide healthier food choices. Housing can be designed with appropriate facilities including communal garden space and proper kitchen storage, preparation and eating facilities. Furthermore, housing can be located near grocery stores, farmers’ markets and/or public transportation to improve access to healthy foods.

**Next Steps for Food Security & Housing**

Improvements in tenant food security, health and wellbeing will require shifts in policy and programming. As well, more research is required to better understand how housing mediates food security and tenant wellbeing. Based upon current knowledge and working practices, housing providers can partner with community developers, community nutritionists, environmental health inspectors, social and environmental organizations, and academic institutions to design, implement and evaluate programs and policies. This initial discussion highlights the importance of a collaborative approach to community food security to improve the health and wellbeing of subsidized housing tenants.
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Introduction

This report is a preliminary discussion about the direct and indirect links between food security, housing and population health. The intended audience is primarily housing providers and those who supply community development and food services within housing. Lack of social funding, including support for public and non-profit housing as well as food security programs, is a considerable issue. The intent of this discussion is to make a case for a strategic approach that integrates food security considerations into subsidized housing developments. The paper also provides strategies for housing providers to become involved in food security to improve tenant wellbeing. This discussion focuses on the range of resources in Vancouver, British Columbia, yet the themes and rationale for integrating food security and subsidized housing is applicable to other municipalities and communities.

Housing can be located to support community food security and designed to strengthen food-related strategies. Often, subsidized housing providers focus on the shelter needs of their community without considering access to food. The nutrition and social components of food are so important to the wellbeing of tenants that food considerations are often subsequently added to housing. Combining food security initiatives with subsidized housing produces more stable and successful tenancies and can reduce overall costs. The impact of housing on food security is particularly important as local governments and organizations continue to provide, update and replace affordable housing stocks in the province.

This discussion is organized into four sections. It begins with an overview of the population health approach and defining subsidized housing and the concept of community food security. The next section provides a preliminary rationale for the integration of housing and food security and the potential role of housing providers; this includes the role of strategic and comprehensive planning, the integration of multiple determinants of health, and population-specific program and policy information. The third section provides a comprehensive range of community food security options for the subsidized housing sector. The final section reviews the next steps for housing and food security; including the partnerships, roles and responsibilities of the various collaborating decision makers.
I) A Population Health Approach

The health status of a community is determined by such factors as our social, economic, and physical environments, personal health practices, nutrition and physical activity, development during early childhood and access to quality health care. A population health approach is based upon these factors, often referred to as the social determinants of health (VCH Population Health Report, 2008). Research demonstrates that social and economic characteristics of a population are more significant in determining health than medical care and health behaviors (smoking, diet, etc).

Within the Vancouver Coastal Health region some populations have significantly worse health than others. A gradient of health exists, where people of lower incomes have shorter life expectancies than people of higher incomes. This gradient exists regardless of age, sex, or place of residence. In BC, people in the lowest income quartile are four and a half times more likely than those in the highest quartile to rate their health as poor or fair, and the percentages decrease with each ascending income quartile (VCH Population Health Report, 2008).

The goal of a population health approach is to reduce health status inequities that may exist between different groups and to enable everyone in the community to achieve the highest possible level of health (VCH Population Health Report, 2008). Policies and programs with a population health approach aim to improve everyday living circumstances, including access to adequate, affordable housing and nutritious, culturally acceptable food.

What is Subsidized Housing?

BC Housing (2007) defines subsidized housing as “all types of housing whereby the provincial government provides some type of subsidy or rent assistance, including public, non-profit and co-operative housing, as well as rent supplements for people living in private market housing.” Subsidized housing in BC includes public housing managed by BC Housing and buildings operated by non-profit societies and housing co-operatives. This report describes BC Housing, non-profits, and co-operatives as housing providers.

The Canadian Mortgage and Housing Corporation (CMHC) notes that subpopulations including Aboriginal people, people with mental illness and addictions, seniors, people with chronic illness and disabilities, women and the homeless, “either experience unique housing difficulties that may have health consequences, or for whom housing and social-economic disadvantages are magnified by their disempowerment on some other social axis” (2002, p.52). BC Housing works in partnership to develop housing options for seniors, those who are homeless or at risk of homelessness, women fleeing abusive relationships, Aboriginal people, and people with mental and physical disabilities. Subsidized housing options include:

1. Public housing: BC Housing manages 7,800 public housing units for low-income families, seniors and people with disabilities. More than 300 group homes are also funded by BC Housing for people with various special needs (BC Housing, 2007).

2. Non-profit housing: The British Columbia Non-Profit Housing Association (BCNPHA) defines non-profit housing as “rental housing that is owned and operated by community-based non-profit societies.” Non-profit housing is not public housing, yet
most non-profit housing societies receive some form of financial assistance from the government to facilitate the provision of affordable rents (BCNPHA, 2008).

3. **Co-operative housing (Co-ops):** Housing co-operatives are jointly owned and managed by residents. Members of the co-operative participate in decision-making, share the responsibilities of running the co-operative, and select new members (BC Housing, 2007). In BC there are more than 255 non-profit housing co-ops comprising 14,300 individual units (CHF BC, n.d.).

4. **Rent supplements:** BC Housing provides rent assistance to seniors and low-income, working families in the private rental market through the Shelter Aid for Elderly Renters (SAFER) program and the Rental Assistance Program (BC Housing, 2007).

5. **Low end of market units:** Some non-profit and co-operative housing developments have rent-geared-to-income units and low-end market units to rent. Rent-geared-to-income units are when tenants pay based on their gross income rather than market price. Market unit rents are set at, or slightly below, the rents charged for similar apartments in the private market (BC Housing, 2007).

### What is Community Food Security?

Community food security exists when “all community residents obtain a safe, personally acceptable, nutritious diet through a sustainable food system that maximizes healthy choices, community self-reliance and equal access for everyone” (Bellows & Ham, 2003). This definition implies:

- The ability to acquire food is assured and equitable;
- Food is safe;
- Food is personally and culturally acceptable and is obtained in a manner that upholds human dignity;
- Food is sufficient in quality and quantity to sustain healthy growth and development and to prevent illness and disease; and
- Food is produced, processed and distributed in a manner that does not compromise the land, air or water for future generations.
- Food is produced and distributed in a way which supports community self-reliance.

Individuals are considered to be food insecure if they lack the physical, economic or cultural access to the foods they require for productive, healthy and active lives. Poverty is a root cause of food insecurity. Risk groups vulnerable to food insecurity are unified by their low-income status (Provincial Health Officer’s Annual Report, 2005).

Populations at greater risk for food insecurity include people with low incomes, seniors, children, Aboriginal people, lone-parent families, and recent immigrant and refugee populations. There is also greater risk for food insecurity in populations that are homeless, or suffer from mental illness, addictions, and/or concurrent disorders. In 2004, 10.4% of BC households had at least one sign of food insecurity, 6.9% had

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multiple indicators and 3.5% experienced severe food insecurity in the previous year (Health Canada, 2007).

There are a range of options available to improve food security along the ‘Food Security Continuum’ (Table 1). Actions to improve food security range from short-term food relief to policies that focus on redistributing income to reduce inequality. Short-term relief strategies are targeted towards the most vulnerable in society to alleviate hunger. Community capacity building strategies develop individual and community capacity for self-reliance. Food system change advocates for the redesign of policies to achieve sustainable community food security (Barbolet et al, 2005). Short-term relief and community capacity building tends to focus away from the root causes of community food insecurity and focuses instead on alleviating food insecurity and mediating food access (Tarasuk, 2001).

**Table 1: Food Security Continuum**

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<th>Stage 1:</th>
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For people in critical situations, short-term food relief alleviates hunger. This approach uses a great deal of public resources and often does not contribute to a long-term food security strategy. Whereas there will always be some need to provide food for the most vulnerable and food insecure, long term approaches develop individual and community capacity for self-reliance. Capacity development programs must also adapt as community members gain skills and become empowered. Community capacity development programs require additional time and commitment of individuals. They also require social support, funding, grants, and volunteers. Government funding for such programs has been reduced and is not expected to increase in this current political climate (Barbolet et al, 2005). This is a major challenge for those providing social support strategies.

