



## **Food Security Community Partnership Project**

### **An Overview of 2006-2007 Activities and Recommendations for Continuation**

**Prepared November 2007**

## Executive Summary

*Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services. Universal Declaration of Human Rights, December 10, 1948*

Food is a human right, yet many in our community can not afford to choose healthy foods.<sup>1</sup> In September, 2006, the Peterborough County-City Health Unit (PCCHU) launched a unique project to address the issue of hunger in our community. The Food Security Community Partnership Project (FSCPP) helps people access healthier foods through innovative programming and partnerships. The project has been supported by funding from Ontario's Ministry of Health Promotion, Ministry of Health and Long Term Care, the City of Peterborough, the County of Peterborough, Curve Lake First Nation and Hiawatha First Nation. The goal of the project is:

To partner with community members and organizations to develop a coordinated and innovative system of food security programs that ensures all community members have access to affordable, nutritious, and personally acceptable foods.

In preparation for the Food Security Community Partnership project, Nutrition Promotion program staff conducted an environmental scan, which included a community consultation. This was done to ensure an understanding of existing programs and to identify current gaps in services and opportunities for improving access to food for our community's most vulnerable citizens. This community consultation was augmented in 2007 with a broad based consultation which was part of the Mayor's Action Committee on Poverty Reduction.

Food action programs for the most vulnerable citizens of our community require creative and diverse approaches. The FSCPP encompasses six strategies: Advocacy; Breaking down the Barriers; Come Cook With Us; Cooking up Employment; Food Box programs; and Frozen Meal programs. Community partners work with the health unit to deliver these programs which enhance access to affordable, nutritious and personally acceptable foods.

**Advocacy** and awareness of food insecurity issues have been a critical piece of the FSCPP. A number of presentations and meetings have been held to increase awareness and advocate for poverty reduction strategies at the municipal, provincial and federal level.

The **Breaking down the Barriers** component funds child care and transportation if these present a barrier to participation in food security initiatives. This has allowed parents with young children still at home to participate in the Come Cook With Us cooking

---

<sup>1</sup> United Nations. Universal Declaration of Human Rights Article 25, December 10, 1948.

programs. Taxis for participants with mobility issues have helped more community members participate in cooking programs as well.

**Come Cook With Us** are facilitated cooking sessions, where participants prepare recipes and enjoy a meal together; share healthy eating and food safety tips; take home meals; and a food voucher. Since October 2006, 46 Come Cook With Us sessions, which included 192 cooking classes, have been held in church halls and community centres. There were 484 participants with a total attendance of 1,851. Families and other household members also benefited from the program as participants brought home food and recipes from the sessions.

**Cooking up Employment** supports new or expanded jobs in food action programs. Through this initiative, ten people have new jobs or increased work hours. These positions help people build skills, gain valuable work experience, and self confidence.

**Food Box Programs** are buying clubs with centralized buying, coordination, and distribution. The Salvation Army and YWCA of Peterborough, Victoria and Haliburton (YWCA) offer three food box programs each month. The price of the food boxes is subsidized 50% by the FSCPP. In the past twelve months 5,842 food boxes were sold, with 5,307 or 91% receiving subsidies.

**Frozen Meal Programs** are nutritionally balanced meals delivered to community members in Peterborough County through Community Care Peterborough. The subsidy for this program was launched in August 2007 and to date 652 subsidized meals have been purchased by 44 individual customers in Apsley, Bridgenorth, Havelock, Lakefield and Millbrook.

The Peterborough County-City Health Unit is requesting continued funding into 2008. Evaluations to date indicate that the initiatives have a positive impact on the participants' access to healthy foods; cooking skills; and nutrition knowledge. This has resulted in participants reporting positive behaviour change in terms of healthy eating for themselves and their families. Continued funding will mean that more community members living on low incomes can continue to have access to healthy and affordable food options through this comprehensive food security strategy.

The model works with identified community needs to address the barriers that many local people living on low incomes face when trying to make healthier food choices. Healthier individuals can better reach their full potential in helping to make our community a healthier one. In conclusion, the community response to these programs has been remarkable, not just in the numbers reached, but in the stories from individuals whose lives have been affected.

## Table of Contents

<b>Executive Summary</b>	<b>2</b>
<b>1.0 Introduction</b>	<b>7</b>
<b>2.0 Environmental Scan: Food Insecurity Incidence and Programs That Address Hunger</b>	<b>8</b>
2.1 Review of Literature	8
2.1.1 Food Insecurity and Hunger in Our Community	8
2.1.2 Poverty in Our Community	12
2.1.3 The Consequences of Hunger on Health	12
2.1.4 Conclusions from Literature Review	12
2.2 Community Inventory	13
2.2.1 Community Food Security Partnerships and Coordination	13
2.2.2 Food Programs	14
2.2.3 Conclusions of Community Inventory	16
2.3 Community Consultations	16
2.3.1 Key Informant Survey	16
2.3.2 Mayor's Task Force on Poverty Reduction	16
2.3.3 Conclusions from Community Consultations	16
2.4 Key Conclusions from the Environmental Scan	17
<b>3.0 The Food Security Health Promotion Project 2006-2007</b>	<b>18</b>
3.1 Advocacy	22
3.2 Breaking Down the Barriers	23
3.3 Come Cook With Us	25
3.4 Cooking Up Employment	29
3.5 Food Box Programs	30
3.6 Frozen Meal Program	34
<b>4.0 Looking Forward</b>	<b>35</b>
<b>5.0 Conclusion</b>	<b>38</b>
<b>6.0 Bibliography</b>	<b>39</b>

## APPENDICES

<b>APPENDIX A:</b> Food Security Community Partnerships	42
<b>APPENDIX B:</b> Community Inventory of Food Banks and Programs in Peterborough City and County	44
<b>APPENDIX C:</b> Key Informant Telephone Survey	47
<b>APPENDIX D:</b> List of Key Informant Survey 2006 Participants	49
<b>APPENDIX E:</b> Food Security Priorities from Mayor’s Task Force Consultations	50
<b>APPENDIX F:</b> Fleming Data Research Cooking Program Focus Group Survey Summary Report – December 2006	51
<b>APPENDIX G:</b> Come Cook with Us Evaluation Summary Report	58
<b>APPENDIX H:</b> Fleming Data Research Food Box Participant Telephone Survey	64

## List of Tables and Figures

<b>Table 1</b>	
What's Left After Paying for Food, Shelter, and Utilities	9
<b>Table 2</b>	
Hunger Count 2007	9
<b>Table 3</b>	
Household Food Insecurity 2005	10
<b>Table 4</b>	
Social Assistance Case Loads 2007	12
<b>Table 5</b>	
Food Security Strategies Continuum	19
<b>Table 6</b>	
Recommended Approaches for Service Providers	20
<b>Figure 1</b>	
Food Security Community Partnership Project Logic Model	21
<b>Table 7</b>	
Come Cook With Us Focus Group	24
<b>Table 8</b>	
Come Cook With Us Participation October 2006 to September 2007	27
<b>Table 9</b>	
Come Cook With Us Participants	27
<b>Table 10</b>	
Participants' Key Learnings	27
<b>Table 11</b>	
Making Healthier Choices – Cooking Program	28
<b>Figure 2</b>	
Monthly Household Income for Participants in Food Box Program	32
<b>Table 12</b>	
Healthier Choices – Food Box Program	33

## 1.0 Introduction

*Food security is defined as existing when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.*<sup>2</sup>

In December 2005, the Board of Health for the Peterborough County-City Health Unit (PCCHU) requested that the Nutrition Promotion Program develop a strategy to address the immediate issue of hunger in Peterborough City and County. The Food Security Community Partnership Project was launched in September 2006. The PCCHU worked with community partners and acted as the lead organization for this initiative, providing management of funds, supervision of staff, and administrative support services. The Food Security Community Partnership project provided improved coordination of existing services; increased access to food and food programs; opportunities for nutrition education and cooking skill development; and job training and employment opportunities in food programs for the underemployed and entry level job seekers.

The PCCHU is well-positioned in our community to address this issue, through its mandate of promoting access to sufficient, safe, nutritious and personally acceptable food for people of all ages.<sup>3</sup> The Board of Health recognizes that income, as a social determinant of health, is a contributor to the issue of hunger. Staff conducted an environmental scan, including a community consultation, to ensure an understanding of existing programs and to identify current gaps in services and opportunities for improved access to food for our community's most vulnerable citizens.<sup>4</sup>

---

<sup>2</sup> Agriculture and Agri-Food Canada. Canada's Action Plan for Food Security: A Response to the World Food Summit. Ottawa. 1998.

<sup>3</sup> Ontario Ministry of Health and Long Term Care. Mandatory Programs and Services for Local Boards of Health. 1997.

<sup>4</sup> Rideout, K. et al. "Putting Food on the Public Health Table." CJPH May-June 2006.

## **2.0 Environmental Scan: Food Insecurity, Poverty and Community Programs that Address Hunger**

### **2.1 Review of the Literature**

#### ***2.1.1 Food Insecurity and Hunger in our Community***

The region of Peterborough County comprises an area of 3,950 km<sup>2</sup> and includes eight municipalities, two First Nation Communities and the City of Peterborough. In 2006 the total population was 133,080 including 74,898 City residents and 58,182 County residents. (Statistics Canada Census 2006)

In 1997, a prevalence study on hunger in Peterborough City and County found that over half of the 1,000 low income households surveyed (57.4%) were food insecure. This means that household members could not afford to eat well or worried about being able to afford to eat. Hunger was most prevalent in households with children. Child hunger may in fact represent the most severe form of food insecurity, indicating that all members of the household are experiencing hunger.<sup>5</sup>

The PCCHU Annual Food Cost Survey confirms the challenges people living on low incomes face in being able to afford to choose nutritious foods. Food remains relatively affordable for most Canadians; however the same is not true for people living on low incomes. On average Canadians spend 13% of household income on food in grocery stores.<sup>6</sup>

Dietitians working in Public Health in Ontario price out the Nutritious Food Basket (NFB), which contains 66 basic foods. Table 1 describes four scenarios which delineate some monthly household costs. The list does not include other essentials such as clothing, transportation, child care, household supplies, medical expenses and dental care. After people pay the rent and utility bills there is not enough money left to pay for food. Clearly the cost of food is not the issue – the issue is that incomes are too low. The average Canadian family of four would need to spend 13% of their income on the NFB, while people living on low incomes would need to spend from 29% to 39% of their incomes on food.<sup>7</sup> This puts people at risk for food insecurity.

---

<sup>5</sup> Peterborough County-City Health Unit. (PCCHU) Report on the Prevalence of Food Insecurity and Hunger in Peterborough. 1997.

<sup>6</sup> L. Ricciuto et al. "Socio-demographic influences on food purchasing." European Journal of Clinical Nutrition. 60, 778-790 2006.

<sup>7</sup> PCCHU. "Limited Incomes: A Recipe for Hunger." Nutrition Matters. July 2007.



<b>TABLE 1: What's Left After Paying for Food, Shelter, and Utilities</b>				
Monthly:	Single Person (on assistance)	Single Parent Family of 3 (on assistance)	Family of 4 (minimum wage)	Family of 4 (average income)
Income <i>(incl. Child Tax Benefit)</i>	\$548	\$1,405	\$1,822	\$4,391
Shelter/Utilities	\$560	\$1,275	\$1,370	\$1,370
Telephone	\$34	\$34	\$34	\$34
Food Costs	\$212.67	\$406.82	\$591.52	\$591.52
<b>Balance Left</b>	<b>-\$258.67</b>	<b>-\$310.82</b>	<b>-\$173.52</b>	<b>\$2,395.48</b>
% income needed for food	39%	29%	32%	13%

Food bank utilization data is another measure of food insecurity in a community. In March 2007, Kawartha Food Share reported that they distributed food to over 6,261 individuals monthly, including 2,513 children (40.1%). Kawartha Food Share distributes food through its network of 30 food banks and community meal programs.<sup>8</sup>

<b>TABLE 2: Hunger Count 2007</b>		
Age Group	# Individuals Who Used Food Banks/Month	% of Children/Youth < 18 Years Who Use Food Banks
Children/youth < 18 years old	2513	40.1%
Adults	3748	

The significance of hunger locally has been recognized in the Peterborough County and City Municipal Social Plan in 2002<sup>9</sup> and more recently by the Mayor's Task Force on Poverty Reduction in 2007.<sup>10</sup>

<sup>8</sup> Kawartha Food Share. Hunger Count. 2007.

<sup>9</sup> Peterborough Social Planning Council. (PSPC) Peterborough County and City Municipal Social Plan. January 2002.

<sup>10</sup> PSPC. Mayor's Task Force on Poverty Reduction: Consultation Executive Summary Report. August 2007.

The prevalence of household food insecurity amongst all households is monitored nationally by the Canadian Community Health Survey (2005). The tool for measuring household food insecurity has been refined over the past ten years; therefore it is not appropriate to make year to year comparisons.

<b>TABLE 3: Household Food Insecurity 2005</b>		
	<b>Peterborough</b>	<b>Ontario</b>
Total, Food Insecure (FI)	6.1%	5.9%
FI, without hunger	4.1%	3.5%
FI, with moderate hunger	1.8%	1.8%
FI, with severe hunger	0.2%	0.6%

Table 3 indicates that Peterborough and Ontario have similar patterns of household food insecurity. Food insecurity indicates household members show evidence of food insecurity. It is the total of the following categories:

**Food insecure without hunger:** Household members feel anxious about running out of food or compromise on the quality of foods they eat by choosing less expensive options. Little or no reduction in food intake is reported.

**Food insecure with MODERATE hunger:** Food intake of adults has been reduced to an extent that implies that adults have repeatedly experienced the physical sensation of hunger. In most of these households, but not all, such reductions are not observed in children.

**Food insecure with SEVERE hunger:** At this level, all households with children have reduced the children's food intake to an extent indicating that the children have experienced hunger. Adults in Households with and without children have repeatedly experienced more extensive reductions in food.<sup>11</sup>

In Ontario, food insecurity was most prevalent (61%) in households where the main source of income was social assistance. The prevalence of food insecurity was 24% for female one parent households and 6.6% for households that report their main source of income as salary/wages.<sup>12</sup>

The Canadian Community Health Survey does not include people living in First Nations communities. For data on off-reserve Aboriginal households, the 1998-1999 *National Population Health Survey (NPHS)* show that almost three times as many off-reserve Aboriginal households report individual and household food insecurity as non-Aboriginal households (27% vs. 10.4%).<sup>13</sup>

<sup>11</sup> Statistics Canada. Canadian Community Health Survey. 2005.