Policies focusing the root causes of food insecurity include strategies to alleviate poverty. Policy options to reduce poverty and food insecurity in BC include increasing the minimum wage, increasing welfare rates, developing income thresholds for social
and income tax concessions, and ensuring earned income benefits work to assist people in the paid labour force. Affordable childcare and federal child benefits are particularly important for families with children. For a complete review of these and other policy options see PHSA’s “A Review of Policy Options for Increasing Food Security and Income Security in British Columbia: A Discussion Paper” (2007C).

Often, food security success is measured by an improvement along all three stages of the continuum, not the movement from one stage to another (Barbolet et al, 2005). It is important for housing providers to understand the range of food security strategies; short-term relief, community capacity building, and system change, to identify and support policies and programs that will improve tenant health and wellbeing. Such strategies include housing policies that reduce the number of tenants dependent upon short-term relief and support programs that build community capacity for self-reliance.

Health, Housing & Food Security

Individuals and families who live in relative poverty are at highest risk for food insecurity and inadequate housing. The attainment of basic needs, including shelter and a healthy diet, is not affordable for low-income household members living on social assistance or minimum wage employment (Dietitians of Canada, 2007). This section describes how housing and food security each directly and indirectly influence individual and population health. It also emphasizes how housing and food security are interrelated determinants of health.

Housing is considered, by the CMHC (2002), as part of our everyday environment through which a wide range of determinants operate and mediate our health throughout our lifecycle. Health is influenced by material factors in our home, including exposure to biological, physical and chemical hazards. Housing also has a meaningful dimension, as it may be a place to take refuge and exercise control as well as be a source for pride and prestige for individuals and families. The spatial dimensions of housing shape the amenities available inside the home, the social environments and cultural norms. As well, access to services and amenities is influenced through housing location and nearby transportation options (CMHC, 2002). If housing expenditures are a relatively large proportion of an individual or family’s income (greater than 30%) then there is less income for individuals and families to exercise control and discretion in lifestyle and living conditions.

Food insecurity negatively affects the health, development and social support of Canadians. Canadians who are food insecure are more likely to have multiple chronic conditions, including heart disease, diabetes, obesity and high blood pressure (Che & Chen, 2001; Tarasuk, 2002). Food insecurity also has psychological and social consequences, including social exclusion and mental health problems, such as distress and depression in both children and adults (Tarasuk, 2002). In addition, lack of quality nutritious food can affect an individual’s ability to work and learn which may result in reduced productivity and increased rates of unemployment and underemployment (Cook, 2002). Nutritional deficiencies and chronic illnesses associated with food insecurity are significant at particular stages of the life-course, among specific populations and those with special dietary needs.

Nutrition and diet play an important role in the prevention of obesity, non-insulin dependent diabetes mellitus (NIDDM), and heart disease. Analysis of the 1998/1999 Canadian National Population Health Survey found food insecure adults were more likely to experience poorer health status across the physical, social and mental
dimensions of health. The study demonstrated food insecure adults were 2.5 times more likely to suffer from heart disease and 1.6 times more likely to have high blood pressure (Vozoris & Tarasuk, 2003). Further, a cross-sectional study in a low-income neighborhood of Connecticut found food that insecure adults were more than twice as likely to be obese then those who were food secure (Martin & Ferris, 2007). Once diagnosed, management of NIDDM and heart disease requires a diet low in salt and high in vegetables, fruit and whole grains. This diet is difficult to achieve on a limited budget.

**Limited Choices for Low-Income People**

The cost of healthy, nutritious food is more expensive calorie per calorie then less nutritious junk food. When people are living in poverty and are food insecure they will often chose cheaper, unhealthy foods because it gives them a higher caloric intake (Provincial Health Officer’s Annual Report, 2005). Low-income households purchase significantly fewer fruits, vegetables and milk products then high-income households in Canada (Kirkpatick & Tarasuk, 2003). Furthermore, a recent study in Washington State found food costs for healthy items have increased up to 20% over the past 2 years while energy dense (less healthy) food costs went down 2% (Monivais & Drewnowski, 2007). Further, the trend of rising food prices is a mounting cause for concern for households around the world.

Low-income populations may also face geographical barriers with regards to access of healthy nutritious food. There are often fewer grocery stores with fresh produce in low-income neighborhoods and cheaper junk food is often more readily available at nearby convenience stores. Lack of personal transportation and the cost and limited range of public transit is an additional obstacle. Elderly and disabled populations that have limited mobility are further hindered in their ability to obtain nutritious food. Further, functional impairment can also have an impact of the ability to prepare and consume food (Provincial Health Officer’s Annual Report, 2005).

People living in single rooms or other basic accommodations may have limited preparation and storage facilities. Proper storage space may not be available to store purchased bulk food, often available at lower prices. The ability to cook economically in a kitchen with proper facilities and preparation choices may be lacking for low-income households (Provincial Health Officer’s Annual Report, 2005).
II) The Role of Housing: Integrating Food Security

Making healthy choices the easy choice in supportive environments is crucial to improving the population’s health; “We cannot expect people to make healthy choices when they live in unsupportive environments. It is therefore necessary to work towards creating a positive and healthy social, nutritional and physical environment where people can have access to healthy and safe foods” (Provincial Health Officer’s Annual Report, 2005, xx).

Housing designs and policies influence how residents connect with food in daily life. Housing strategies shape residents’ access to grocery stores, vending machines and food at community events. Housing design also has an effect on what programs can be made available, for example community gardens and community kitchens require specific built environment features. This section describes the considerations required for housing providers to integrate food security and consequently improve resident health and wellbeing.

Strategic & Comprehensive Planning

Local governments and organizations continue to provide, update and replace affordable housing stock in the province. A strategy to improve social housing requires a comprehensive approach that includes more than shelter and integrates multiple determinants of health. Engaging the subsidized housing sector in food security initiatives is a valuable way to reach vulnerable populations.

Housing providers have the opportunity to be strategic and holistic by planning the location of housing support community food security and designed to strengthen food-related strategies. Instead of adding food as a concern after tenants have been provided with shelter, upfront investments will reduce overall costs. For new housing developments a comprehensive plan requires collaboration with a number of stakeholders early in the design and policy process. The location of housing developments must consider distance to grocery stores and public transportation services to increase access to healthy food choices. Design of housing developments must promote community food self-reliance and providing the communal space required for garden and kitchen programs.

For existing housing stock the integration of food security considerations requires the development of partnerships. Whereas many subsidized housing organizations in Vancouver have ongoing food programs, these programs often exist in isolation. Food and food security activities are often a component of greater community initiatives and part of tenant outreach. Food is a natural part of special events organized by housing tenant associations. Further, some housing developments organize their own low cost meal programs; yet often struggle with lack of resources and few volunteers. These and other experiences were revealed in a recent BC Housing food security audit; summarized in Appendix A(v). There is an opportunity among housing providers to identifying occasions for amalgamation of services to minimize administration and required resources.
Combining housing and food security can promote the health and wellbeing of tenants and prevent disease and disability. From a broader economic point of view, a population health approach produces a significant return on investments. A population health approach includes illness avoidance strategies as well as programming and policies directed at vulnerable population groups. Health promotion and illness avoidance can potentially translate into avoided diagnostic and treatment services, creating a more sustainable health care system (VCH, 2006). Within a housing context, the promotion of resident health and wellbeing can produce more stable tenancies and reduce the high expenditures associated with the termination of unsuccessful contracts.

**Multiple Determinants of Health**

Critical short-term relief is required for those with insufficient income to access nutritious food. In addition, some residents may not have the physical and mental capacity to shop and prepare foods, or require additional skills for self-reliance. Providing personal cooking facilities and storage may not be useful for persons without the physical or mental capacity to prepare food. Investments into kitchen facilities may be inappropriate and indeed cooking facilities may be regarded as potentially hazardous. Residents without the pre-existing ability to prepare food will not use personal or communal kitchen space. However, for populations that have capacity, providing residents with the opportunity for skill development may be considered a best practice. Designing housing with strategies for those with changing and evolving needs is a practice that requires ingenuity, evaluation and research.

Community food security requires knowledge and consideration of food safety. Food safety involves safe handling practices in the preparation, storage and service of food in our homes and food premises. To ensure food safety in the design of communal kitchen space and community-food related programs, the local health authority's Environmental Health Officers should be included.

Food is required to satisfy the nutritional needs of our bodies, yet the social aspects of food should not be underestimated. Food security policies that integrate social aspects into programming are more successful. Food can be a tool to improve health through nutrition and also to reach vulnerable populations, stabilize individuals and build communities. Many housing providers use food in community development strategies to create ownership, build respect, and foster successful tenancies. Both housing providers and food-related organizations express the importance of building social atmosphere and community; experience demonstrates that the social atmosphere can be considered as, or more important, than the taste and quality of the food available.

There are symbolic, emotional and cultural aspects to food. For example, food is often a focus point of cultural, social and community events. Research is increasingly interested in discovering how child and adult eating habits develop in social contexts and how food nutrition and portion sizes change when food is shared in groups or savoured alone. Nutritionist strategies include recommendations for families to sit down and eat meals together and recognizing parents as role models for their children with regards to nutritional choices (Roy & Petitpas, 2008). Food security interventions must be population-specific because food has community and cultural aspects and individuals have specific nutrient requirements both throughout the lifecycle and in association with illness.
Population Specific Information for Policies & Programs

Food security policies and programs are best tailored to meet the specific needs of sub-populations. Policies and programs must also be flexible to the changing needs of a population. This section provides population specific knowledge and considerations important for the integration of food security within subsidized housing.

Seniors:

Seniors populations are especially vulnerable to food insecurity; compounding factors include low-income, functional impairment and social isolation. Food insecure elderly are at risk for poorer nutritional and health status (Lee & Frongillo, 2001). Among the elderly, malnutrition exacerbates diseases, increases disability, decreases resistance to infection and extends hospital stays.

Housing should be developed with the goal to provide accessibility for individuals with physical impairments (mobility, sight or hearing). BC Mental Health Reform (2002) suggests developing and evaluating housing options with design features that will promote and support aging in place. The PHSA (2007B) suggestions grocery stores should be within a quarter-kilometer from seniors’ housing.

Seniors living in assisted living housing prefer the opportunities for choice. Providers that offer choice meal programs, communal kitchen space and full personal kitchens in units present both the greatest amount of personal freedom and social opportunities. Community developers often note the most successful seniors’ food-related programs and activities have a social component (Personal communication, Seniors Housing Information Program - SHIP). Furthermore, the PHSA (2008) notes “community gardens help seniors stay active and independent” (p.7).

Mental Health & Addictions:

People suffering from mental illness, addictions and/or concurrent disorders are at greater risk of poverty and food insecurity. There are also psychological stresses associated with experiences of food insecurity. Among women, children and the elderly depression symptoms are correlated with reported food insecurity (Casey et al, 2004; Kim & Frongillo, 2007). Furthermore, the role of nutrition in mental illness care and prevention is a growing scientific field (Mental Health Foundation, 2006). Good nutrition improves an individual’s wellbeing and health.

A challenging issue among those who have mental illnesses is the risk of social isolation and loneliness when living independently. To improve socializing opportunities, “it is essential that services in supported housing have a significant focus on reducing social isolation through such options as shared activity groups or communal kitchens” (BC Mental Health Reform, 2002, p. 13). Furthermore, supportive housing should be non-segregated from the community and located close to community resources and transportation as well as friends and family to facilitate building of information support networks (BC Mental Health Reform, 2002).

Most residents in mental health supportive housing have their own self-contained apartments with private bathrooms and cooking facilities. Vancouver Coastal Health and the City of Vancouver work together to provide an enhanced apartment model that offers tenants both a daily meal and the opportunity to eat meals together (City of Vancouver, 2007). Strategies that use communal areas require additional human resources, leadership and accountability for the space.
Intercultural:

Populations without access to culturally suitable foods are at greater risk for food insecurity. For subsidized housing with residents of diverse cultural backgrounds concerns regarding available food, social isolation, language, and cultural issues may exist. There is a need for culturally appropriate food-related resources and programs. Community capacity development programs among housing residents may require additional language interpretation support to integrate diverse cultural needs.

There is a lack of low-cost or free culturally appropriate food for many new immigrants. While seeking employment and housing, immigrant and refugee populations may encounter challenges in new food, shopping and language environments. Rush and associates (2007) found that immigrants experienced the greatest amount of hunger upon arrival to Canada, yet hunger decreased over time. The decrease in hunger did not necessarily improve the health of immigrant populations as the new environmental and lifestyle factors often contributed to less healthy food choices.

Community gardens have been demonstrated to foster communication among various cultural groups. Food and shared experience have been described as “a starting point for understanding” among ethnic groups (Wakefield et al, 2007, p. 100). If climate is compatible, community gardens also provide a place to grow traditional and culturally acceptable foods. Community kitchens have also been demonstrated as effective for building skills for new immigrants and refugees. Community kitchens designed to develop shopping and preparing skills for persons in new environments can also foster a sense of community.

Aboriginal:

Of Aboriginal people living off reserve more than one-quarter (27%) reported food insecurity in Statistics Canada’s 1998/1999 National Population Health Survey (Che & Chen, 2001). Replacement of traditional diets with western foods combined with an increasingly sedentary lifestyle has contributed to the current prevalence of diabetes among First Nations populations (Provincial Health Officer’s Report, 2004).

Aboriginal food security requires both market and traditional food considerations. Anecdotally, children have been noted to have greater rates of food insecurity as they often eat less traditional food than their parents.

Large communal space is required for many traditional Aboriginal hunting and food preparation activities. There is also a need for culturally appropriate resources and programs. Research of the Nisga’s First Nation in Northwest BC demonstrated how architecture can contribute to the health and wellbeing of elders in remote areas (Mackin & Nyce, 2005). In addition, a review of domestic space use in Arviat, Nunavut reflected the need for housing design and architecture to be built with awareness of Inuit family cultural values, social interaction and activities (Dawson, 2003).

Chronic Health Conditions & Disabilities:

People who are HIV-positive have a higher demand for dietary quality in terms of energy, protein and individual nutrients. Good nutrition helps fight the disease and associated infections as well as process HIV medications. Yet, almost half of the individuals who were HIV positive and eligible for the BC Drug Treatment Program that provides antiretroviral therapy free of charge to eligible HIV-infected residents of British
Columbia in 1998–1999 were found to be food insecure, and 1 of 5 reported occasional or frequent hunger (Normen et al, 2005).

Housing should be developed with the goal to provide accessibility for individuals with physical impairments (mobility, sight or hearing). For example, wheelchair accessibility for persons with physical disabilities also includes accessibility to appliances and low counter-tops with wheelchair space.

As previously noted, nutrition and diet play an important role in the prevention of obesity, non-insulin dependent diabetes mellitus (NIDDM) and heart disease. Food insecure adults are more likely to experience these chronic diseases. Once diagnosed, management of NIDDM and heart disease requires a special diet that is difficult to achieve on a limited budget.

**Men, Women & Children:**

More than 76,500 British Columbians, 27.3% of whom were children, used food banks in 2007 (Dietitians of Canada, 2007). Canadian families headed by single mothers are eight times more likely to report hungry children than other families. Children of hungry families reported poorer health than other children (McIntyre et al, 2002).

To prevent permanent damage, proper nutrition is required during fetal, infant and child growth and development. Low-income mothers experiencing food insecurity were found to be more likely to give birth to a low birth weight baby (Borders et al, 2007). Low birth weight babies are at greater risk for subsequent mental and physical illnesses, including inhibited cognitive development and chronic diseases later in life.

Children require nutritious food for optimal growth and intellectual, social, and emotional development. Children from families that report multiple experiences of food insecurity are more likely to show behavioral, emotional and academic problems than children from the same low-income communities whose families do not report experiences of hunger (Kleinman et al, 1998). Furthermore, food security and provision of healthy choices at a young age can reinforce positive nutritional habits that are particularly important for future health and wellbeing.