<sup>12</sup> Health Canada. Cycle 2.2– Nutrition 2004. Income related Household Food Insecurity in Canada. Available from [www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/cchsfocus-volet\\_escece.html](http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/cchsfocus-volet_escece.html) Canadian Community Health Survey. 2007.

<sup>13</sup> Che, J. & J. Chen. Food insecurity in Canadian households. *Health Reports*. 12(4):11-22 2001.

There are limited data on food insecurity for on-reserve Aboriginal people with only three recent surveys conducted of northern and isolated communities that had exceptionally high levels of individual and household food insecurity (40% in Kangiqsujuaq, Nunavik, PQ; 70% in Fort Severn, ON; and 83% in Kugaaruk, Nunavut).

In her paper on this topic, Elaine Power discusses a different definition of food security for First Nations and Inuit, “I propose that “cultural food security” is another level of food security for First Nations and Inuit, beyond individual, household and community food security, because the ability to access sufficient and safe traditional/country food is integral to cultural health and survival. Indicators of cultural food security might include the levels of traditional food knowledge, access to traditional food systems, and the safety of traditional/country food.”<sup>14</sup>

### ***2.1.2 Poverty in Our Community***

Poverty is the reason some people are going hungry in our community. Canadian studies have found that income is the most important determinant of food insecurity.<sup>15</sup> In terms of nutritious food choices, the most important barrier to healthy eating is inadequate income.<sup>16</sup>

Statistics Canada’s low-income cut-off (LICO) pre-tax in 2006 for a city the size of Peterborough was \$17,895 for individuals and \$33,251 for a family of four. The LICO in 2005 for rural areas was \$14,303 for individuals and \$26,579 for a family of four.<sup>17</sup>

In Peterborough City and County, 10.1% of families and 36.7% of unattached individuals were living on low incomes at the time of the 2001 Census. The Census found that 11.7% of people 70 years of age were living on low incomes. The highest rates of low income by age group were among children and youth. About 18% of children under 15 were low income. The percentage of total income derived from government transfers is higher in Peterborough City and County than the province (14.6% vs. 9.8%).<sup>18</sup>

---

<sup>14</sup> Power, E. Food Security for First Nations and Inuit in Canada. First Nations and Inuit Health Branch, Health Canada. March 2007.

<sup>15</sup> Power, E. “Determinants of Healthy Eating among Low - Income Canadians: CJPH 96: (S3) S37-S42, July-Aug 2005.

<sup>16</sup> Raine, Kim. “Determinants of Healthy Eating In Canada” CJPH 96: S8 – S13, July – Aug 2005.

<sup>17</sup> Statistics Canada. Census 2006.

<sup>18</sup> PSPC. Peterborough Profile. 2004.

Table 4 outlines the Ontario Works and Ontario Disability Support Program (ODSP) case loads in Peterborough City and County in 2007.<sup>19</sup>

<b>TABLE 4: Social Assistance Case Loads 2007</b>			
	Adults	Children	Families
Ontario Works (June)	2947	1810	2704
ODSP (March)	3670	612	3108

Local data on income are not available for First Nations, however in 1996 one study found that 43% of Aboriginal people lived on low incomes<sup>20</sup>, compared to 18.5% for all persons in Canada that year.<sup>21</sup>

### ***2.1.3 The Consequences of Hunger on Health***

We know that early life nutrition has a significant impact on health in adulthood. Therefore it is critical that pregnant women, infants and children are well nourished to prevent future health problems.<sup>22</sup> A study conducted between 1996 and 2001 in Toronto found that mothers living in the city’s lowest income neighbourhoods were 53% more likely to have an underweight baby and 25% more likely to give birth prematurely than mothers in more affluent areas.<sup>23</sup> Children living in food-insecure households are less able to resist illness and are more likely to become hospitalized. They are at increased risk for stunting, inadequate cognitive stimulation, iodine deficiency and iron deficiency anemia.<sup>24</sup>

Individuals, who are food insecure, are more likely to have heart disease, diabetes, high blood pressure and food allergies. They are also more likely to report poor or fair self-

<sup>19</sup> Peterborough Community Legal Centre. Legal Centre News. September 2007.

<sup>20</sup> National Anti-Poverty Organization. The Face of Poverty in Canada: An Overview. Available at [www.napo-nap.ca/en/issues/face%20of%20poverty.pdf](http://www.napo-nap.ca/en/issues/face%20of%20poverty.pdf). Ottawa 2004.

<sup>21</sup> National Council of Welfare. Poverty Profile. Minister of Public Works and Government Services. Ottawa 2004.

<sup>22</sup> Power, E. “Determinants of Healthy Eating among Low - Income Canadians: CJPH 96: (S3) S37-S42, July-Aug 2005.

<sup>23</sup> Urquia, M. et al. “ Birth Outcomes by neighbourhood income and recent immigration in Toronto.” Health Reports. Vol 18.No.4 November 2007.

<sup>24</sup> Hampton, Tracy . “Food Insecurity Harms Health, Well-being of Millions in the United States.” JAMA. 298; 1851-1853, 2007.

rated health, restricted activity, multiple chronic conditions, major depression, mental distress and poor social support.<sup>25</sup>

In low income households with children, studies have found that women are at increased risk of nutritional deficiencies, since they make sure any food available goes to their children first.<sup>26</sup> Studies also indicate that low income families eat fewer vegetables, fruit and milk products because they can not afford them.<sup>27</sup>

Seniors living on low incomes face challenges affecting their food buying power and ability to get to grocery stores. In addition, the physiological changes of aging can negatively affect their nutritional well-being.<sup>28</sup>

#### ***2.1.4 Conclusions from Literature Review***

Food security for people living on low incomes is compromised in our community. This makes it difficult to meet energy and nutrient needs. Eating well is essential to leading a healthy and productive life. If people cannot afford to eat well, then their health is at risk. The review indicates that higher levels of food insecurity exist for people in receipt of social assistance; female single parent-led families; First Nation members and off-reserve Aboriginals. It is critical that pregnant women, infants and children are well nourished to prevent future health problems and seniors are well nourished to maintain their health through the physiological challenges of aging.

## **2.2 Community Inventory**

### ***2.2.1 Community Food Security Community Partnerships and Coordination***

There are three coalitions that presently coordinate some aspects of food security programming in Peterborough City and County. The PCCHU is an active participant on these coalitions. Membership on these coalitions is summarized in Appendix A - Food Security Community Partnerships. Kawartha Food Share has a Member Agency Group which meets every six weeks to discuss emergency food issues at their member food banks and food programs. Food for Kids Peterborough has a Steering Committee which meets four times a year to oversee the operations of 40 student nutrition programs.

In 2006, a Food Action Network was created with the original intent of coordinating community meal programs offered by the faith communities. This group is presently linked to the Mayor's Action Committee on Poverty Reduction with a broader mandate of reporting on food security initiatives in the area.

---

<sup>25</sup> Power, E., Individual and Household Food Insecurity in Canada: Position of Dietitians of Canada, 2005.

<sup>26</sup> Power, E., Individual and Household Food Insecurity in Canada: Position of Dietitians of Canada, 2005 .

<sup>27</sup> Ricciuto, L. et al. "Sociodemographic influences on food purchasing among Canadian households." European Journal of Clinical Nutrition. 60, 778-790, 2006.

<sup>28</sup> Keller, H. Bringing Nutrition Screening to Seniors in Canada. Spring 2003.

The PCCHU and Young Women's Christian Association of Peterborough, Victoria & Haliburton (YWCA) collaborates monthly on the Just Food Box Program and on community gardens during the growing season. These two agencies have staff with designated responsibilities for these initiatives and this close partnership has proven to enhance both initiatives.

The PCCHU produces a community brochure "Food for All" annually which lists food banks and food programs in Peterborough County and City. For the purposes of this report, the contents of this brochure are summarized in Appendix B: Community Inventory of Food Banks and Programs in Peterborough City and County. Over 4,000 copies of the brochure are distributed annually to agencies that provide services to people living on low incomes. The purpose of the brochure is to produce up-to-date, clearly written information that is easy to reproduce so that community workers in Peterborough City and County can readily distribute it to their clients in need. It is also available on the PCCHU web site. The information is complimented by a monthly calendar of community meals and other food security initiatives, produced by the City of Peterborough Social Services Department that can be accessed online and in print. This ensures that Social Services case workers can assist their clients by making referrals to food programs.

### ***2.2.2 Food Programs***

#### ***Charitable and Emergency Food Distribution***

Residents of Peterborough City and County are very generous in their support of charitable organizations. The number of service clubs, community organizations, businesses, faith community members, and government agencies involved with food assistance speaks to this dedication. As indicated in the Appendices A and B, there are at least forty community organizations, agencies, churches, and businesses directly involved in food security initiatives. In addition, many churches not listed provide emergency food and/or food vouchers when approached by a community member who is hungry.

Kawartha Food Share reported that in March 2007 they distributed about 50,000 food items to over 6,200 community members through 30 member agencies in Peterborough City and County. The overwhelming majority of participants at food banks and in food programs are people living on low incomes. Income sources include social assistance, disability pension, employment insurance, old age pension and full-time or part-time employment. Young families; single-parent families; seniors; seasonal workers; and people with disabilities were mentioned most frequently as program participants in these programs.<sup>29</sup>

In addition to food and food vouchers, there are free community meals provided in the City of Peterborough. About 100 community members attend the regular meals hosted by the Brock Mission; St. John's Anglican Church and St. Paul's Presbyterian Church. The Salvation Army feeds about 40 people breakfasts three days a week. Food Not Bombs feeds community members a vegan meal on Monday nights and has a roving soup

---

<sup>29</sup> Kawartha Food Share. Hunger Count. 2007.

cart for the homeless on Saturdays. Many communities in Peterborough County have Diners Club programs where seniors gather for monthly meals.

### ***Community-Based Food Programs***

Community-based responses to hunger include collective kitchens/cooking programs; community gardens; student nutrition programs; alternate food distribution programs like Food Box programs; and food-based social enterprises. These food programs utilize healthy, quality food and preserve participants' dignity by inviting their participation, fostering self-help, mutual support and community development. However the number served through these models is less than in the charitable food models which include food banks and community meals.

Prior to the FSCPP, in 2005, about 175 Food Boxes were distributed monthly; 12 collective kitchens fed about 250 household members five meals each month; 18 bus trips took place to glean produce from farmers' fields involving 379 community members, and five community gardens were active during the growing season. The Peterborough community had four food-based social enterprises which create job opportunities for the underemployed. These include the Café at the Library; the Coffee Shop at Price Chopper and two catering companies. All of these initiatives still exist in 2007.

Food for Kids Peterborough fed breakfast to 7,513 students daily at 40 student nutrition programs in the 2006-07 school year. This means that 74% of area schools have at least one student nutrition program.

The PCCHU, Ontario Early Years Centre, Lovesick Lake Native Women's Association and the First Nation Health Centres offer education and parent support programs to the community. Programs such as Teen Prenatal Supper Club, Nobody's Perfect, Canadian Prenatal Nutrition Program (CPNP) for First Nations and off reserve Aboriginal women, Babies First in Peterborough and Havelock, Steps and Stages and Healthy Babies, Healthy Children (HBHC) work with people that are living in poverty. The education programs recognize the challenge participants face with affording to eat well, so often food is provided, when possible, in the form of vouchers, food cupboards, meals and/or snacks.

The FSCPP has added to this mix of community programs through the implementation of its six strategies by:

- increasing the number of food boxes ordered monthly (Food Box Subsidy);
- increasing the availability and participation in cooking programs (Come Cook With Us);
- increasing participation in the number of frozen meals ordered (Frozen Meal Subsidy);
- increasing the number of community members employed in food security programs.

### **2.2.3 Conclusions of Community Inventory**

Community coordination of food security programming has been the key to successful initiatives in Canada, including the Kamloops Food Policy Council which has seen a decrease in food bank demand since its inception in 1999.<sup>30</sup> Coordination exists to a certain extent in Peterborough City and County, however an enhanced model of coordination, through the Food Action Network and Mayor's Action Committee on Poverty Reduction will greatly strengthen local program coordination and communication.

## **2.3 Community Consultations**

### **2.3.1 Key Informant Survey**

In 2005, a PCCHU Public Health Nutritionist and Community Worker conducted 32 interviews with key informants to guide food program development in the coming year. The interview tool and result summary is included in Appendix C. All of these interviews were conducted by telephone, except for a face-to-face meeting with the YWCA community workers. A complete list of community members interviewed is located in Appendix D. In addition to the survey, an "Idea Wall" was used to gather suggestions from participants at a free community dinner in December 2005. This dinner was attended by over 80 community members.

### **2.3.2 Mayor's Task Force on Poverty Reduction**

In May and June 2007, the Mayor's Task Force hosted community consultations to identify key areas and activities that could improve the lives of people living in poverty. The Food Security session was attended by over 200 community members who identified barriers to food access as well as needs and gaps in services for people living in poverty regarding food security. Appendix E outlines the identified priority areas and proposed activities.<sup>31</sup>

### **2.3.3 Conclusions from Community Consultations**

Community consultations found the following conclusions:

1. Work together in a coordinated effort. The PCCHU is positioned to bring community members together that are working on hunger issues in the City and County of Peterborough. Expertise for community collaboration is available through existing agencies such as the Peterborough Social Planning Council. Collaboration already exists amongst Kawartha Food Share Member Agencies, Food for Kids Peterborough, the

---

<sup>30</sup> Dietitians of Canada. *The Cost of Eating Well in British Columbia*. 2003.

<sup>31</sup> PSPC. *Mayor's Task Force on Poverty Reduction: Consultation Summary Report*. Peterborough. August 10, 2007.



Mayor's Action Group on Poverty Reduction and the Food Action Network. By working together, community resources can be utilized more effectively.

2. Create opportunities for training and employment for the underemployed while enhancing meal programs. Expertise exists locally in food-based social enterprises and hospitality/culinary training programs. The Greater Peterborough Area Economic Development Council has identified the food service and hospitality sector as a growing industry that requires skilled people. Community meals, food programs and student nutrition programs can provide training opportunities for the underemployed.
3. Leaders of parenting education programs and parent support groups have identified an opportunity for cooking skill development with their participants. Community members expressed an interest in cooking skill development for all ages. The provision of food preparation and budgeting skills would increase the ability of program participants to put nourishing food on the table.
4. Subsidize the cost of Food Boxes. The YWCA found that participation was four times greater when the Food Box was offered at a subsidized rate in the late 1990's.
5. Investigate potential subsidies with meal programs that are delivered to people's homes (e.g., Meals on Wheels).
5. Explore opportunities to work with local food producers as a source for purchasing food for food programs and for food donations.
6. Promote information about food banks and food programs to all members of our community.