Food security can be viewed through a gender lens, which recognizes the diverse roles women, and men play in society. Women more often purchase and prepare food for family meals and community events. As a result, women are often the target group for community kitchen programs. There are personal safety and sexual harassment concerns for women who wait in line-ups and participate in short-term food relief strategies. Men may lack knowledge regarding food preparation and thus be at a disadvantage due to cultural norms (Ryerson University, 2008). Intermediate or moderate levels of food insecurity are associated with women being overweight; the association is more ambiguous in men (Hanson, Sobal & Frongillo, 2007).

**Vancouver’s Downtown Eastside:**

Many groups that are vulnerable to food insecurity are concentrated in Vancouver’s Downtown Eastside (DTES). The neighborhood has many socioeconomic indicators associated with food insecurity, including high rates of social assistance and a greater percentage of households with incomes that fall below the poverty line. Single Resident Occupancy (SRO) hotels are predominant in Vancouver’s DTES. SROs lack personal cooking and storage facilities and thus contribute to personal food insecurity among residents. Concerns surrounding food in DTES SROs include the lack of communal
kitchen space or lack of accountability for the communal space available. In the communal space available there may be apprehension and concerns regarding personal safety, food safety and hygiene practices, as well as theft of food, property and kitchen amenities. As a result, options for SRO tenants include the purchase of low-cost prepared food or free food from charity organizations.

In response to high rates of food insecurity there is a concentration of charitable food donors in the DTES (Barbolet et al, 2005). Concerns among food providers in Vancouver's DTES include a lack of communication among food-providers and competition for funding food initiatives. Whereas many social organizations provide quality food, due to low funding and reliance on donations providers may have limited resources to respond to concerns regarding:

- Food safety, quality and nutritional value (lack of fresh food, fruits and vegetables)
- Personal dignity and stigma associated with waiting in lines and obtaining charitable food
- Persons who have difficulty waiting in line, especially those with physical and mental illness
- Threats of violence and sexual harassment for persons waiting in lines
- Nutritional requirements for those with pre-existing and chronic illnesses
- Lack of culturally suitable food
- Food donations that require storage and cooking preparation
- Limited food distribution hours
III) Food Security Options for Subsidized Housing

Provision of housing can be instrumental in redistributing resources in a community. Nevertheless, community food insecurity is a concern for many tenants of subsidized housing. The Provincial Health Service Authority (PHSA, 2007) recommends identifying underserved low-income populations to plan food security programs using evidence-based decision-making. Targeting tenants of non-profit and social housing for community-based food initiatives is an example of such an approach. The PHSA (2007) also recommends policy criteria for food security programs to include a combination of the following aspects to:

- Alleviate hunger and malnutrition
- Offer nutritious foods
- Promote human dignity
- Use local resources
- Be community-based / initiated
- Support socialization (multiple personal interactions)
- Have a long-term plan or process to support project sustainability
- Offer an educational component

As well, the program should be integrated so that it:

- “Fits” into the community political and social atmosphere.
- Considers support of existing programs.
- Considers the impact of new programs on existing programs.

Policy and programs require an evidence base and evaluation component. A plan for the evaluation of food-related program outcomes is required for evidence-based decision-making (PHSA, 2007). Evaluation can be particularly important for long-term success and funding of programs as well as to aid cooperation between partners. For greater detail and information regarding evaluation strategies refer to PHSA’s (2007) “Community Based Food Security Projects: A Discussion Paper.”

This next section of the paper focuses on how population health initiatives can connect both food security and housing policies and programs along the food security continuum. A framework of options for housing providers to integrate housing and food security is provided in Table 2 and explained in greater detail in the following section.

Table 2: A Framework of Options for Housing Providers

<table>
<thead>
<tr>
<th>(1) Short-Term Relief</th>
<th>(2) Community Capacity Building</th>
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(1) Short-Term Relief

Short-term food relief includes donated food and meals in institutional or non-institutional settings. The goal of short-term relief is to provide food for the hungry. When short-term relief relies on donations and volunteers, insufficient resources may mean the food may be of poor quality and low nutritional value. An unpleasant atmosphere can contribute to food insecurity as clients may feel stigma associated with receiving charity and waiting in lines.

People in critical need for food provision range on a continuum of economic disadvantage to include those without the physical and mental capacity to shop and prepare foods to those with the ability to develop the required skills for self-reliance. Providing food may be viewed as disempowering to individuals who otherwise would have the capacity to provide for themselves. There is often a cyclical need for short-term relief. For example, those who are dependent upon welfare have the greatest need for food at the end of a welfare pay period.

Short-term food relief is not a community development strategy and was originally intended as an emergency response (Provincial Health Officers Report, 2005; PHSA, 2007). However, food provision to those who are hungry, especially when nutritious and quality food is available, can benefit an individual’s health. Food provision to vulnerable populations in housing can improve resident health, improve relations among residents and help stabilize lives, as demonstrated by the experience of the Portland Hotel Society in Appendix A(i). A number of short-term program options exist; the information and resources necessary for action regarding meal provision, food banks, gleaning programs and food exchange are provided below.

Meal Provision

Food provision consists of regular meal service in institutional and non-institutional settings. In institutional settings, meals provided in hospital and nursing homes is primarily supported by the supervising organization. In non-institutional settings, providing food to clients is primarily supported by charitable donation and grants.

Meal provision is especially important for children and seniors at risk for food insecurity. A number of daycares and schools in Vancouver operate meal programs to alleviate hunger among vulnerable children. Meals on wheels programs, which provide pre-cooked meals to homebound seniors or those who are chronically ill, are common in the Vancouver area. Programs are often offered through non-profit organizations, provided on a ‘fee for service’ basis, and offer nutritious food options for clients.

Examples and resources:

- Harbour Light Meal Service:  
  www2.vpl.vancouver.bc.ca/DBs/RedBook/orgPgs/6/692.html
- Sheway (women who are either pregnant or parenting children less than 18 months old):  
  www.vch.ca/women/sheway.htm
- Carnegie Centre (low cost meal):  
  www.city.vancouver.bc.ca/cmmsvcs/ CARNEGIECENTRE/
- Franciscan Sisters:  
  www.thefranciscansisters.com/
- Von B.C. Meals on Wheels:  
  www.vonbc.com/meals.htm
- Burnaby Meals on Wheels:  
  www.vcn.bc.ca/bbymeals
Food Security & Housing

- **Langley Meals on Wheels Services Society:**
  www2.vpl.vancouver.bc.ca/dbs/redbook/orgpgs/8/811.html
- **North Shore Meals on Wheels:**
  http://www2.vpl.vancouver.bc.ca/DBs/Redbook/orgPgs/1/1113.html

**Food Banks**

Use of food banks is often regarded as a measure of food insecurity in Canada, yet many individuals and families who are food insecure do not access food banks. Food banks are not a food security solution, they “are not a dignified means to access food, are nutritionally inadequate, are limited in quantity and quality, and do not build capacity towards increased food security for all” (Provincial Health Officer’s Annual Report, 2005, p.59). Nonetheless, food banks are currently a source of food to many people who are hungry.

**Examples and resources:**
- Greater Vancouver Food Bank Society: www.foodbank.bc.ca
- Canadian Association of Food Banks: “Education and Research”:
  www.cafb-acba.ca/english/EducationandResearch.html

**Gleaning Programs**

Gleaning programs involve the collection of surplus produce from farms or individual producers. Programs use volunteers to process and distribute produce to reduce wastage; however the logistics of the operation and seasonal limitations may make contributions to food security difficult. Gleaning programs can contribute to community and social capital and are often associated with food banks and community kitchen programs (PHSA, 2007).

**Examples and resources:**
- University of Maine Cooperative Extension, “Food for Your Community: Gleaning and Sharing”: www.umext.maine.edu/onlinepubs/htmpubs/4301.htm
- Life Cycles, “Glean ‘til you’re green.”:
  www.lifecyclesproject.ca/programs/food_distribution/fruittree/glean.htm;
- Vancouver Fruit Tree Project: www.vcn.bc.ca/fruit/
- Richmond Fruit Tree Project: www.richmondfruittree.com
- North Shore Community Gleaning: www.ediblegardenproject.com

**Food Exchange**

Food exchange networks partner with social organizations to recover food and reduce waste. This food is obtained prior to disposal because it is surplus, mislabeled, or close to an expiration date. For example in B.C., the Quest Outreach Society provides social service clients the opportunity to shop with dignity at the warehouse in a way similar to a grocery store – buying fresh produce, breads, meat, etc. at 30 percent of the original price. Food exchange mobile vending trucks, which visit low-income neighborhoods with recovered food, have been demonstrated as successful in the UK. To further improve access, such models are being explored for some Vancouver neighborhoods.

**Examples:**
- Quest Food Exchange: www.questoutreach.org
- Community Angel Food Runners Program:
  http://www.foodbank.bc.ca/main/?foodRunners
(2) Community Capacity Building

Community capacity development programs pair food-related activities with health promotion strategies to increase skills, self-esteem, self-confidence and community involvement. Community development programs focus on the relationships between community members to overcome social isolation, empower individuals and their communities, and enable individuals to feel more in control of their health (Bouchard, Roy & van Kemenade, 2005).

Working in partnership and involving community members is important for the long-term success of food security initiatives and has been demonstrated to have a positive health benefit. Requiring tenants to participate in community programs is not considered a best practice, as tenants prefer choices with regards to social interaction. These programs require additional resources, time and commitment and thus may not be acceptable to all individuals or communities.

Food-related projects have been successful in raising the social capital of a community (PHSA, 2007). Enhancing individual nutrition, knowledge and skill as well as increasing community social capital may lead to more stable and successful tenancies. Community gardens, community kitchens, farmers’ markets, buying clubs and social enterprises are examples of community capacity building strategies that may be compatible with ongoing subsidized housing programs and policies.

Community Gardens

Community gardens are often areas of land set aside for individual garden plots to grow food. Workshops and skill development programs are often part of community gardens. Vancouver Parks and Recreation states community gardens are a “valuable recreation activity that can contribute to community development, environmental awareness, positive social interaction and community education” (Community Gardens Policy, 2005).

Community based research of community gardens in Toronto found garden organizations to be a mechanism that improves urban health. Participants of community gardens stated increased physical activity, better nutrition, and mental health as outcomes of their involvement. Researchers also found increased community networks and social support among community garden participants. Importantly, community gardens were noted as a way to foster communication between various cultural groups in the city, “using food and shared experience as a starting point for understanding” (Wakefield et al, 2007, p.100).

Toronto gardeners identified community gardens as a way to access fresh and low-cost produce. Further, growing culturally appropriate food, often expensive in international food stores, was an important benefit for many community garden members (Wakefield et al, 2007). A Michigan study found that adults with a household member who participated in a community garden consumed fruits and vegetables 1.4 more times per day than those who did not participate and were 3.5 times more likely to consume fruits and vegetables at least 5 times daily (Alaimo et al, 2008).

Starting a community garden requires land to be set aside or infrastructure (pots) for a rooftop garden. Required garden inputs include a water source, soil, fertilizer, seeds, labour and skills. Assuming available land and labour, the cost to start a community garden in Ottawa was estimated to be between $3000.00 and $5000.00 in 2004 (PHSA, 2007 citing Flora Community Web, 2004). Gardens often require a period of time to
become operational. Recently the Metro Vancouver Housing Corporation introduced a community gardens project, their experience is described in Appendix A(ii).

**Examples and resources:**
- Vancouver Park Board, “Vancouver’s Community Gardens:”
  [www.city.vancouver.bc.ca/parks/info/policy/comgarden.htm](http://www.city.vancouver.bc.ca/parks/info/policy/comgarden.htm)
- Roof Agriculture,” 2001: [www.cityfarmer.org/greenpotential.html](http://www.cityfarmer.org/greenpotential.html)
- Edible Garden Project: [www.ediblegardenproject.com/our_network.htm](http://www.ediblegardenproject.com/our_network.htm)
- UBC Farm: [www.landfood.ubc.ca/ubcfarm](http://www.landfood.ubc.ca/ubcfarm)
- LifeCycles Project Society: [www.lifecyclesproject.ca](http://www.lifecyclesproject.ca)
- Environmental Youth Alliance: A youth driven Vancouver based Non-Governmental Organization working to involve children and youth in urban agriculture: [www.eya.ca](http://www.eya.ca)
- MOBY: My Own Back Yard Community Garden: [www.myownbackyard.ca](http://www.myownbackyard.ca)
- The Urban Diggers Society: This group operates 4 community gardens in the Mount Pleasant area and is a long time advocate for public affordable urban agriculture opportunities. Email: [dig@vcn.bc.ca](mailto:dig@vcn.bc.ca)
- School Year Gardens, Richmond: [www.richmondfruittree.com/Toolkit.pdf](http://www.richmondfruittree.com/Toolkit.pdf)

**Community Kitchens**

Community kitchens are community-based programs where a small number of individuals gather to prepare meals to be consumed together or taken home for later consumption (Tarasuk, 2001). Kitchen programs have the potential to adapt to the needs of the community. Programs range in focus from cooking skills and preparation to social aspects and support networks. Community kitchen programs require communal kitchen space, kitchen amenities, food and volunteer/staff, food safety and nutrition knowledge.

Community kitchens have been recognized as less stigmatizing than food banks, to offer social support networks and help reduce social isolation (Engler-Stringer & Berenbaum, 2005). Partnering community kitchens with group facilitation and counselling has been suggested to further develop social support networks among participants (Tarasuk, 2001). Health promotion strategies can be included and targeted to specific populations to enhance social support networks, education, personal health practices and healthy child development. For example, increased nutritional knowledge and food preparation skills among young mothers may benefit healthy childhood development programs (Engler-Stringer & Berenbaum, 2005).

Community kitchens have the potential to be individually and community empowering. At the individual level, participation in community kitchens may increase self-esteem and self-confidence. At the community, level community kitchens may empower members to participate in other organizations or community groups. It has been suggested that community kitchens may act as a catalyst for advocacy and political action, yet such outcomes has thus far been limited in the Canadian context (Engler-Stringer & Berenbaum, 2005; Tarasuk, 2001).
Examples and resources:
- The Urban Aboriginal Community Kitchens Garden Project, The program is run out of Vancouver Native Health Society and takes place at UBC Farm. www.vnhs.net/programs/garden.htm
- Fresh Choice Kitchens, the Community Kitchen program of the Greater Vancouver Food Bank Society: www.communitykitchens.ca/main/
- BCHLA “Food Skills for Families: www.bchealthyliving.ca/node/103

Farmers’ Markets
Farmers’ markets are generally considered markets where farmers themselves sell farm products. Markets are often operated in a fixed location for a temporary period of time (Perrin, 2008). Community farmers’ markets give consumers access to fresh, local foods and provide an opportunity for small scale producers to sell their foodstuffs at a price reflecting the real cost of production.

Farmers’ markets improve access to local food for urban consumers. They can play a role in community economic development and reduce the distance food must travel from the farm to the table. Setting up markets one day a week in lower-income urban neighborhoods is a growing trend to provide the neighborhood with better access to healthy foods and to address the few transportation options and lack of grocery stores in such neighborhoods (Provincial Health Officer’s Annual Report, 2005). Food prices may be more expensive at farmers’ market then at larger grocery store chains. Appendix A(iii) outlines the provincial government Farmer’ Market Nutrition and Coupon Project that provides low-income families with farmers’ market coupons.

Examples and resources:
- Your Local Farmer’s Market Society: www.eatlocal.org
- BC Association of Farmers’ Markets: www.bcfarmersmarket.org
- Farmer’ Market Nutrition and Coupon Project: www.bcfarmersmarket.org/web/fmncp.htm

Pocket Markets
Pocket markets are a smaller version of farmers’ markets; they are intended to directly serve a specific neighborhood or community. Mobile vendors and pocket markets have also become an emerging alternative to larger farmers markets to increase food access and reduce costs of food for low-income populations. Pocket Markets are held in many different locations, including community halls, neighborhood parks, on a roadside or sidewalk, in office buildings, recreation centers, or churches. The markets can be run year-round, seasonally, weekly or just once at special event. Similar to farmers markets, the food prices may be more expensive at pocket markets. As well, a high volume of produce must be purchased to provide a profit for farmers.