#### **2.4 Key Conclusions from the Environmental Scan**

Key conclusions from the environmental scan include:

1. Hunger is a complex problem that often has its roots in poverty.
2. There is a need for improved coordination and promotion of strategies that address hunger in the City and County of Peterborough.
3. Strategies that respect the different needs of rural residents must be explored.
4. There is an opportunity for job training and employment when enhancing existing hunger strategies.
5. The barriers to participation in community-based food programs must be addressed.
6. There is an opportunity to enhance existing parent education and support programs with nutrition and food preparation expertise.

### 3.0 The Food Security Health Promotion Project 2006 – 2007

In September 2006, the Peterborough County-City Health Unit (PCCHU) launched a unique project to address the issue of hunger in our community. The Food Security Community Partnership project (FSCPP) helps people access healthier foods through innovative programming and partnerships. The FSCPP has six components: Advocacy; Breaking down the Barriers; Come Cook With Us; Cooking Up Employment; Food Box programs; and Frozen Meal programs. These initiatives complement existing programs that address food security and fill gaps identified in the environmental scan.

The project has been supported by funding from Ontario's Ministry of Health Promotion, Ministry of Health and Long Term Care, the City of Peterborough, the County of Peterborough, Curve Lake First Nation and Hiawatha First Nation. The Food Security Community Partnership Project received \$389,000 in funding from the provincial and municipal levels of government from September 2006 through to December 2007.

The project's vision and goal are:

**Vision:** All community members in Peterborough City and County have access to affordable, nutritious, safe, and personally acceptable foods.

**Goal:** To partner with community members and organizations to develop a coordinated and innovative system of food security programs.

The project works with people living on low incomes with a particular effort to reach those most at risk of being food insecure including people receiving social assistance; young families; people who are homeless and underhoused; and/or isolated seniors.

Food security programs for the most vulnerable citizens of our community require creative and diverse approaches. The Ontario Healthy Communities Coalition's position is that these programs are important vehicles for building food security and building regional capacity. They state, "These programs build the capacity of individuals and populations by helping them acquire skills, strategies and resources to work through the challenges of food insecurity".<sup>32</sup>

In describing a food security continuum, Laura Kalina breaks down these approaches into three different types of strategies: short term relief; capacity building and redesign. Short term relief actions provide immediate and temporary relief to hunger and food issues, often without the involvement of those experiencing food insecurity. Capacity building actions are often more costly in terms of time and manpower and require commitment from those experiencing food insecurity, but are steps to empowering those experiencing food insecurity. Redesign actions are broader in scope and require a long term

---

<sup>32</sup> Ontario Healthy Communities Coalition. "Healthy Food, Healthy Community: A Community Action Guide." 2006.

commitment from representatives of the entire food system, including, in particular, those marginalized by the system. These actions focus on addressing problems thought to be underlying food insecurity.<sup>33</sup>

Table 5 outlines the level that the various FSCPP components address food security.

<b>TABLE 5: Food Security Strategies Continuum</b>			
	Short Term Relief	Capacity Building	System Redesign
Advocacy		x	x
Breaking Down the Barriers			x
Come Cook With Us		x	
Cooking Up Employment		x	x
Food Box Programs		x	
Frozen Meal Programs/Community Meal Programs	x	x	

A diverse group of community partners are involved in the implementation of FSCPP. The PCCHU is the lead organization for this initiative, providing management of funds, supervision of staff, and administrative support services. Specific agencies directly involved in this project include the Brock Mission; Community Care Peterborough; Nobody’s Perfect; Peterborough Family Resource Centre; Peterborough Social Services; Salvation Army; School for Young Moms; and the YWCA.

Many studies have been conducted with people living on low incomes which strive to find out what are the most helpful approaches for service providers to utilize in helping them achieve food security, over and above the obvious need for increased incomes. The FSCPP model for service delivery utilizes the findings and recommendations from current research, including the Best Start Resource Centre manual “Reducing the Impact” (Table 6). In this report, low income women identified the helpful approaches that service providers can utilize in their programming to help them achieve food security.<sup>34</sup>

<sup>33</sup> Chinook Kids Food Security Coalition. Food Insecurity Issues for Preschool Children in Southern Alberta. Available at [www.chr.ab.ca/about\\_chr/final0-5foodsecurityassessment.pdf](http://www.chr.ab.ca/about_chr/final0-5foodsecurityassessment.pdf). October 2004.

<sup>34</sup> Best Start Resource Centre . Reducing the Impact. Toronto. 2002.

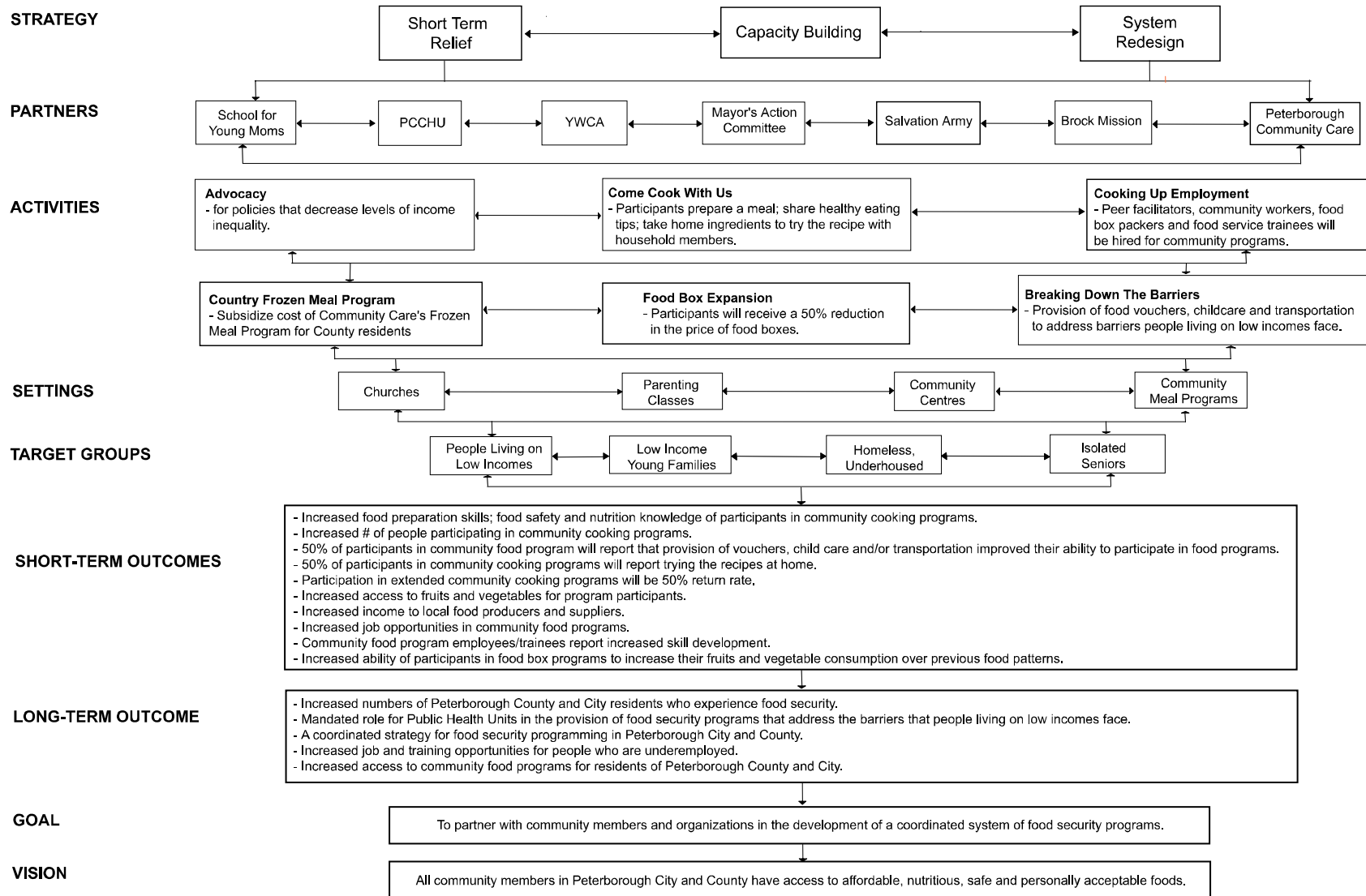
Food as incentives	Grocery store certificates for participants and nourishing food at programs.
Food to go	Food that can be taken home, either as ingredients or whole meals.
Kitchen table discussions	Prepare meals as a group. Discuss life issues over a meal without a staff person acting as a facilitator. Share food tips in an informal non-teaching environment.
Access to perishable food	Grocery store certificates for participants and use of program budgets to purchase perishable food
Knowledgeable referrals	Refer participants to complementary food programs. For example the Food Boxes can be promoted in a cooking class.
Advocacy	Service providers can be proactive in securing food or highlighting food security needs within the community.
End of the month programs	Participants' needs are often greater from the middle to the end of each month.

The following Food Security Community Partnership Project Logic Model (see page 21) outlines the project's vision; goal; long-term and short-term outcomes; target groups; settings; activities; partners and food security strategies. Evaluations of this project will be included in the following sections, summarizing the past twelve months of activities. There are four different sources of evaluation data utilized in this report:

- Fleming Data Research Cooking Program Focus Group Survey Summary Report - December 2006 (FDR Cooking Survey) (Appendix F)
- Come Cook With Us Evaluation Summary Report - October 2007 (CCWS Summary) (Appendix G)
- Fleming Data Research Food Box Participant Telephone Survey Summary Report – December 2006 (FDR Food Box Survey) (Appendix H)
- Community Partner Monthly and Quarterly Reports

**Figure 1**

**FOOD SECURITY COMMUNITY PARTNERSHIP PROJECT LOGIC MODEL**



### 3.1 Advocacy

**Advocacy** and awareness of food insecurity issues have been a critical piece of the FSCPP. The Board of Health of the PCCHU has endorsed the Social Determinants of Health; advocated for improvements to social safety; and are implementing the Social Determinants of Health Program to address poverty.

Specific actions highlighting food security as a determinant of health have complemented the Board of Health's actions. Board of Health members have met with the local M.P.P Jeff Leal to speak about the FSCPP and issue of poverty in our community. Dr. Sheela Basrur, Chief Medical Officer of Health for Ontario, met with a team from PCCHU officials and staff in 2006 to discuss the FSCPP. PCCHU staff has made presentations to the Mayor's Task Force on Poverty Reduction. Most recently a PCCHU Public Health Nutritionist was able to advocate for improved national food security through a poverty reduction strategy with Mr. Stéphane Dion, Leader of the Opposition, during a round table on health promotion with Chronic Disease Prevention Alliance of Canada.

Advocacy and awareness initiatives were planned with the following long-term outcomes in mind:

- Increased numbers of Peterborough City and County residents who experience food security.

- Mandated role for Public Health Units in Ontario to provide food security programs that address the barriers to healthy eating, faced by people living on low incomes.

- A coordinated strategy for food security programming in Peterborough City and County.

- Increased job opportunities for people who are underemployed.

- Increased access to community food programs for residents of Peterborough City and County.

Indicators of success of these efforts to date include:

- Food Security Community Partnership Project received \$389,000 in funding from the provincial and municipal levels of government from September 2006 through to December 2007.

- The Mayor's Task Force on Poverty Reduction included Hunger and Food Security as one of four areas of focus for future planning.<sup>35</sup>

---

<sup>35</sup> PSPC. Mayor's Task Force on Poverty Reduction: Consultation Summary Report. Peterborough. August 10, 2007.

As indicated in the review of literature and community consultations, food insecurity, hunger, and health problems result when people do not have enough money to choose a nourishing diet. Advocacy efforts must be grounded in eliminating the root cause of food insecurity which is poverty.

**In the words of a Peterborough Community Activist, Cindy Buott:**

*“Families want to eat at home, at their own tables. That gives them more dignity than any other option”.*<sup>36</sup>

Ms. Buott was referring to the need to eliminate poverty as a priority.

### **3.2 Breaking Down the Barriers**

The **Breaking Down the Barriers** component of FSCPP funds child care and transportation for community members, if these issues present a barrier to an individual’s participation in food security initiatives. Child care has allowed parents with young children to participate in the Come Cook With Us cooking programs. Taxis for participants with young children and/or adults with mobility issues have helped more community members participate in Come Cook With Us cooking programs and Collective Kitchens.

The Come Cook With Us program gives all participants a \$10.00 Grocery Gift Card so they can try the recipes taught in the course at home. This ability to replicate cooking at home is critical to integrating new recipes; key nutrition principles; and cooking skills into the regular routine of interested participants. PCCHU has offered cooking programs without food vouchers previously and the facilitators noted the challenges participants face trying to afford ingredients in their tight budgets. It is very risky for a person living in poverty to use their limited budgets to try a new recipe with family members. Once the recipe has been a success, chances improve that the recipe will be included as a regular family meal.

The provision of food vouchers in combination with a nutrition counseling session or cooking program is not a new idea. CPNPs across the country provide food vouchers in their programs geared to pregnant women.<sup>37</sup> The Peterborough area CPNP sites provide weekly food vouchers as well as vouchers for prenatal vitamins. In 2006, the Toronto Public Health Department distributed \$175,000 in food vouchers to participants of their Peer Nutrition project.<sup>38</sup>

---

<sup>36</sup> Tuffin, Lois. “It’s time for us to build a community.” Peterborough This Week. Oct. 19, 2007.

<sup>37</sup> Public Health Agency of Canada. Canada Prenatal Nutrition Program. Available at [www.phac-aspc.gc.ca/dca-dea/programs-mes/cpn\\_p\\_goals\\_e.html](http://www.phac-aspc.gc.ca/dca-dea/programs-mes/cpn_p_goals_e.html)

<sup>38</sup> Toronto Public Health. Cost of the Nutritious Food Basket. Board of Health Report. Toronto. September 5, 2007.

The long-term outcome for this activity is:

Increased access to community food programs for residents of Peterborough City and County.

The short-term outcomes for this activity are:

50% of participants in community food programs will report that provision of vouchers, child care and/or transportation improved their ability to participate in food program.

50% of participants in community cooking programs will report trying the recipes at home.

Indicators of success of this component include:

The December 2006 Fleming Data Research “Cooking Program Participant Survey” (FDR Cooking) asked participants in focus groups to rate the importance of addressing these barriers with the following results:

90% (N=53) stated that having the food voucher was very important or important

94% (N=33) stated that having child care available was very important or important

80% (N=34) stated that having transportation was very important or important

When asked how the cooking program has helped participants to make healthier choices participants mentioned trying recipes at home and using the voucher to buy healthy foods.

<b>Since participating in the Cooking Program...</b>	<b>Strongly Agree (%)</b>	<b>Agree (%)</b>	<b>Disagree (%)</b>	<b>Strongly Disagree (%)</b>
I eat the meals I learned to prepare at the program (N=43)	37	58	5	0
I use the voucher to buy healthy foods when grocery shopping (N=43)	63	37	0	0

Evaluation reports from the individual cooking classes in Come Cook With Us (CCWU) revealed that:

- ❖ 47% (N=338) of participants made the CCWU recipes at home that week
- ❖ 81% (N=670) of CCWU participants planned to make the recipe in the future



The investment in transportation and child care supports people living in poverty by breaking down barriers to participation in food programs of interest to them. In the case of food vouchers, food becomes one of the tools to facilitate learning and nutrition behaviour change.

***In the words of a participant:***

*“Learning to cook together healthy meals is very important. The food voucher is very important to stretch my money/CPP disability budget.”*

### **3.3 Come Cook With Us**

**Come Cook With Us** are facilitated cooking sessions, where participants prepare recipes and enjoy a meal together; share healthy eating and food safety tips; and take home meals and a food voucher.

Cooking programs provide opportunities for nutrition education and cooking skill development. Dietitians of Canada suggest that Canadians cooking skills are declining. They point out that the popularity of frozen foods and microwaves combined with a general sense of lack of time, is eroding cooking skills. Young people may not be learning to cook at home or at school, since many school boards have decreased the home economics curriculum.<sup>39</sup>

This trend in reduced cooking skills is especially critical for people living on low incomes, since processed food may be too expensive for their limited budgets. Researchers in Vancouver found that after controlling for household income, parents with less access to food of reasonable quality, fewer kitchen appliances, and a lower rating of their cooking skills had greater odds of experiencing household food insecurity.<sup>40</sup>

Cooking programs have proven benefits. Studies have shown that cooking education has a very positive impact on behaviours and attitudes toward cooking and healthy eating such as:

- higher consumption of fruits and vegetables;
- better food safety behaviours;
- higher frequency of cooking;
- more knowledge and higher self-efficacy; and
- less money spent on food.<sup>41</sup>

---

<sup>39</sup> Dietitians of Canada. “2007 Nutrition Month Campaign – Cook It Up Healthy!” 2007.

<sup>40</sup> Broughton, M et al. “Predictors and Outcomes of Household Food Insecurity Among Inner City Families with Preschool Children in Vancouver.” CJPH Vol 97 No 3: 214-216 May- June 2006.

<sup>41</sup> Dietitians of Canada. “2007 Nutrition Month Campaign – Cook It Up Healthy! 2007.

The **Come Cook With Us** sessions run over a three to eight week period with a weekly cooking class. The sessions are planned and facilitated by two part-time community workers employed by the PCCHU through FSCPP funding. A Public Health Nutritionist provides support with resources, nutrition information, and mentoring. This investment in staff is critical to the success of this initiative for a number of reasons. Two entry level employees are receiving valuable work experience in a supportive environment. In addition, employee turnover has not been an issue.

The key benefit is that consistent staffing allows participants to build rapport with a service provider and vice versa. This results in a mutual relationship of trust and respect. Participants are promoting the program amongst their peers as proven by the retention and increase in numbers of participants during the **Come Cook With Us** sessions. Some participants have taken the time to express their appreciation for the facilitators on their evaluation forms. The community workers respond to expressed concerns or suggestions immediately as well. For example, some participants struggled with reading the recipes so the community worker developed pictorial versions to put them at ease. A community garden sprung up after the cooking class participants expressed an interest. Lesson plans for cooking with youth were developed for community partners to use.

The program facilitators develop lessons based on participants' interests. Existing resources including Toronto Public Health's "Cooking Healthy Together"<sup>42</sup> and Manitoba Health's "Kids in the Kitchen"<sup>43</sup> were utilized and adapted to meet local needs.

Promotion efforts focus on ensuring that those most at risk of being food insecure attend the sessions including people receiving social assistance; young families; people who are homeless and underhoused; and isolated seniors. The community workers promote the initiative with community agencies. Flyers have been enclosed with social assistance cheques and made available at the local ODSP office. Community workers attend the free community meals and food banks in the region to recruit participants.

The following long-term outcome for this strategy was:

Increased access to community food programs for residents in Peterborough City and County.

The short-term outcomes were:

Increased # of people participating in community cooking programs.  
Participation in community cooking programs will achieve a 50% return rate.  
Increased food preparation skills; food safety, and nutrition knowledge of participants in community cooking programs.  
Increased access to fruits and vegetables for program participants.  
Increased job opportunities in community food programs.

---

<sup>42</sup> Brockest, B. et al. *Cooking Healthy Together*. Toronto Public Health. 1998.

<sup>43</sup> Winnipeg Regional Health Authority. *Kids in the Kitchen*. March 2002.

Indicators of success of this component include:

From October 2006 to September 2007, there have been 46 **Come Cook With Us** series, which included 192 cooking classes held in church halls and community centres. There were 484 participants with a total attendance of 1,851. Families and other household members also benefit from the program as participants bring home food and recipes from the sessions.

<b>Community</b>	<b># Sessions</b>	<b># Classes</b>	<b># Participants</b>	<b>Total Attendance</b>
Curve Lake	5	21	45	129
County	9	37	64	342
City	32	134	375	1380
<b>Total</b>	<b>46</b>	<b>192</b>	<b>484</b>	<b>1851</b>

Quarterly reports indicate that the number of participants attending the cooking classes actually grew during the **Cook Come with Us** sessions, indicating that the goal of a 50% return rate was achieved and surpassed.

Two part-time community workers have been hired to facilitate **Come Cook with Us**. A community worker at the School for Young Moms had her hours increased so that she could run two ten week sessions for the students.

The cooking classes are attended by people living on low incomes from many different walks of life. The majority of sessions have been held with adults, however there were 23 cooking classes attended by youth aged 9 through to 16.

<b>Target Group</b>	<b># Participants</b>	<b># Classes</b>	<b># Sessions</b>
Youth	81	23	7
Singles	200	69	14
New Canadians	11	4	1
Parents	153	78	19
Seniors	39	18	5
<b>Total</b>	<b>484</b>	<b>192</b>	<b>46</b>

Evaluations indicate that most participants are learning cooking skills; tips on food safety; healthy eating facts and menu ideas in the **Come Cook With Us** sessions.

<b>Did you learn about?</b>	<b>Yes</b>		<b>No</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Cooking & Storing Food Safely	703	71%	283	29%
Healthy Eating	800	78%	221	22%
Menu Ideas	877	85%	157	15%

Fleming Data Research “Cooking Program Participant Survey” asked focus group participants if they are making healthier food choices since participating in the cooking program. Eighty-two per cent (N=43) of the respondents felt they were making healthier choices. When asked how the cooking program helped them to make healthier choices the following responses were received:

<b>TABLE 11: Making Healthier Choices</b>				
<b>Since participating in the Cooking Program...</b>	<b>Strongly Agree (%)</b>	<b>Agree (%)</b>	<b>Disagree (%)</b>	<b>Strongly Disagree (%)</b>
I can offer my family/children healthier meals and snacks (N =41)	46	51	2	0
I can prepare a greater variety of foods (N =41)	49	51	0	0
I have more confidence in my cooking skills (N =43)	42	54	5	0
I have changed the way I <i>prepare</i> food at home (N =42)	33	55	12	0
I have changed the way I <i>store</i> food at home (N =42)	29	52	19	0
I eat the meals I learned to prepare at the program (N =43)	37	58	5	0
I use the voucher to buy healthy foods when grocery shopping (N =43)	63	37	0	0
I am making more affordable choices in the grocery store (N =43)	49	47	5	0
I am thinking about or have started buying a food box (N =38)	34	47	18	0
I am thinking about joining a collective kitchen (N =35)	34	43	20	3

\*Please note: Percentages were calculated independently of Not Applicable/No Response responses

***In the words of the participants:***

*“The meal was excellent and very tasty dessert was excellent. The tasty recipes came in very handy when preparing meals at home”*

*“I made a pot roast for the first time in my life because I have the confidence to try to cook at home as a result of the cooking classes!”*

### 3.4 Cooking Up Employment

**Cooking Up Employment** supports new or expanded jobs in food action programs. Research indicates that a lack of recent job references and gaps in employment history present major barriers for job seekers.<sup>44</sup> Employment and training programs are offered by the City of Peterborough Social Services department locally, including food service training. The City of Toronto recently launched a pilot program for 12 men in a homeless shelter to attend chef training at George Brown College.<sup>45</sup>

The Brock Mission, Peterborough County-City Health Unit, School for Young Moms, and YWCA have hired staff or increased work hours of part-time employees through the FSCPP. These positions provide a variety of supports to the project including facilitating the Come Cook With Us program; working on the YWCA Just Food Box; and providing nutrition staff relief to allow a Public Health Nutritionist to coordinate the FSCPP.

The employment component of the FSCPP allows the project to address an identified community need for a regular free community meal. The Brock Mission is now providing a community meal five days a week (The Open Table) with the help of the two food service employees whose wages are paid for with FSCPP funding. The employees receive training from the Brock Mission's Chef using components of their Jump Start Food Service Training Program. Approximately 100 community members attend the meals on a regular basis and a total of 19,945 meals have been served from October 2006 to September 2007.

The following long-term outcome for this strategy was:

Increased job and training opportunities for people who are underemployed

The short-term outcomes were:

Increased job opportunities in community food programs

Community food program employees/trainees report increased skill development

Indicators of success of this component include:

Ten people have new jobs or increased work hours. In most cases, the positions have been filled by entry level employees, enhancing their work experience for future employment opportunities. Two of these employees have successfully moved into new, well paid permanent positions in their field.

---

<sup>44</sup> Toronto Social Services. Systems of Survival, Systems of Support:An Action Plan for Social Assistance in the City of Toronto. April 2006.

<sup>45</sup> Girard, Daniel. "From shelter to chef school." Toronto Star. Wednesday, March 24, 2007

***In the words of the employees:***

*“Personally it was a great experience. I loved working with the moms in this capacity. Being the facilitator for the program was a learning experience that I can take from and use in other areas of employment.”*

*“This job has improved my cooking skills, as well as personal life experience. I realize that many people who visit the Open Table are living a very hard life. I have also learned to work with donated food from the community, making it an interesting challenge.”*

***In the words of the employer:***

*“We are thankful for the opportunity to employ two part-time food preparation trainees. These positions have proven to be of benefit to the persons hired, our organization, and our clients. Anecdotally, many of the people who are served are in inadequate housing situations that preclude them from appropriately preparing or storing food. Many, of course, simply do not have the resources to put food on the table. In casual conversation with several of our guests, they have stated their thankfulness for the resource of THE OPEN TABLE. It is unbelievable to hear someone remark that this is the only meal they have in a day.”*

### **3.5 Food Box Programs**

**Food Box Programs** are buying clubs with centralized buying, coordination and distribution. The Salvation Army and YWCA offer three different food boxes each month. The YWCA’s Just Food Box Program has a “staples box” that includes non-perishables and fresh fruit and vegetables; and a fresh produce box. The Salvation Army offers a fresh produce box that is supplemented for families with eggs, milk and cheese. The FSCPP subsidizes 50% of the price of food boxes monthly for people living on a low income.

A number of studies have found that low income families eat less vegetables, fruit and milk products because they can not afford them. Canadian studies have shown compromised food selection among low income groups, with vegetables, fruit and milk products identified as being particularly vulnerable. As incomes increase beyond the \$15,000 per capita thresholds, households are more likely to be able to afford these foods.<sup>46</sup>

In another study, Taylor found that fruits and vegetables are less desirable for people on a limited income because of their perishable nature. In addition, fruits and vegetables may

---

<sup>46</sup> Ricciuto, L et al. “Sociodemographic influences on food purchasing among Canadian households.” European Journal of Clinical Nutrition 60:778-790, 2006.

not be readily accessible as well as too expensive.<sup>47</sup> American researchers recently found that low income families would have to spend 43% to 70% of their food budget to meet the 2005 Dietary Guidelines for fruits and vegetables, making this choice clearly unaffordable.<sup>48</sup>

The following long-term outcome for this strategy is:

Increased access to community food programs for residents in Peterborough City and County.

The short-term outcomes are:

Increased access to fruits and vegetables for program participants.

Increased ability of participants in food box programs to increase their fruits and vegetable consumption over previous food patterns.

Increased job opportunities in community food programs

Indicators of success of this component include:

From October 2006 to September 2007, 5,842 food boxes were sold, with 5,307 or 91% receiving subsidies. This is a 73% increase since initiation of the subsidies.

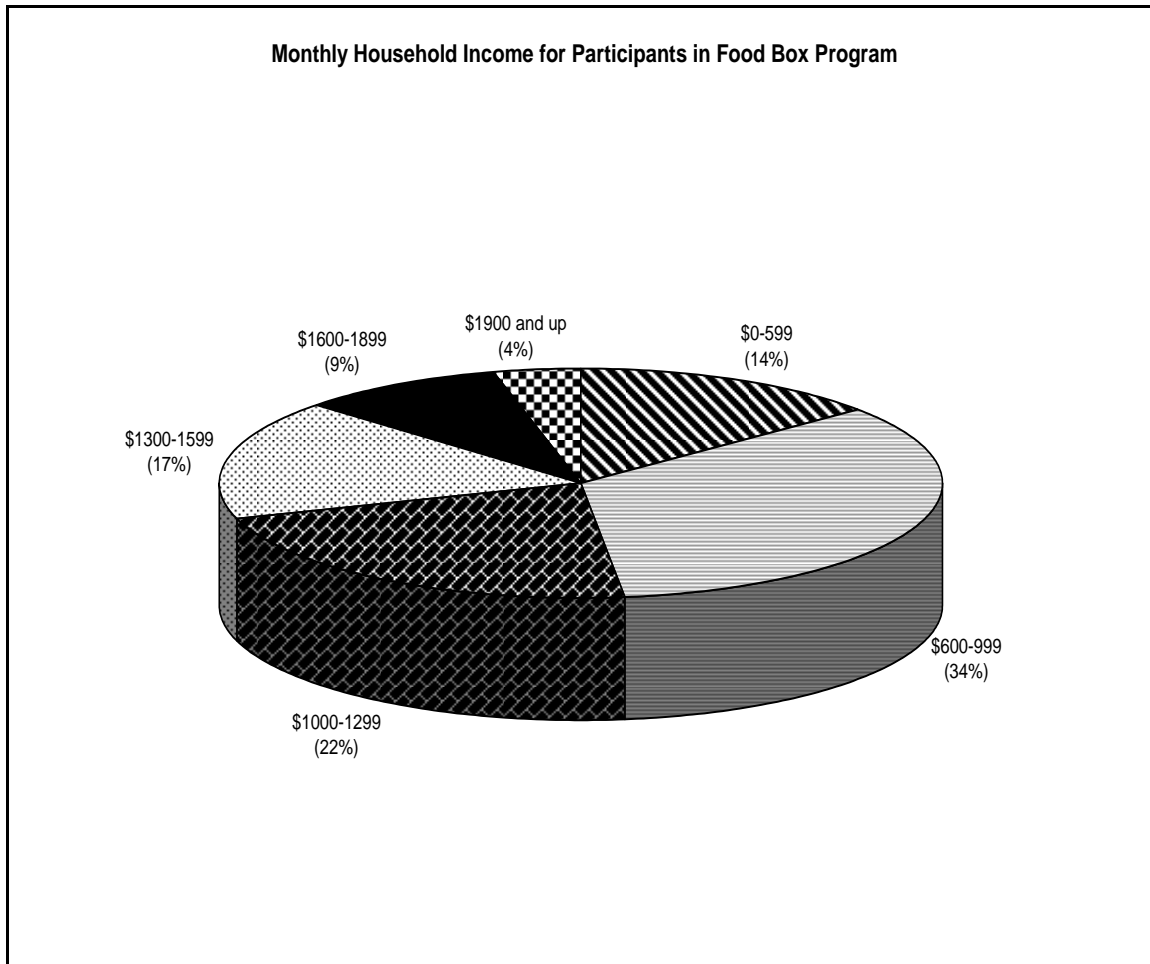
The YWCA and Salvation Army food boxes are reaching people who need it most. The Fleming Data Research “Food Box Participant Telephone Survey” (FDR Food Box) December 2006 asked participants about their monthly incomes. The following pie chart describes the estimated monthly incomes of 122 people who participated in the FDR telephone survey about the food box programs.