Example:
- Pocket Market Toolkit, Victoria BC: http://www.foodroots.ca/pmtoolkit_index.htm

Buying Clubs
Buying clubs are groups of people who pool resources to purchase bulk food at wholesale prices either from cooperative food warehouses or through retail distributors,
thus reducing food costs. The club members' work together to purchase, pick up, sort and distribute bulk purchased food. Clubs may also increase food access by distributing food to people who have limited mobility. The purchasing power of buying bulk food may increase affordability and access to organic and chemical-free produce for low-income families (Watkins, 2005).

Examples and resources:
- Vancouver Community Network, Good Food Box: www.vcn.bc.ca/gfb/index.php
- Foodshare: “What is the Good Food Box?” www.foodshare.net/goodfoodbox01.htm

Social Enterprises
A social enterprise is a type of business that produces foods and services in the market economy while also redirecting surpluses and managing operations in pursuit of social and environmental goals (Western Economic Diversification of Canada, n.d.). Food-related social enterprises have the opportunity to create employment opportunities for former charitable food recipients in Vancouver. Vancouver examples of food-related social enterprises included the Potluck Café, Ray Cam Youth Cappuccino Bar and Cafe Etico (Barbolet et al, 2005). VanCity (n.d.) also highlights the contribution of the fruit tree industry, farming co-operatives, and FarmFolk/CityFolk as a catalyst for social enterprises and local food production and distribution. There is an opportunity to explore the unique pairing of food-related social enterprises with new and existing housing developments in Vancouver.

Examples and resources:
- The Vase, Vancouver Aboriginal Social Enterprise: www.thevase.net
- Social Enterprise Resource Database: www.dtes.ca
Food System Change

Food system change is the redesign of policies to achieve sustainable community food security. Options include the support for economic and political redesign, including advocacy to address social inequality and relocating the food system (Barbolet et al, 2005). This section focuses on long-term strategies for housing providers to support tenant food security. It includes the development of partnerships and networks to create local food security initiatives and changing the food environment within housing to support healthy choices.

Development of Partnerships & Networks

Housing providers can partner with a variety of organizations and networks to become informed and involved in local food security initiatives. Partnerships may provide funding, advocacy, and leadership for housing providers to support initiatives that integrate food security programs and policies into subsidized housing. Three examples of partnerships are provided below.

Community Food Action Initiative (CFAI)

The CFAI was created to support the healthy eating component of the ActNow BC health promotion program. The goal of the CFAI is to increase food security for everyone in the province of British Columbia; resources are distributed through the regional health authorities. The Vancouver Coastal Health Authority funds 8 local committees by means of the CFAI. The local committees include Richmond, Vancouver, North Shore, Sea-to-Sky, Sunshine Coast, Powell River, Bella Bella and Bella Coola. Each Committee has completed an environmental scan, a food system assessment and gap analysis and a 3-year action plan. The communities offer a range of resources and partnerships for the development of food security programs and policies. Resource: www.vch.ca/population/food.htm

Food Policy Councils

Food Policy Councils are a collection of individuals from all aspects of a local food system. They can be officially sanctioned through the government, such as a City Council motion, or be a grassroots effort. Councils are collaborative between citizens and decision makers. The primary goal of many Food Policy Councils is to examine the operation of a local food system and provide input and recommendations on improvements. Councils provide a forum for advocacy and policy development that works towards the creation of a food system that is ecologically sustainable, economically viable and socially just. Housing providers can become informed and involved in the activities of their local Food Policy Council.

Example:

- Vancouver Food Policy Council: www.vancouver.ca/commsvcs/socialplanning/initiatives/foodpolicy/policy/council.htm

Community Food Security Networks

Community Food Security Networks create linkages between food resources in a community, identify community needs and assets, as well as inform and educate citizens, groups and decision makers regarding food security policies and activities.
They are also opportunities for community members to exchange food and learn about nutrition, food preparation and sustainable growing practices (CFAI Vancouver Committee, n.d.). A community may be defined as a geographical area (e.g. neighborhood) or a population with other unifying criteria in common (e.g. population specific). Activities are designed to address the needs of populations vulnerable to food insecurity. Often networks take the form of Internet, list-serve and/or newsletter resources.

Community food security networks aim to enhance access to healthy and affordable food in ways that are environmentally, economically, and socially sustainable. Housing providers can join networks to develop partnerships and support ongoing food-related programs. Networks are opportunities for education, identification of community needs, and interaction with other food and housing providers.

Examples:
- Renfrew/Collingwood Food Security Institute: www.cnh.bc.ca/foodsecurity/index.htm
- Trout Lake Cedar Cottage Community Food Security Network: www.ffcf.bc.ca/TLCC/
- Westside Food Security Collaborative: www.kitshouse.org - click community
- Grandview Woodlands Food Connection: gwfcnetwork@gmail.com

Modifications of the Housing Food Environment

Inadequate income is the most significant barrier for food insecure Canadians and the provision of housing can be instrumental in redistributing resources within a community. Expensive or inadequate housing can limit food security “as many low-income people do not have access to food preparation facilities e.g. kitchens or community kitchens” (PHSA, 2007, p. 15). Further, the built environment can contribute to a poor diet as individual food access is influenced by neighborhood transportation opportunities and distances to access healthy foods (PHSA, 2007B). This section of the discussion will focus on how the food environment, including amenities, design, location and access to transportation within housing strategies can improve community food security.

Vending Machines & Food Purchasing Policy

The food environment in housing developments can be altered to provide healthier food choices in vending machines, concessions, and at community functions. The Government of British Columbia has introduced a school nutrition policy and has recently extended the initiative to provincial public buildings. Housing providers in the province can strive to adopt government guidelines. This initiative focuses on vending machines but recommends the nutritional criteria be extended to concessions, community gatherings and meetings. The Downtown Eastside Neighborhood House (DTES NH) has developed a “Food Philosophy” to guide their community-based programming. A brief overview of the DTES NH and the stated philosophy can be found in Appendix A (iv).

Resources:
• Healthy Food & Beverage Sales in Recreation Facilities & Local Government Building Initiatives: http://www.bcrpa.bc.ca/HealthyFoodandBeverageSales.htm

**Design & Architecture Strategies**

When building a new social and non-profit housing development, there is the potential for innovation and incorporation of food security into planning. As previously noted, research supports an association between social and family aspects and nutrition and food behaviors. Providing a family with adequate eating space within their home may be one action to improve nutrition behavior; ActNow BC (2008) suggests families try to eat at least one meal together each day.

Large communal spaces are vital for community social interaction and are required for both food-related and non-food related community development programs. As demonstrated by the experience of BC Housing summarized in Appendix A(v), staff members are required to help organize and maintain accountability for communal space. Community kitchens and gardens require human resources, leadership and accountability for the communal space. Design strategies must consider the population groups to be housed, the human resources available and how resident needs may change over time.

In the design of communal kitchen space public health safety, available amenities and costs must be considered. When communal kitchens are used to prepare food for public consumption, for example during a fundraiser or community event, the BC Food Premise Regulation applies (Food Premises Regulation, 1999). Communal kitchens for private tenant use do not require a permit; yet incorporating food safety considerations is a strategy important for resident health. When designing a communal kitchen space contact a health authority’s Environmental Health Officer.

Outdoor-space is required for communal and individual gardens; this space might be made available on rooftops or in nearby parks. For example, the District of West Vancouver plans to include generous balconies for individual container food growing in all new unit construction (PHSA, 2008). For communal garden space community input and support regarding location and aesthetics is important.

An important ingredient of low-cost housing is the availability of low-cost food. When selecting a housing development site, considerations for both location and access to transportation are important considerations in community food security. In neighborhoods lacking healthy choices, the PHSA (2007B) proposes changes in the built environment to encourage healthy food environments. Suggestions include:

- Purchase or temporary use of vacant land for community gardens
- Support for weekly farmers markets
- Require a grocery store as a tenant in any new development or offer a financial incentives to developers that include grocery stores as tenants

For specific populations, transportation and location are fundamental to accessing healthy foods. For example, the PHSA (2007B) suggests that grocery stores should be within a quarter-kilometer from seniors’ housing. Housing providers may partner with local government authorities to understand land use zoning policies and advocate for new and redeveloped food resources in neighborhoods of subsidized housing developments.
IV) Next Steps for Food Security & Housing

Comprehensive approaches to housing and food security are required to promote health and reduce costs. Based upon current knowledge and working practices, housing providers can partner with municipalities, community developers, community nutritionists, environmental health inspectors, and social and environmental organizations to design, implement and evaluate programs and policies. A list of potential food-related partners and resources is listed in Appendix B.