---

<sup>47</sup> Taylor, L. “The Role of Parental Influence and Additional Factors in the Determination of Food Choices for Pre-School Children.” *International Journal of Consumer Studies*. 28 (4): 337-346 September 2004.

<sup>48</sup> Cassidy, D et al. “Is Price a Barrier to Eating More Fruits and Vegetables for Low-Income Families?” *Journal of the American Dietetic Assn.* Vol 107, Issue 11:1909-1915 November 2007.

Figure 2



(Percentages presented above exclude 18% non-response to question)

When reviewing this figure, it is important to remind ourselves of the Statistics Canada Low Income Cut-Off (LICO) levels for our area. The LICO (pre-tax) in 2005 for a city the size of Peterborough was \$17,895 for individuals and \$33,251 for a family of four. The LICO in rural areas for this time period was \$14,403 for individuals and \$26,579 for a family of four.

This figure tells us that overall, the vast majority (70%) of Food Box participants live on less than \$1,299 per month or \$15,588 per year per household. Before we even begin to consider household size, we know that Food Box participants are living below the LICO for the most part. We can conclude that many are living in extreme poverty because, in the survey, households with as many as five people reported monthly incomes under \$1,299 per month. There are also households with four or more members with monthly incomes that range from \$1,300 to \$1,899 which are well below the LICO.



In the FDR Food Box Telephone Survey, customers have mentioned that they can prepare a greater variety of foods and feel that their family/children are eating healthier because of the food box. Eighty-six percent of people (N=105) surveyed found that they are making healthier choices since buying the food box. Table 11 tells us how the Food Box Program has helped people make healthier food choices.

<b>TABLE 12: Healthier Choices</b>					
<b>Since participating in the Food Box Program...</b>	<b>Strongly Agree (%)</b>	<b>Agree (%)</b>	<b>Disagree (%)</b>	<b>Strongly Disagree (%)</b>	<b>Not Applicable (#)</b>
My family/children are eating healthier (N = 81)	42	57	0	1	21
I've learned to prepare healthy foods that I had not tried before (N = 96)	33	44	23	0	6
With the money I saved buying a food box, I can afford to buy healthy foods at the grocery store (N = 99)	29	59	10	2	3
I can prepare a greater variety of foods (N = 101)	22	73	5	0	1

Sixteen percent of participants (N=20) in this phone survey, mentioned that they continue to find it difficult to make healthier food choices despite the food box program. Financial reasons remain the main barrier to participation. Produce is always purchased from local wholesalers and grocery stores and where possible local farmers, further enhancing the local economy. Three people at the YWCA have had their hours increased to help out on food box packing days through FSCPP funding. There are presently eighteen volunteer positions dedicated to the YWCA's Just Food Box initiative. These positions help build skills and self confidence, as well as reduce social isolation for some individuals.

***In the words of the food box customers:***

*“It’s wonderful. Fresh produce is a big luxury.”*

*“I really like it and hope it will stay at this price and my kids really enjoy it. I really enjoy the recipes to try different foods.”*

*“It’s a great value and would be great to keep it at the low price”.*

### 3.6 Frozen Meal Program

**Frozen Meal Programs** are nutritionally balanced meals delivered to community members in Peterborough County through Community Care Peterborough. Research indicates that generally speaking seniors make excellent food choices. However financial constraints and health problems can put this group at high nutritional risk.<sup>49</sup> Professor Heather Keller from the University of Guelph stresses that, “supporting seniors to eat well begins with awareness of nutrition needs of older adults and how the realities of aging can affect food choices.”<sup>50</sup>

The FSCPP subsidizes meals for isolated community members in Peterborough County. Community Care Peterborough works with their coordinators and other community agencies to promote the subsidy. Clients living in the County of Peterborough are able to order a maximum of fourteen frozen meals per month for a cost of only \$2.00 per meal. The meals normally cost \$4.75. The program is geared for individuals on a modest income in receipt of the Guaranteed Income Supplement or the Ontario Disability Support Program.

The following long-term outcome for this strategy is:

Increased access to community food programs for residents in Peterborough City and County.

The short-term outcomes are:

Increased access to fruits and vegetables for program participants.

The indicators of success are:

The subsidy for this program was launched in August 2007 and to date 652 meals have been subsidized for 44 individual customers in Apsley, Bridgenorth, Havelock, Lakefield and Millbrook.

---

<sup>49</sup> Payette, H. et al. “Determinants of Healthy Eating in Community-dwelling Elderly People.” CJPH July-August 2005.

<sup>50</sup> Keller, Heather. Bringing Nutrition Screening to Seniors in Canada. Health Canada. Spring 2003.

## 4.0 Looking Forward

The March 2006 Food Security Health Promotion proposal was a two year proposal. The funding received to date has allowed the project to operate for sixteen months. The Peterborough County-City Health Unit is requesting continued funding into 2008. This would allow community members living on low incomes to continue to have access to healthy and affordable food options through this comprehensive food security strategy.

Evaluations to date indicate that the initiatives have a positive impact on the participants' access to healthy foods; cooking skills; and nutrition knowledge. This has resulted in participants reporting positive behaviour change in terms of healthy eating for themselves and their families. There are opportunities to reach more community members in the coming year, as respect and trust in the initiatives grows among people living on low incomes. The Mayor's Action Committee on Poverty Reduction has indicated interest in programs that result in improved food security for our community.

There is also an opportunity to ensure that more locally produced food is utilized in the food security initiative. Kawartha Choice, Peterborough's buy locally produced food committee, is currently building its relationship with local food producers and retailers. The YWCA has already seen some farmers increase their production to meet the needs of the food box programs. These partnerships can be built into other components of the project, such as Come Cook with Us.

An additional year of funding will solidify the evaluation of this project. It is hoped that a partnership can be struck with the Public Health Research, Education, and Development Program (PHRED) to clearly identify the best practice components of this comprehensive approach.

The PCCHU believes that a solid case can be made for comprehensive food security strategies to be part of the mandate of the provincial health ministries as a means of improving the health of our most vulnerable citizens. The Region of Waterloo<sup>51</sup> and the City of Toronto<sup>52</sup> already invest in some comparable strategies through municipal, provincial and federal partnerships. Another jurisdiction investing in comprehensive food security programming is the BC Ministry of Health in partnership with their Regional Health Authorities.<sup>53</sup> In the United States, Community Food Security Programs are funded through the United States Department of Agriculture (USDA), with an expansion proposed in the recent Farm Bill. These projects are designed to: help meet the food needs of low-income people; increase the self-reliance of communities in providing

---

<sup>51</sup> Region of Waterloo Public Health. Region of Waterloo Public Health Peer Program Evaluation: Capacity Building through Peer Programming. November 2004.

<sup>52</sup> McKeown, D. Health Canada Funding for Peer Nutrition Program Evaluation. Toronto Public Health Correspondence, January 2006.

<sup>53</sup> British Columbia Public Health Alliance on Food Security. "A Proposal for the Community Food Action Initiative." (CFAD). May 31, 2005.

for their own food needs; and promote comprehensive responses to local food, farm, and nutrition issues.<sup>54</sup>

Finally, during 2008, the PCCHU Planning and Evaluation Health Promoter will seek out new opportunities for funding through national, provincial and local foundations.

The attached 2008 budget outlines the costs for the Food Security Community Partnership Project components:

Come Cook with Us Cooking Programs – Facilitated cooking sessions where participants: prepare recipes and eat a meal together, share healthy eating and food safety tips, and take home ingredients or meals and a food voucher to make meals at home.

Food Box Program Expansion - Expanded delivery, staffing and subsidies for 50% of the price of food boxes offered by Salvation Army and YWCA.

Frozen Meal Program for County Community Members – Community Care Peterborough will offer subsidies for their frozen meal program. This offer would be reviewed and expanded to include both County and City residents, if need is proven. The program is geared for individuals on a modest income in receipt of the Guaranteed Income Supplement or the Ontario Disability Support Program.

Cooking Up Employment – Staff for a community meal program on week nights. Two part time (30 hours weekly) employees will be hired. Staff is also integrated into the cooking and food box components of this proposal.

Breaking Down the Barriers – Child care and transportation will be available so that participants can access the food security programs. Food vouchers will be provided so that meals can be tried out with family members at home.

Advocacy and Food Security Project Coordination - Advocacy efforts for poverty reduction strategies that will improve food security will be continued.

Implementation of the Food Security Health Promotion Project will require a .4 FTE Public Health Nutritionist

Quarterly reports will be submitted to the Board of Health, summarizing activities to date and evaluations from participants.

---

<sup>54</sup> Tauber, M and Andy Fisher. A Guide To Community Food Projects. Community Food Security Coalition. 2004 .

## BUDGET - Food Security Community Partnership 2008

January to December 2008

### Come Cook With Us

Food	\$20,000
Food Vouchers	\$20,000
Collective Kitchen subsidies	\$ 2,880
Room/Kitchen Rentals	\$10,000
Materials/Supplies	\$ 2,640
School for Young Moms	
Food/Vouchers	\$ 2,500
Materials	\$ 250
Kitchen Rental	\$ 750
Child Care/Transportation	<u>\$ 3,000</u>
<b>Total</b>	<b><u>\$62,020</u></b>

### Food Project Coordination

Salary/Benefits	\$31,549
Evaluation	<u>\$10,000</u>
<b>Total</b>	<b><u>\$41,549</u></b>

***SUBTOTAL*** ***\$103,569***

### Food Boxes

Subsidies	\$64,450
Transportation	<u>\$ 6,175</u>
<b>Total</b>	<b><u>\$70,625</u></b>

### Cooking Up Employment

Salaries/Benefits	<b><u>\$123,606</u></b>
-------------------	-------------------------

### Food Program for Isolated Community Members

Subsidies	\$12,825
Administration	<u>\$ 2,175</u>
<b>Total</b>	<b><u>\$15,000</u></b>

***SUBTOTAL*** ***\$209,231***

---

**TOTAL** **\$312,800**

## **5.0 Conclusion**

This report summarizes the review of literature, community consultations, logic model, program plan, and achievements of twelve months of activities for the Food Security Community Partnership Project, coordinated by the Peterborough County-City Health Unit. The community response to the program has been remarkable, not just in the numbers reached, but in the powerful stories from individuals whose lives have been affected.

The model works with identified community needs to address the barriers that many local people living on low incomes face when trying to make healthier food choices. Healthier individuals can better reach their full potential in helping to make our community a healthier one.

## **BIBLIOGRAPHY**

- Agriculture and Agri-Food Canada. *Canada's Action Plan for Food Security: A Response to the World Food Summit*. Ottawa, 1998
- Best Start Resource Centre. *Reducing the Impact*. Toronto, 2002.
- British Columbia Public Health Alliance on Food Security. *A Proposal for the Community Food Action Initiative (CFAI)*. May 31, 2005.
- Brockest, B. and S. Vogelzang. *Cooking Healthy Together*. Toronto Public Health, 1998.
- Broughton, M. et al, "Predictors and Outcomes of Household Food Insecurity Among Inner City Families with Preschool Children in Vancouver." *CJPH* Vol. 97, No 3:214-216, May-June 2006.
- Cassidy, D et al. "Is Price a Barrier to Eating More Fruits and Vegetables for Low-Income Families?" *Journal of the American Dietetic Assn.* Vol. 107, Issue 11:1909-1915, November 2007.
- Che, J. & J. Chen. "Food insecurity in Canadian households." *Health Reports*, 12(4):11-22, 2001.
- Chinook Kids Food Security Coalition. *Food Insecurity Issues for Preschool Children in Southern Alberta*, available at [www.chr.ab.ca/aboutchr/final0-5foodsecurityassessment.pdf](http://www.chr.ab.ca/aboutchr/final0-5foodsecurityassessment.pdf). October 2004.
- Dietitians of Canada. *2007 Nutrition Month Campaign – Cook It Up Healthy!* 2007.
- Dietitians of Canada. *The Cost of Eating Well in British Columbia*. 2003
- Girard, Daniel. "From shelter to chef school." *Toronto Star*, Wednesday, March 24, 2007.
- Hampton, Tracy. "Food Insecurity Harms Health, Well-being of Millions in the United States." *JAMA*. 298:1851-1853, 2007
- Health Canada. "Income related Household Food Insecurity in Canada." Available from [www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/cchsfocus-volet\\_escce.html](http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/cchsfocus-volet_escce.html) 2004  
*Canadian Community Health Survey*. Cycle 2.2–Nutrition 2004.
- Kawartha Food Share. *Hunger Count*. 2007.
- Keller, Heather. *Bringing Nutrition Screening to Seniors in Canada*. Health Canada. Spring 2003.

McKeown, D. *Health Canada Funding for Peer Nutrition Program Evaluation*, Toronto Public Health Correspondence. January 2006.

National Anti-Poverty Organization. *The Face of Poverty in Canada: An Overview*. available at [www.napo-nap.ca/en/issues/face%20of%20poverty.pdf](http://www.napo-nap.ca/en/issues/face%20of%20poverty.pdf). Ottawa. 2004.

National Council of Welfare. *Poverty Profile*. Minister of Public Works and Government Services. Ottawa. 2004.