Preliminary Recommendations

Based upon this initial discussion paper, preliminary recommendations can be made. The integration of food security considerations into subsidized housing promotes resident wellbeing and supports successful tenancies. Beneficial policies aim to reduce the number of tenants’ dependent upon short-term food relief and support programs that build community capacity for self-reliance. Improvements in tenant food security, health and wellbeing will require greater research and shifts in policy and programming. A policy shift towards collaboration of food security consideration within subsidized housing requires appropriate and upfront investments. As well, programming within housing must shift to be collaborative with other housing and food security organizations and comprehensive to include nutritious choices, education in food safety and an emphasis on the social aspects of food and community. Finally, more research is required to better understand how housing mediates food security and tenant wellbeing. Table 3 summarizes the preliminary recommendations for the integration of housing and food security.

Table 3: Preliminary Recommendations

| Policy | - Make upfront and strategic investments to incorporate food security considerations in the planning and design of subsidized housing developments. For example, increase personal or public transportation access to grocery stores, farmers’ markets, and community gardens.  
|        | - Provide communal and personal kitchen and garden space.  
|        | - Provide healthy choices in vending machines and at community events.  
|        | - Develop partnerships and networks to become informed and involved in food security initiatives.  
| Programming | - Target subsidized housing tenants as an audience for food security initiatives.  
|            | - Ensure accountability of communal space.  
|            | - Share resources and collaborate with other housing providers and social organizations.  
|            | - Offer an educational component in programming / integrate food safety.  
|            | - Alleviate hunger and malnutrition / offer nutritious foods.  
|            | - Promote human dignity and be community based/initiated.  
|            | - Support socialization and multiple personal interactions.  
|            | - Engage in population specific programming. |
Research

- Investigate the mediating mechanisms between housing and food security.
- Explore population specific information required for successful interventions.
- Compile the cost savings that result from food security investments.
- Explore successful food security and housing interventions.

Discussion Questions

This introductory discussion about the relationship between subsidized housing and food security leads to an exploration of potential partnerships, roles, and responsibilities of various decision makers. Collaboration to address food security in housing will include various organizations including the municipality, health authority, housing providers, and food security program planners. Initial discussion questions include:

• What is the food security and housing need in our community? Who is food insecure? Where do they live? What barriers do these populations face?

• What are the obstacles, opportunities and next steps for short-term relief and community capacity building strategies?

• What actions are required to support a more comprehensive and wholestic subsidized housing approach?

• Considering the a various departments within VCH, including Environmental Health Officers, Community Developers, Community Nutritionists, Mental Health and Addictions Housing staff, and the Population Health Team, what is the role of Health Authorities in supporting initiatives surrounding food security in housing?

• Given that funding for social initiatives is a challenge, what actions are required to support sustainable funding for food security and housing initiatives?

• How can health authorities, housing providers, and other stakeholders obtain evidence supporting the cost savings that result from food security investments?

• What population-specific information for the integration of housing and food security is currently missing? How should that information be gathered/researched?

• Would a Community Food Security Network be useful in our community? What would be the goal of the network and who would be part of such a network?
Appendix A:  
Case Studies - Food Security & Housing in British Columbia

i) PHS Community Services Society

The PHS Community Services Society (formally called Portland Hotel Society) has been involved in the Downtown Eastside since 1993. They are committed to working with a population of people who find it virtually impossible to secure stable housing and support services of any kind.

Many of the residents housed were reported to be under-nourished and/or malnourished, as a response, providing food along with housing has become a mandate of the Society. Food provision has been demonstrated to help stabilize lives of individual tenants and build community within its hotels. In 2006, two residents of the Stanley Hotel committed suicide. This had a devastating impact on the population living in the hotel. In an attempt to ameliorate the suffering, the PHS Community Services Society provided three meals a day for 2 weeks. During this two week period, there was not one 911 call placed by the staff. The PHS Community Services Society remarks, “The impact of food on the culture in the hotel was dramatic.”

Portland Hotel has partnered with the Potluck Café Society to provide one hot meal a day to residents of the building since 2000. This partnership was established because there were no funds to provide food and many residents relied on external charity donations. The program outcomes have been noted as substantial, including resident weight gain and behavior change. A request for assistance to expand the lunch program to other hotels summarizes, “It is a straightforward way to build community, engender kindness, and really help to stabilize people’s lives.”

In 2007 the PHS Community Services Society expanded a one-meal per day program to three other hotels. Through generous donation, a meal service is now offered called the “DTES Lunch Program.” A hired cook prepares approximately 220 low-cost meals for hotel residents. A volunteer from the LifeSkills Peer Program then packages the meals and two additional volunteers deliver the meals to the various hotels by bicycle. The partnership with the LifeSkills Peer Program provides 10 residents of the local neighborhood with job experience.

A “DTES Lunch Program Update” document from the Society notes the program has been an opportunity for socialization among residents and an opportunity for staff to check in with the community. As part of the program evaluation PHS staff weighed residents early and 9 months into the program. The results demonstrated a correlation between a daily meal and weight gain. The Program Director for the Stanley Hotel directly attributes many improvements of the residents with receiving a hot meal every day. These improvements include “a lift in their spirits”; fewer quarrels between residents; a decrease in emotional breakdowns; and noticeable health improvements. It seems as if those who are provided with one meal “crave” another meal, are more likely to go buy groceries and cook in the communal kitchen of their hotel. In 2008, the lunch program was expanded by the Society to an additional hotel.
ii) Metro Vancouver Housing Corporation (MVHC)

The MVHC is a non-profit housing organization that manages over 3,600 rental units and provides affordable housing to a mix of income levels. It has recently initiated three community gardens, two on the North Shore and one in Vancouver. The interest began with volunteers approaching the MVHC, who sponsored the initial garden development.

And additional grant from the North Shore Community Food Action Initiative (CFAI) of $2000.00 was received which helped offset the costs of gardening workshops, composting equipment and signage. The garden project began over the winter months with volunteers generating interest among residents with meetings to gather community input on the project. Wooden raised garden plots, soil, and water hook ups were constructed and installed by the MVHC. In association with the Edible Garden Project five free workshops are have been scheduled for the project.

Key points from their experience:

- Partnerships and funding were required early in the process
- Interest from residents was required before proceeding
- Garden plots were on MVHC land or land leased from the City of Vancouver
- The project had to carefully consider where to place the gardens and composters
- Early planning and organization was required to allocate the plots
- Many more residents developed an interest in the garden project once plots and workshops were made available
- Transparency was required for the development of a garden plot waitlist
- Education has been key to the program; including 5 workshops on gardening basics, composting, and care
- Part of the garden plot agreement and final workshop organizes an end of year clean up to prevent complaints about the visual state of the garden over the winter months

iii) Farmer’s Market Nutrition & Coupon Project (FMNCP)

The Farmer’s Market Nutrition and Coupon Project is supported by the BC Provincial Government to help low-income families with children buy and consume locally grown fresh produce. In the 2007 pilot the BC Government provided funding for partnering one farmer’s market in each of the five health authorities with 35 low-income families to receive coupon booklets worth $15 per week. In 2008, the project expanded to two markets per health authority. The coupons are paired with cooking and skill building programs for low-income families. In the Vancouver region, the Downtown Eastside (DTES) Neighborhood House is distributing the FMNCP coupon booklets and arranging transportation and daycare services for the participants.

There may be opportunity for housing providers to become involved in the future development of the program. For example, currently the FMNCP partners with a program directed towards social and skill development for low-income mothers; many of the program participants are tenants of a nearby subsidized housing development. Further, the FMNCP hopes to further expand the program in 2009 to include a target for low-income seniors. This focus could connect housing providers and program organizers to increase social interaction among subsidized housing tenants.