Ontario Health Communities Coalition. *Healthy Food, Healthy Community: A Community Action Guide*. 2006

Ontario Ministry of Health and Long Term Care. *Mandatory Programs and Services for Local Boards of Health*. 1997

Payette, H. et al. "Determinants of Healthy Eating in Community-dwelling Elderly People." *CJPH* July-August 2005.

Peterborough Community Legal Centre. *Legal Centre News*. September 2007.

Peterborough County-City Health Unit. "Limited Incomes: A Recipe for Hunger." *Nutrition Matters*. July 2007.

Peterborough County-City Health Unit. Report on the Prevalence of Food Insecurity and Hunger in Peterborough. 1997.

Peterborough Social Planning Council. *Mayor's Task Force on Poverty Reduction, Consultation Executive Summary Report*. August 2007.

Peterborough Social Planning Council. *Peterborough County and City Municipal Social Plan*. January 2002.

Peterborough Social Planning Council. *Peterborough Profile*. 2004.

Power, Elaine. "Determinants of Healthy Eating among Low - Income Canadians." *CJPH* 96:(S3)S37-S42. July-Aug 2005.

Power, E. *Food Security for First Nations and Inuit in Canada, First Nations and Inuit Health Branch*. Health Canada. March 2007.

Power, E. *Individual and Household Food Insecurity in Canada: Position of Dietitians of Canada*. 2005.



Public Health Agency of Canada. *Canada Prenatal Nutrition Program*. Available at [www.phac-aspc.gc.ca/dca-dea/programs-mes/cpnp\\_goals\\_e.html](http://www.phac-aspc.gc.ca/dca-dea/programs-mes/cpnp_goals_e.html)

Raine, Kim. "Determinants of Healthy Eating In Canada." *CJPH* 96: S8 – S13, July – Aug 2005.

Rampersaud, G. et al. *Journal of the American Dietetic Assn.*, 2005.

Region of Waterloo Public Health. *Region of Waterloo Public Health Peer Program Evaluation: Capacity Building through Peer Programming*. November 2004.

Ricciuto, L. et al. "Sociodemographic influences on food purchasing among Canadian households." *European Journal of Clinical Nutrition*. 60:778-790, 2006.

Rideout, K. et al. "Putting Food on the Public Health Table", *CJPH* May-June 2006.

Statistics Canada. *Canadian Community Health Survey*. 2005.

Statistics Canada. *Census 2006*. 2006.

Tauber, M and Andy Fisher. *A Guide To Community Food Projects*. Community Food Security Coalition. 2004.

Taylor, L. "The Role of Parental Influence and Additional Factors in the Determination of Food Choices for Pre-School Children." *International Journal of Consumer Studies*. 28(4):337-346 September 2004.

Toronto Public Health. *Cost of the Nutritious Food Basket*. Board of Health Report Toronto. September 5, 2007.

Toronto Social Services. *Systems of Survival, Systems of Support: An Action Plan for Social Assistance in the City of Toronto*. April 2006.

Tuffin, Lois. "It's time for us to build a community." *Peterborough This Week*. Oct. 19, 2007.

United Nations. *Universal Declaration of Human Rights*. Article 25, December 10, 1948.

Urquia, M. et al. "Birth Outcomes by neighbourhood income and recent immigration in Toronto." *Health Reports*. Vol 18.No.4, November 2007.

Winnipeg Regional Health Authority. *Kids in the Kitchen*. March 2002.

**APPENDIX A**  
**Food Security Community Partnerships**

<b>Organization/ Business</b>	<b>Kawartha Food Share</b>	<b>Food Action Network*</b>	<b>Food For Kids Peterborough</b>
Big Brothers, Big Sisters	YES		
Brock Mission	YES		
Canadian Mental Health Association	YES		
Country 105 Radio			YES
Curve Lake Food Bank	YES		
Elizabeth Fry Society	YES		
Faith Community Representatives	YES	YES	YES
Food for Kids Peterborough	YES	YES	YES
Food not Bombs		YES	
Good Neighbours Centre	YES		
Kawartha Food Share	YES	YES	YES
Kawartha Pine Ridge District School Board	YES		YES
Mayors Action Committee on Poverty Reduction		YES	
Millbrook Food Share	YES		
Nijkwendidaa Native Women's Shelter	YES		
North Kawartha Food Bank	YES		
Norwood Food Bank	YES		
Ontario Early Years Centre	YES		
Ontario Public Interest Research Group	YES		
Peterborough AIDS Resource Network	YES		
Peterborough Coalition Against Poverty		YES	
Peterborough Community Chaplaincy	YES		
Peterborough Housing Corporation	YES		
Peterborough Social Justice Coalition		YES	
Peterborough County-City Health Unit	YES	YES	YES

<b>Organization/ Business</b>	<b>Kawartha Food Share</b>	<b>Food Action Network*</b>	<b>Food For Kids Peterborough</b>
Peterborough Social Planning Council		YES	YES
Peterborough, Victoria, Northumberland, Clarington Catholic School Board			YES
Peterborough Youth Services	YES		
Salvation Army	YES		
St. John's Anglican Church Lakefield	YES		
St. Vincent de Paul - five Parishes	YES		
Sysco Food Services of Ontario			YES
United Way of Peterborough & District		YES	YES
Whitepath Counselling Services	YES		
Youth Emergency Shelter	YES		
YWCA of Peterborough, Victoria & Haliburton	YES		

\* Open to any community members to attend. Regularly attended by people living in poverty

**APPENDIX B**  
**Community Inventory of Food Banks and Food Programs in**  
**Peterborough City and County**

<b>Organization</b>	<b>Community</b>	<b>Food Programs</b>
Brock Mission	City of Peterborough	Community Meal (weekdays)
Canadian Mental Health Association	Peterborough City and County	Price Chopper Café Crazy Cooks Catering
Centennial Crescent Community	Residents Only	Food Cupboard
Church of Jesus Christ and Latter Day Saints	North End, City of Peterborough	North end Food Drive
Community Opportunity & Innovation Network (COIN)	Peterborough City and County	Peterborough Library Café World To Go Catering
Curve Lake Food Bank	Curve Lake	Food Bank; Vouchers
Elizabeth Fry Society	Peterborough City and County	Food Bank - clients only
Fleming College	Students only	Food Cupboard
Food for Kids Peterborough	Peterborough City and County	Student Nutrition Programs (Breakfast/Snack)
Food Not Bombs	City of Peterborough	Advocacy Community Meal (Monday, Saturday)
Grace United Church	Neighbourhood	Food Cupboard
Good Neighbours Centre	City of Peterborough	Food Bank
Havelock Food Bank	Havelock	Food Bank
Health For Life	Peterborough City and County	Youth Cooking Programs (Apsley, Peterborough) Collective Kitchens Just Food Box Community Gardens
Kawartha Food Share	Peterborough City and County	Food Warehouse Food Bank Distribution Coordination
Kawartha Pine Ridge District School Board	Peterborough City and County	Student Nutrition Programs Emergency Food
Lovesick Lake Native Women's Association	Off Reserve Aboriginal Community Members	Brighter Futures Aboriginal Prenatal Nutrition Program

<b>Organization</b>	<b>Community</b>	<b>Food Programs</b>
Millbrook Food Share	Millbrook	Food Bank
Niijkwendidaa Native Women's Shelter	Clients only	Food Bank
North Kawartha Food Bank	Apsley	Food Bank, Vouchers
Norwood Food Bank	Norwood	Food Bank
Ontario Early Years Centre	<p>City of Peterborough and Havelock</p> <p>City of Peterborough</p> <p>Communities in Central East Ontario including Peterborough City and County</p>	<p>Babies First - Canada Prenatal Nutrition Program -nutrition and health counseling; food cupboard; vouchers</p> <p>Steps &amp; Stages - Brighter Futures- CAPC -nutrition and health counseling; food cupboard; vouchers</p> <p>School for Young Moms – Come Cook With Us</p> <p>Central East Student Nutrition Programs Lead Agency -school breakfast, lunch and snack programs</p>
Ontario Public Interest Research Group	City of Peterborough	Food Bank
Peterborough Acquired Immunodeficiency Syndrome (AIDS) Resource Network (PARN)	Peterborough City and County	Food Bank - clients only
Peterborough City and County Recreation	Peterborough City and County	Youth Cooking Program
Peterborough City and County Social Services	Peterborough City and County	Employment Development Food Vouchers Special Diet Supplement Community Meals
Peterborough Coalition Against Poverty	Peterborough City and County	Advocacy Food Cupboard

<b>Organization</b>	<b>Community</b>	<b>Food Programs</b>
Peterborough County-City Health Unit	Peterborough City and County	Collective Kitchens Come Cook with Us Subsidies for Frozen Meals & Food Boxes Food For Kids Peterborough Gleaning Grow-a-Row Garden
Peterborough Pregnancy & Support Service	City of Peterborough	Food Cupboard
Peterborough, Victoria, Northumberland, Clarington Catholic District School Board	Peterborough City and County	Student Nutrition Programs Emergency Food
Peterborough Youth Services	Clients only	Food Cupboard
Salvation Army	City of Peterborough	Family Breakfast - Monday, Wednesday, Friday Food Bank; Food Vouchers Fresh Produce Box
St. Albans Anglican Church	Neighbourhood	Community Meal – once a month
St. John's Anglican Church, Lakefield	Lakefield	Food Bank; Vouchers
St. Johns Anglican Church, Peterborough	City of Peterborough	Community Meal on Saturday; Food Cupboard
St. Paul's Presbyterian Church	City of Peterborough	Community Meal on Sundays
St. Vincent de Paul	Peterborough City and County	Food and Food Vouchers
Youth Emergency Shelter	Peterborough City and County	Food Cupboard
YWCA of Peterborough, Victoria and Haliburton	Peterborough City and County	Community Gardens Just Food Box

**APPENDIX C**  
**2006 Key Informant Telephone Survey**

**HUNGRY FOR IDEAS!**  
**Needs Assessment for Peterborough Food Security Initiatives**

**Date:**

**PROGRAM:**

**Contact Name/Information:**  
**(Phone/email)**

Script for telephone survey

1. Please briefly describe your food security programs.
2. Can you tell us how many people your organization provided services for in the past month or year?
3. Who is the target population of your programs?
4. Can you tell us the monetary value of food/food vouchers distributed, last fiscal year, if applicable and known?
5. What do you believe are the gaps in current programs that address hunger in your community?
6. Do you have any ideas to share to eliminate hunger via social policy reform, emergency food programs, food action, and/or farm to table programs? If so, please tell us about your ideas?
7. Is there someone else that we should talk to, that you can recommend?

***Survey Result Summary***

1. The most consistent response from key informants was that the people they are seeing at their programs do not have enough money to afford to eat well after paying their shelter and utility costs.
2. Another consistent finding in the charitable food sector was that demand continues to increase for food and food vouchers. Most food banks have enough food to offer only a three day supply of food once a month and the food provided do not allow people to make complete meals. Food bank organizers reported that emergency food need is

greater in the winter. They have also noticed a trend towards people needing emergency food earlier in the month. The representatives of the food banks and churches contacted indicated that they receive non-perishable food from Kawartha Food Share, but augment this supply with donations from community and congregation members. The respondents were in agreement that despite working hard to alleviate hunger - the need is greater than the resources available.

3. In March 2005, the Brock Mission had to stop its daily outreach meal program, which left a gap in free meal services for community members. The faith community and other community members rallied to fill the gap at critical times in the month with volunteers and donated food. Despite this generous effort many respondents mentioned that a coordinated, funded, free daily meal available in the City of Peterborough was essential in addressing hunger.

4. School-based student nutrition programs (Food for Kids Peterborough), although well coordinated and funded, rely on volunteers to prepare food under challenging conditions due to space limitations in most elementary schools. In addition, the Ministry of Children and Youth Student Nutrition Programs do not provide funding for occasional, emergency lunches. Many students can not afford to participate in existing school milk programs or school lunch fund- raisers.

5. Few special programs are available to support the nutritional needs of singles, couples with no children and working families who live in poverty.

6. People who are living in poverty and are isolated by geography or physical limitations can not access many food programs.

7. Community-based food programs have inherent barriers to participation. The minimally housed or homeless can not benefit from collective kitchens, Food Box programs or gleaning since they do not have space to store and prepare food. Parents of young children often require child care and transportation to participate in collective kitchens, which may not be available. Finally some programs such as the Food Box Programs cost money and although the cost is minimal, it still remains unaffordable to those with very low incomes.

8. Due to geographic challenges and variability in the incidence of hunger in rural areas, food programs in municipalities in the County need to be locally developed with input from community members.

9. People living in poverty need additional information on where they can access free food and how they can get involved in food programs. In addition, community members need to understand how they can volunteer or donate food to food banks and food programs.



## **APPENDIX D**

### **2006 Key Informant Survey Participants**

Brock Mission  
Board of Health Member for the PCCHU  
Church and Community Sponsored Meal Programs  
Collective Kitchens & Gleaning Programs  
Community Opportunities for Innovation Network  
Community Care Peterborough  
Community Social Plan  
Food for Kids  
Good Neighbours Food Bank  
Grace United Church  
Halton Good Food Box  
Health for Life Peterborough  
Healthy Babies, Healthy Children  
Kawartha Food Share  
Lakefield Food Bank  
North Kawartha Food Bank  
Nobody's Perfect  
Ontario Disability Support Program (ODSP) Action Group  
Ontario Early Years/Babies First  
Peterborough City and County Social Services Division  
Peterborough City Council  
St. John's Community Suppers  
Salvation Army  
Student Nutrition Programs  
Teen Prenatal Supper Club  
Waterloo Regional Health Department  
YWCA  
Youth Emergency Shelter

**APPENDIX E**  
**Food Security Priorities from 2007 Mayor’s Task Force Consultations**

<b>Priority Areas</b>	<b>Gaps</b>	<b>Proposed Activities</b>
Enhance the capacity for the homeless and people living in poverty to have access to a nutritious daily meal	<ul style="list-style-type: none"> <li>-limited food bank access</li> <li>-limited income to purchase healthy and nutritious food</li> <li>-confusion re: time and place of community meals</li> <li>-uncertainty of “Open Table” program</li> </ul>	<ul style="list-style-type: none"> <li>-enhance access to food banks</li> <li>-provide a centralized permanent space for food programs 24/7</li> <li>-Food Action Network to continue to provide a coordinating role</li> </ul>
Continue to support nutrition programs offered through the Health Unit, educational institutions, faith groups and community-based organizations	<ul style="list-style-type: none"> <li>-programs often offered through short-term or limited initiative funding</li> </ul>	<ul style="list-style-type: none"> <li>-support existing programs and create a mechanism for sustainable funding</li> </ul>
Develop strategies to reduce the inter-related costs of housing, food and other basic necessities of life	<ul style="list-style-type: none"> <li>-high cost of taxes; rent; utilities</li> <li>-cost of baby supplies; food; clothing</li> </ul>	<ul style="list-style-type: none"> <li>-continue to work together to provide affordable housing options and dollars for food</li> </ul>
Support a “Grow and Purchase Locally” campaign	<ul style="list-style-type: none"> <li>-funds to pay for food</li> <li>-information on where to purchase locally grown food</li> <li>-lack of training for gardening</li> <li>-availability of land for community gardens</li> </ul>	<ul style="list-style-type: none"> <li>-continue to provide a vehicle for community collaboration and action</li> <li>-bring community growers, community groups and business together to identify and communicate options for purchasing local</li> </ul>
Provide short term options for growers, restaurants, business and community groups to work together	<ul style="list-style-type: none"> <li>-awareness of options, and interest from business, citizens from all sectors of the community</li> <li>-communicate options for acquiring locally grown food</li> <li>-Central access point to drop off and distribute food</li> </ul>	<ul style="list-style-type: none"> <li>-make community kitchens more available for community members to use</li> <li>-share resources for food preparation</li> <li>-provide a municipal strategy to access food in the event of crisis</li> </ul>

## APPENDIX F

### Peterborough County-City Health Unit Food Security Health Promotion

### Cooking Program Participant Survey Summary Report

---

*Prepared by:*

*Fleming Data Research, December 2006*



## Background

In the fall of 2006, Fleming Data Research (FDR) was contacted by Susan Hubay, RD Public Health Nutritionist, to conduct an evaluation of the “Come Cook With Us” program.

## Methodology

It was determined that a paper survey would be administered to participants from the “Come Cook With Us” program.

## Nature of Sample

Participants from the following “Come Cook With Us” program locations were included in the study:

- Knox United Church
- St. John’s Anglican Church
- Bridge
- Curve Lake Health Centre
- Havelock United Church: Time for Me Group
- Trinity United Church: School for Young Moms

Participants from the CMHA Kitchen were to be included in the study, however it was later decided by the client that they be excluded from paper evaluations.

## Survey Design and Implementation

In order to obtain feedback from participants in the “Come Cook With Us” program a paper evaluation was designed by FDR in collaboration with Susan Hubay. The survey was administered to participants at the below locations by FDR staff from December 7<sup>th</sup>, 2006 to December 13<sup>th</sup>, 2006. Fifty-three (53) survey responses were received. The following table shows the program location, the date survey administration, the approximate number of participants within each location and the number of participants who were at the program location during the survey administration and completed the survey.

Location	Date of Administration	Approximate # Participants In Program	# Participants at Location During Administration & Completed Survey
Curve Lake Health Centre	December 7	4 - 5	3
Trinity United Church: School for Young Moms	December 8	10	8
Havelock United Church: Time for Me Group	December 11	4	6
Knox United Church	December 11	16	11
St. John’s Anglican Church	December 12	18	15
The Bridge	December 13	10 – 11 (families)	10 (families)

\* Note: not all participants were at the location during the time of survey administration.

## **Limitations**

Threats to the validity of the survey results include historical effects. Historical effects on survey validity are attributable to time-related changes. As time passes, the characteristics of the population in the community change and the data will become less representative of the needs and opinions of the residents.

**Peterborough County-City Health Unit  
Food Security Health Promotion  
Cooking Program Participant Survey  
(N = 53)**

Fleming Data Research (FDR) is conducting this survey on behalf of the Peterborough County-City Health Unit to learn more about your experiences with the Cooking Program. Your input will help us with our evaluation of the program.

Please read each question carefully and check () your response. Participation is voluntary and your responses are anonymous. After you complete your survey, please fold the survey and seal it in the envelope provided and hand it back.

To thank you for participating, we will be holding a draw where you could win one of three great prizes: a \$50 Eat Smart gift certificate or one of two cookbooks. **To be entered in the draw, please print your name on the separate sign-in sheet provided.**

1. At which location did you attend the Cooking Program in the fall of 2006?

- 21% = Knox United
- 28% = St. John's Anglican
- 19% = Bridge
- 6% = Curve Lake
- 11% = Time for Me in Havelock
- 15% = School for Young Moms

2. What was your favourite recipe from the Cooking Program? (requires compilation of recipes and frequency in future analysis)

3a. Overall, I would rate the Cooking Program as...: *(Please circle your response)*

- 81% = Excellent *[Go to Question 4a]*
- 15% = Good *[Go to Question 4a]*
- 4% = Fair *[Go to Question 3b]*
- 0% = Poor *[Go to Question 3b]*

3b. If you answered **Fair** or **Poor** to 3a, how can we make it a better program?

I really found it not to be pleasing for children.  
Kid friendly food, more activities.

4a. Would you join a Cooking Program like this again?

- 98% = Yes *[Go to Question 5]*
- 0% = No *[Go to Question 4b]*
- 2% = Not Sure *[Go to Question 5]*

4b. If you answered **No** to 4a, why not?

No responses

5. Please tell us how important the following features of the Cooking Program were to you:

	Very Important (%)	Important (%)	Not at All Important (%)	Not Applicable/ No Response (#)
Meeting new people (N = 49)	43	51	6	4
Getting together with other people to cook (N =53)	42	53	6	0
Sharing healthy eating and food safety tips (N =53)	70	30	0	0
Learning new cooking skills (N =53)	72	26	2	0
Learning new recipes (N =53)	70	30	0	0
Having the food voucher (N =53)	60	30	9	0
Taking food home (N =51)	39	49	12	2
Having child care available (N =33)	58	36	6	20
Having transportation to the Cooking Program available (N =34)	56	24	21	19

\*Please note: Percentages were calculated independently of Not Applicable/No Response responses

6. Please tell us about your learning experiences in the Cooking Program:

<b>While attending the Cooking Program...</b>	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Not Applicable/ No Response (#)
I learned to prepare new recipes (N =52)	58	40	2	0	1
I learned new cooking skills (N =52)	50	42	8	0	1
I learned how to <i>store</i> food safely (N =50)	38	50	10	2	3
I learned how to <i>cook</i> food safely (N =50)	52	42	6	0	3
I learned to prepare healthy foods that I had not tried before (N =50)	64	34	2	0	3
I learned healthy ways of cooking foods (N =52)	48	50	2	0	1
I learned how to make a healthy meal using Canada's Food Guide (N =51)	39	49	10	2	2
I heard about food programs in our community (i.e. community meals, food boxes, collective kitchens) (N =51)	43	49	6	2	2
I heard about places to get cheaper food (N =48)	44	42	8	6	5

I received information and ideas for cooking in the future (N=52)	58	39	4	0	1
I realized I had information to share with others about food and eating (N=52)	58	33	6	4	1

\*Please note: Percentages were calculated independently of Not Applicable/No Response responses

7a. Do you find you are making healthier food choices (buying, preparing or eating) since participating in the Cooking Program?

- 59% = Yes [Go to Question 7b]
- 23% = Somewhat [Go to Question 7b]
- 9% = No [Go to Question 7c]
- 10% = No Response

7b. If you answered **Yes** or **Somewhat** to 7a, please tell us how the Cooking Program has helped you to make healthier food choices. (N = 43)

Since participating in the Cooking Program...	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Not Applicable (#)
I can offer my family/children healthier meals and snacks (N=41)	46	51	2	0	2
I can prepare a greater variety of foods (N=41)	49	51	0	0	2
I have more confidence in my cooking skills (N=43)	42	54	5	0	0
I have changed the way I <i>prepare</i> food at home (N=42)	33	55	12	0	1
I have changed the way I <i>store</i> food at home (N=42)	29	52	19	0	1
I eat the meals I learned to prepare at the program (N=43)	37	58	5	0	0
I use the voucher to buy healthy foods when grocery shopping (N=43)	63	37	0	0	0
I am making more affordable choices in the grocery store (N=43)	49	47	5	0	0
I am thinking about or have started buying a food box (N=38)	34	47	18	0	5
I am thinking about joining a collective kitchen (N=35)	34	43	20	3	8

\*Please note: Percentages were calculated independently of Not Applicable/No Response responses

7c. If you answered **No** to 7a, please tell us what makes it difficult for you to make healthier food choices. (N = 5)

	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Not Applicable (#)
My family/children won't eat healthy food (N=3)	0	67	33	0	2
I always cook the same few recipes that I know (N=4)	50	50	0	0	1
I don't have enough time to cook the food (N=4)	25	25	50	0	1



I don't know how to cook (N=4)	0	25	50	25	1
I am single and find it hard to be motivated to cook for just myself (N=3)	33	33	33	0	2
I don't have enough money left to buy foods on a monthly basis (N=4)	25	25	0	50	1
I cannot get to an affordable grocery store on a regular basis (N=4)	25	0	25	50	1
I have limited cooking equipment and appliances (N=4)	25	25	0	50	1
I have limited safe food storage space (fridge, cupboard) (N=3)	33	33	0	33	2

\*Please note: Percentages were calculated independently of Not Applicable/No Response responses

8. Do you have any additional comments about the Cooking Program? (requires compilation of comments under themes in future analysis)

### Demographics

The next few questions are for demographic purposes and the information we collect will remain anonymous and confidential. Individual results will be grouped for reporting.

9. Age:

21% = 18 or under	21% = 35 to 44	4% = Over 65
8% = 19 to 24	17% = 45 to 54	2% = No Response
17% = 25 to 34	11% = 55 to 65	

10. Gender:

62% = Female  
30% = Male  
8% = No Response

11. For each of the following age categories, how many people in your household (including yourself) have used food or food vouchers from the Cooking Program?

(Please specify the number in the space provided)

Age Category	# People in Household						
	None (%)	1 Person (%)	2 People (%)	3 People (%)	4 People (%)	5 People (%)	> 5 People (%)
0 to 4 years	49	38	9	2	0	2	0
5 to 9 years	85	11	4	0	0	0	0
10 to 14 years	83	13	4	0	0	0	0
15 to 18 years	83	13	2	2	0	0	0
Over 18 years	32	36	26	0	4	0	2

~ Thank you! ~

## APPENDIX G

### COME COOK WITH US!

Evaluation Summaries October 1, 2006 through to September 30, 2007

Community	# Sessions	# Classes	# Participants	Total Attendance
Curve Lake	5	21	45	129
County	9	37	64	342
City	32	134	375	1380
<b>Total</b>	<b>46</b>	<b>192</b>	<b>484</b>	<b>1851</b>

Target Group	# Participants	# Classes	# Sessions
Youth	81	23	7
Singles	200	69	14
New Canadians	11	4	1
Parents	153	78	19
Seniors	39	18	5
<b>Total</b>	<b>484</b>	<b>192</b>	<b>46</b>

Meal Tasted?	Great		OK		Not Very Good		No Response	Total
	#	%	#	%	#	%	#	#
	<b>959</b>	84%	<b>163</b>	14%	<b>16</b>	2%	713	<b>1851</b>

\* Please note: Percentages were calculated independently of No Response Category.

Did you learn about?	Yes		No		No Response	Total
	#	%	#	%	#	#
Cooking & Storing Safely	703	71%	283	29%	865	1851
Healthy Eating	800	78%	221	22%	830	1851
Menu Ideas	877	85%	157	15%	817	1851
<b>Recipes?</b>						
Made It At Home	338	47%	378	53%	1135	1851
Will Make It At Home	670	81%	161	19%	1020	1851

Please note: Percentages were calculated independently of No Response Category.

## First Nation Communities

First Nations	Community	Group	# Participants	Total Attendance	# Classes
	Curve Lake	Moms	5	29	8
		Seniors (2 separate sessions)	22	52	6
		Moms	9	39	6
		Youth	9	9	1
	<b>Total</b>		<b>45</b>	<b>129</b>	<b>21</b>

Did you learn about?	Yes		No		No Response	Total
	#	%*	#	%*	#	#
Cooking & Storing Safely	22	73%	8	27%	99	129
Healthy Eating	22	85%	4	15%	103	129
Menu Ideas	19	100%	0	0	110	129
<b>Recipes?</b>						
Made It At Home	12	52%	11	48%	106	129
Will Make It Again	33	97%	1	3%	95	129

\* Please note: Percentages were calculated independently of No Response Category.

Meal Tasted?	Great		OK		Not Very Good		No Response	Total
	#	%*	#	%*	#	%*	#	
	37	88%	5	12%	0	0%	87	129

\* Please note: Percentages were calculated independently of No Response Category.

## County of Peterborough Programs

County	Location	Group	# Participants	Total Attendance	# Classes
	Buckhorn	Youth	17	145	7
	Millbrook	Seniors – (2 sessions Feb. and April/07)	12	99	9
	Havelock – Time for Me	Moms - (2 sessions Nov./06 and Feb./07)	10	31	6
	Cavendish	Moms (Dec./06)	6	11	2
		Moms (Feb./ 07)	9	31	6
	Lakefield	Seniors	5	13	3
	Apsley	Moms (Aug./07)	5	12	4
<b>Total</b>			<b>64</b>	<b>342</b>	<b>37</b>

Did you learn about?	Yes		No		No Response	Total
	#	%	#	%	#	#
Cooking & Storing Safely	113	80%	29	20%	200	342
Healthy Eating	150	90%	16	10%	176	342
Menu Ideas	159	94%	10	6%	173	342
<b>Recipes?</b>						
Made It At Home	54	52%	50	48%	238	342
Will Make It Again	115	81%	27	19%	200	342

\* Please note: Percentages were calculated independently of No Response Category.

Meals Tasted?	Great		OK		Not Very Good		No Response	Total
	#	%	#	%	#	%	#	
	151	82%	30	16%	4	2%	157	342

\* Please note: Percentages were calculated independently of No Response Category.