Resource: www.bcfarmersmarket.org/web/fmncp.htm
iv) Downtown Eastside Neighborhood House (DTES NH)

The DTES NH is a community based grassroots organization. In the autumn of 2008 it will become the ninth Neighborhood House operating under the umbrella of Neighborhood Houses of Greater Vancouver. The DTES NH has a Food Philosophy (below); all of the programming offered by the NH has an up-front nutritional component for community residents.

_DTES NH Food Philosophy_

We know food to be a communicative instrument and use its offering as an instrument of community building.

The average DTES resident lives with one or more serious health issues, has a compromised immune system and is under housed. Coupled with material poverty, the lack of adequate housing renders our neighbours incapable of providing themselves with adequate nutrition. Typical housing quarters provide one small room with no cooking facilities or storage for foodstuffs.

What is lacking in the average DTES diet is local seasonal produce, healthy sweets [bananas/dates/figs], dishes made without additives and refined sugars, gluten and wheat free foods, alternatives to dairy products, and generally speaking fresh, identifiable foods.

As we are a grassroots, resident driven organization, we put our knowledge of ourselves and our neighbours to work in our kitchen. Letters of Support from partnering organizations and Testimonials from NH Members testify to the fact that we have been successful in making our Food Vision an instrument of change and community building in the short time since we opened our doors on 4th May 2007.

When we’re materially poor, the first things we lose are privacy and choice. Offering a choice of the foods is a critical piece of the NH food philosophy. It’s a commonly held myth that those living in material poverty don’t have nutritional ambitions, expectations or knowledge.

v) BC Housing

BC Housing is the provincial crown agency that develops, manages, and administers subsidized housing options for those in greatest need. In a recent (February, 2007) audit of twenty Directly Managed BC Housing Sites in Vancouver, anecdotal feedback was received from community staff and tenant associations/social committees surrounding food and community food security. Many BC Housing developments had successful ongoing community development and food-related activities. However, food security remains a concern among tenants. Staff reported tenants requested food at cyclic periods and that food banks are a regular source of food for many families. There were also health concerns directly related to nutrition, health issues ranged from living with diabetes and being overweight, to preventing osteoporosis in seniors.

Housing developments that had a successful food program often had multiple successes. One staff member noted that for their initiatives to be successful there had to be staff support for the program and a relationship between staff and tenants. Partnerships with local community centers and community gardens were noted as successful and an area for potential for expansion.
Specific challenges of housing development programs included:

- Programs may not be reaching the most vulnerable residents.
- Lack of resources for long-term stability of projects. This includes few volunteers and little funding to purchase food for meal and communal kitchen programs.
- A concern regarding the initiation of new programs and then having to withdraw them due to lack of resources.

Barriers noted by housing developments without programs included:

- Lack of communal space for events and programs.*
- Lack of interest and knowledge surrounding issues of food security.
- Difficulty stabilizing tenants associations.
- Lack of interest in any social programs: lack of cohesiveness and sense of community among housing units prevented some staff from implementing programs.
- Difficulty integrating multi-cultural and diverse populations and the requirement for language interpretation.

*Only half (10 out of 20) of the housing developments surveyed had communal kitchen space. Of those with space, only four had functional communal kitchen programs and some kitchens were specifically noted as not in use. Housing staff and tenants noted programs require community development staff to help organize and maintain accountability for communal kitchens and garden space.

The People, Plants and Homes Program has been noted as a successful program by BC Housing staff members and tenants. The program provides free bedding plants, vegetable seeds and fertilizer as well as free gardening workshops.

An example of a local buying club is the “Fruits and Veggie Deal” run by three BC Housing tenant volunteers. This volunteer service began in 2004. The volunteers purchase fresh produce at wholesale prices and distribute boxes of assorted produce to 25-30 tenants of Steeves Manor, Woodcroft Manor, and nearby residents. Once a month, the program provides produce to those that would otherwise not have access fresh fruits and vegetables. A number of the tenants have limited mobility, making it difficult to access fresh produce, prices at large grocery stores can be expensive and the aisles in smaller produce stores in the vicinity are too narrow to be accessed by wheelchair or scooter. This project works in partnership with Vancouver Coastal Health, UBC Farms, Northwest Produce and does not receive any funding. Eight volunteers pack, deliver and distribute the boxes, as well as provide administrative support.
Appendix B: Resources & Potential Partners

**General Information:**

**BC Provincial Health Services Authority**
- Creating a Healthier Built Environment in British Columbia (2007)
Available at [www.phsa.ca/HealthPro/PopPubHelath/default.htm](http://www.phsa.ca/HealthPro/PopPubHelath/default.htm)

**Community Food Action Initiative (CFAI) & Vancouver Coastal Health – Food Security:**
Available at [www.vch.ca/population/food.htm](http://www.vch.ca/population/food.htm)

**Vancouver Coastal Health – Food Safety:**
- VCH Environmental Health Officer: [www.vch.ca/environmental/food](http://www.vch.ca/environmental/food)
- FOODSAFE certificate: [www.foodsafe.ca](http://www.foodsafe.ca)

**City of Vancouver:**
- Vancouver Food Systems Assessment & Vancouver Food Charter (2007)
Available at [www.vancouver.ca/commsvcs/socialplanning/initiatives/foodpolicy/tools/links.htm](http://www.vancouver.ca/commsvcs/socialplanning/initiatives/foodpolicy/tools/links.htm)

**Housing:**

Canadian Mortgage and Housing Corporation: go to the research reports, building and design and as well as community and housing sections, [www.cmhc-schl.gc.ca/en](http://www.cmhc-schl.gc.ca/en)

BC Non Profit Housing Association: [www.bcnpha.ca](http://www.bcnpha.ca)
- Housing Affects Health Affects Housing (2007)

**General Food Security Resources:**

City Farmer: [www.cityfarmer.org](http://www.cityfarmer.org)

Farm Folk City Folk: [www.ffcf.bc.ca](http://www.ffcf.bc.ca)

Vancouver Community Agriculture Network: [www.vcan.ca](http://www.vcan.ca)

Levenston, Mike, “Urban Agriculture Initiatives in the Vancouver Area,” 2004:
[www.ryerson.ca/foodsecurity/Documents/CityFarmer.doc](http://www.ryerson.ca/foodsecurity/Documents/CityFarmer.doc)

Toronto Food Policy Council, “Feeding the City from the Back 40,” 2001:
[www.toronto.ca/health/tfpc_feeding.pdf](http://www.toronto.ca/health/tfpc_feeding.pdf)

Draft Model to Support Community Gardening in the City of Ottawa: [www.flora.org/cgn-rjc/e_events_3-Jun-04.htm](http://www.flora.org/cgn-rjc/e_events_3-Jun-04.htm)

Lifecycles: [www.lifecyclesproject.ca](http://www.lifecyclesproject.ca)
Appendix C: Project Informants

Shandelle Billows – Program Manager, PHS Community Services Society
Barbara Croker – Community Nutritionist, VCH
Jasmina Egeler – Regional Food Safety Coordinator, VCH
Judy Graves – Coordinator, Tenant Assistance Program Housing Centre, City of Vancouver
Natasha Jateganokar – Research Director, BCNPHA
Val MacDonald – Executive Director, Seniors Housing Information Program (SHIP)
Lisa McCune – Community Developer, VCH
Christina Miewald – SFU Centre for Sustainable Community Development
Jazmin Miranda – Community Developer, VCH
Allyson Muir – Manager, Mental Health and Addictions Housing, VCH
Nicholas Najda – Community Developer, BC Housing Management Commission
Ron Plowright – Fraser Health Authority
Shannon Pirie – M.Arch, l’Universite de Montreal, PhD Candidate
Joyce Rock – Executive Director, Downtown Eastside Neighborhood House
Sally Spears – Fruit and Veggie Deal Coordinator
Jean Thompson – Community Developer, VCH
Adam Vasilevich – Planner, Metro Vancouver Regional Parks & GVHC Gardens Volunteer
References


Perrin, L.F. (2008.) Policies to promote the security and development of farmers' markets in British Columbia. Project submitted in partial fulfillment of the requirements for the degree of Master of Public Policy in the Faculty of Arts and Social Sciences, Simon Fraser University.