## City of Peterborough Programs

City	Church	Group	# Participants	Total Attendance	# Classes
	St. Johns	Singles (Oct./06)	21	164	8
		Singles – Cooks Network (Feb./07)	19	51	6
		Singles (Feb./07)	19	108	7
		Singles – Cooks Network (April/07)	14	56	6
		Singles (April/07)	14	80	8
		Special Diet (Jan. 07)	11	18	2
		Cooks Network 1 (Singles) (July/07)	22	46	4
		Cooks Network (Singles) (July/07)	16	62	5
		Cooks Network (Singles) (Aug./Sept./07)	18	46	3
		Young Moms (Aug./07)	15	73	9
		Mixed Adults (Aug./Sept./07)	14	77	8
		Parents (July/07)	5	21	6
	Knox	Singles (Oct./06)	16	88	8
	Murray Baptist	New Canadians (April/07)	11	38	4
	The Bridge	Youth/Parents	30	169	8
	YES	Youth (Oct./06)	3	3	1
		Youth (Mar./06)	4	4	1
		Youth (June/07)	12	12	1
	School for Young Moms	Moms (Oct./06)	11	66	8

	Nobody's Perfect	Parents (Oct./06)	4	4	1
		Parents (Nov./06)	6	6	1
		Parents (May/07)	5	16	4
		Parents (May/07)	5	14	3
		Nobody's Perfect/LEAP (Aug./07)	9	17	3
	Steps/Stages	Parents (Nov./06)	23	28	1
	Social Services	Singles (Nov./06)	5	5	1
		Singles (Feb./07)	5	9	2
	CMHA	Youth	6	18	4
	Trinity	Time for Me - Moms (Feb./07)	10	19	3
		Nobody's Perfect (Aug./Sept./07)	8	24	3
	Trent Valley Literacy	Adults (April/07)	6	6	1
	CAS	Parents (June/07)	8	32	4
<b>Total</b>			<b>375</b>	<b>1380</b>	<b>134</b>

### City of Peterborough Programs

Did you Learn About?	Yes		No		No Response	Total
	#	%	#	%	#	#
Cooking & Storing Safely	568	70%	246	30%	566	1380
Healthy Eating	628	76%	201	24%	551	1380
Menu Ideas	699	83%	147	17%	534	1380
<b>Recipes?</b>						
Made It At Home	272	46%	317	54%	791	1380
Will Make It Again	522	80%	133	20%	725	1380

\* Please note: Percentages were calculated independently of No Response Category.

Meals Tasted	Great		OK		Not Very Good		No Response	Total
	#	%	#	%	#	%	#	#
	<b>771</b>	<b>85%</b>	<b>128</b>	<b>14%</b>	<b>12</b>	<b>1%</b>	<b>469</b>	<b>1380</b>

\* Please note: Percentages were calculated independently of No Response Category.

## APPENDIX H

### Fleming Data Research Food Box Participant Telephone Survey

#### Peterborough County-City Health Unit - Food Security Health Promotion Project

#### Food Box Participant Telephone Survey: Fleming Data Research

##### Background

In the fall of 2006, Fleming Data Research (FDR) was contacted by Susan Hubay, RD Public Health Nutritionist, to conduct an evaluation of the Food Box Expansion program.

##### Methodology

It was determined that a telephone survey would be administered to participants from the Food Box Expansion program.

##### Nature of Sample

A listing of names and telephone numbers of 161 participants in the Food Box Expansion program was provided to FDR by the client. Fleming Data Research was able to reach 122 participants.

##### Survey Design and Implementation

In order to obtain feedback from participants about the Food Box Expansion program, a telephone survey was designed by FDR in collaboration with Susan Hubay. Telephone interviews were conducted by FDR using Computer Assisted Telephone Interviewing (CATI) software from December 12<sup>th</sup>, 2006 to December 19<sup>th</sup>, 2006.

##### Limitations

Threats to the validity of the survey results include historical effects. Historical effects on survey validity are attributable to time-related changes. As time passes, the characteristics of the population change and the data will become less representative of the needs and opinions of the population.



**Peterborough City-County Health Unit  
Food Security Health Promotion  
Food Box Participant Telephone Survey Results  
(N = 122)**

Hello, my name is \_\_\_\_\_ and I am calling from Fleming College on behalf of the Peterborough City-County Health Unit. Today we are calling participants of the Food Box program to ask about their experiences with the program. When you complete the survey your name will be entered into a draw where you could win one of three great prizes: a \$50 Eat Smart gift certificate or one of two cookbooks.

This survey will take about 10 minutes to complete. May I ask you the questions for this survey?

**Reasons for Participation - Before October 2006**

1a. Did you buy any food boxes **prior to** October 2006?

70% = Yes

30% = No [Go to Question 1d]

**Since 122 people were called, this indicates that 37 participants had not purchased food boxes prior to the subsidy being introduced.**

1b. Which food box(es) did you buy? (Select all that apply) (N = 85)

59% = YWCA Staples Food Box – REGULAR SIZE (N=50)

2% = YWCA Staples Food Box – SMALL SIZE

44% = YWCA Just Produce Box – REGULAR SIZE (N=37)

4% = YWCA Just Produce Box – SMALL SIZE

53% = Salvation Army Food Box (N=45)

**YWCA Staples and Just Produce Boxes in the regular size and the Salvation Army Food Box were most frequently ordered prior to October 2006.**

1c. **Prior to** October 2006, how many food box(es) did you buy on a monthly basis? (N = 85)

28% = 1

8% = 2

62% = More than 2

1% = No Response

**About 53 participants ordered more than 2 food boxes monthly prior to October 2006.**

**[Go to Question 2]**

1d. If no, why not? (Select all that apply) (N = 37)

- 73% = I did not know about the Food Box Program
- 19% = I could not afford the price
- 3% = I was worried that the food would go bad or be wasted
- 8% = I could not get to the place to drop off my money or pick up my food box
- 14% = Other:

Was not living at home.

Worried that the food would not be fresh and that she thought she could shop cheaper

1e. What was the MAIN reason you did not buy any food boxes **prior to** October 2006? (N = 37)

- 70% = I did not know about the Food Box Program
- 16% = I could not afford the price
- 3% = I was worried that the food would go bad or be wasted
- 3% = I could not get to the place to drop off my money or pick up my food box
- 8% = Other

**Most participants who did not order boxes prior to October 2006, did not do so because they did not know about the program (N=27)**

### **Reasons for Participation - Since the beginning of October 2006**

2. Which food box(es) have you purchased **since the beginning of** October 2006?  
(Select all that apply)

- 62% = YWCA Staples Food Box – REGULAR SIZE
- 11% = YWCA Staples Food Box – SMALL SIZE
- 54% = YWCA Just Produce Box – REGULAR SIZE
- 9% = YWCA Just Produce Box – SMALL SIZE
- 39% = Salvation Army Food Box

**There was no difference in the types of food boxes ordered once subsidy was in place.**

3a. Why did you buy the food box(es)? (Select all that apply)

- 49% = Someone told me it was a good idea
- 71% = The half-price subsidy made it affordable
- 65% = I wanted to buy healthy foods at a good price
- 58% = It is a convenient way for me to get food
- 60% = I wanted to have more fruits and vegetables at home to eat regularly
- 34% = I wanted to try some different foods that I would not normally buy myself
- 39% = I cannot afford to buy these foods at the grocery store
- 5% = Other: I'm on a fixed income. My hydro bill was brutal. Have not bought one again.

3b. What was the MAIN reason you bought the food box(es)?

- 4% = Someone told me it was a good idea
- 25% = The half-price subsidy made it affordable
- 28% = I wanted to buy healthy foods at a good price
- 17% = It is a convenient way for me to get food
- 6% = I wanted to have more fruits and vegetables at home to eat regularly
- 4% = I wanted to try some different foods that I would not normally buy myself
- 8% = I cannot afford to buy these foods at the grocery store
- 7% = Other
- 1% = No Response

***People purchased the food box for two main reasons: the half-price subsidy made it affordable and to buy healthy foods at a good price***

3c. ***Since the beginning of*** October 2006, how many food box(es) have you purchased on a monthly basis?

- 20% = 1
- 25% = 2
- 54% = More than 2
- 2% = No Response

***About 66 people purchase more than 2 boxes monthly.***

### **Rating Aspects of the Food Box Program**

**When asked to comment on the quality, quantity, variety and purchasing aspects of the food box, the majority of the comments were positive. Some comments included suggestions for change which will be shared with the agencies implementing the food box programs. Ratings and comments are summarized in detail below.**

Please tell us what you think about the Food Box Program ....

4a1. How would you rate the QUALITY of food in the food box...?

- 55% = Above Average
- 40% = Average
- 5% = Below Average

4a 2. Do you have any other comments about the QUALITY of food?

***Sixty-seven comments were received and three themes have been noted.***

***Forty-seven comments were received that were very positive about the QUALITY of the food they received, most often mentioning how fresh the food was. To a lesser degree, positive comments were made about the health benefits, recipes and how great it was to try foods that they normally do not buy.***

***Ten negative responses were received to this question with 5 comments regarding poor QUALITY of the food. The other negative comments had to do with accessing the food box, the price and the amount of food.***

***Eight comments were actual suggestions about the specific foods to be included in the food boxes.***

***Two comments received could not be interpreted into one of the above themes.***

4b1. Would you say the AMOUNT of food in the food box is...?

1% = Too much food

77% = Just the right amount of food

22% = Not enough food

***The majority of respondents felt it was just the right amount of food. (77%/94)***

4b2. Do you have any other comments about the QUANTITY of food?

***Fifty-seven comments were received and four themes have been noted.***

***Twenty-nine positive comments were received about the QUANTITY of food in the food box, with sixteen commenting specifically that it was good for the price paid.***

***Twenty-one negative comments were received about the QUANTITY of food in the food box, with the majority mentioning that there was not enough food.***

***Four comments were specific suggestions about the foods in the food boxes.***

***Three comments pointed out that although it was a good deal, it was not enough for a month or for the family size.***

4c1. How would you rate the VARIETY of food in the food box?

47% = Above Average

52% = Average

2% = Below Average

4c2. Do you have any other comments about the VARIETY of food?

***Fifty-nine comments were received and three themes have been noted.***

***Thirty-three positive comments were received about the VARIETY of food in the food box. One response seems to sum up the types of comments received - "I like the way they mix it up!"***

***Twenty-one negative comments were received about the VARIETY of food. Seven comments were about particular foods that were disliked. Another seven comments mentioned that the variety of vegetables needed to increase beyond carrots, onions and potatoes.***

***Four comments were specific suggestions about foods to exclude like pasta and to add like bread and canned goods.***

***One comment received could not be interpreted into one of the above themes.***

4d1. Would you say BUYING the food box was...?

85% = Easy to do

14% = Somewhat Difficult to do

1% = Hard to do

4d2. Do you have any other comments about BUYING the food box?

**Fifty comments were received and two themes have been noted.**

**Twenty-six comments indicated that buying the food box was easy. Many comments pointed out the convenience of having a neighbourhood contact for payment and drop-off. Some people found the downtown locations for pickup to be very convenient.**

**Twenty-two comments focused on the challenges of buying the food box, due to transportation limitations. Picking up the food box was difficult for some people without cars and for parents who needed to be home for children returning from school.**

**Two comments received could not be interpreted into one of the above themes.**

4e1. Would you say the reduced PRICE of the food box is...?

2% = Too expensive for my food budget

98% = Just right, for my food budget

4e2. Do you have any other comments about the PRICE of the food box(es)?

**Fifty-two comments were received which were all very positive about the price of the food box. One comment reflected the overall response to this question – “It’s a great value and would be great to keep it at the low price”.**

4e3. Would you still buy a food box(es) if the price went up...? (Select all that apply)

65% = by \$5.00

16% = by \$10.00

### **Outcomes from Participation in Food Box Program**

5a. Do you find that you are making healthier food choices (buying, preparing or eating) since buying a food box(es)?

66% = Yes [Go to Question 5b]

18% = Somewhat [Go to Question 5b]

16% = No [Go to Question 5c]

**Eighty-six percent of people (N=105) surveyed found that they are making healthier choices since buying the food box.**

5b. Please tell us how the Food Box Program has helped you to make healthier food choices.  
(N = 102)

Since participating in the Food Box Program...	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Not Applicable (#)
My family/children are eating healthier (N = 81)	42	57	0	1	21
I've learned to prepare healthy foods that I had not tried before (N = 96)	33	44	23	0	6
With the money I saved buying a food box, I can afford to buy healthy foods at the grocery store (N = 99)	29	59	10	2	3
I can prepare a greater variety of foods (N = 101)	22	73	5	0	1

Percentages were calculated independently of Not Applicable/No Response.

**Of the participants who have made healthier food choices, 99% (N= 81) feel that their family/children are eating healthier because of the food box. The food box program has helped participants purchase healthy foods at the grocery store with the money saved. Many people also mentioned that they can prepare a greater variety of foods as a result of the food box.**

5c. I have a list of reasons why you may find it difficult for you to make healthier food choices. Please let me know if you agree or disagree with each of these. (N = 20)

	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Not Applicable (#)
I don't have enough money left to buy foods on a monthly basis (N = 17)	18	24	47	12	3
I have limited cooking equipment and appliances (N = 17)	6	6	71	18	3
I have limited safe food storage space (fridge, cupboard) (N = 19)	5	26	63	5	1
My family/children won't eat healthy food (N = 16)	0	0	69	31	4
I don't know how to cook (N = 20)	0	0	60	40	0
I always cook the same few recipes that I know (N = 20)	0	20	65	15	0
I cannot get to an affordable grocery store on a regular basis (N = 20)	5	20	60	15	0
I don't have enough time to cook the food (N = 19)	0	11	74	16	1
I am single and find it hard to be motivated to cook for just myself (N = 7)	14	0	71	14	13

Percentages were calculated independently of Not Applicable/No Response.

**Sixteen percent of participants continue to find it difficult to make healthier food choices (N=20) despite the food box program. Financial reasons remain the main barrier to participation.**

6. Do you have any additional comments about the Food Box Program?

Eighty-three comments were received, often reemphasizing points made in earlier parts of the survey. The majority of comments offered praise for the program, with hope that the subsidy would continue in the future. Some comments in particular summarize the general sense of all the comments.

“It’s wonderful. Fresh produce is a big luxury.”

“Awesome. Really, badly needed and hope it continues.”

“I find it very beneficial over the years and helps with my budget. It comes at a very good time of the month.”

“Really likes it and hopes it would stay at this price and her kids really enjoy it. Really enjoys the recipes to try different foods.”

### **Demographics**

The majority of survey respondents are female (92%). There were four groupings of age categories represented in the survey sample – 25 to 34 years (23%); 35 to 44 years (25%); 45 to 54 years (23%) and over 55 years (23%). The sample also had a variety in terms of the number of household members benefiting from the food box program.

### **Conclusion**

The subsidized food box program has three overwhelming indicators of success. First of all, the responses received in this telephone survey are very positive indicating that overall quality, price, convenience and quantity of food is satisfactory to the majority of customers. Secondly, since the introduction of the subsidy, orders for the food boxes at both agencies have increased. As a result about 500 food boxes are sold monthly out of the YWCA and Salvation Army, which is a 73% increase since initiation of the subsidies. Finally, the program is reaching a group of people that need opportunities for increased access to healthy foods. The demographics of the population surveyed indicated a majority of female participants, from a broad spectrum of ages 25 years to well over 55 years, who were living on a low income.

### **Recommendations:**

- 1. Advocate for a continuation of this subsidy for the Food Box Programs currently offered to Peterborough City and County residents by the YWCA and Salvation Army.**
- 2. Share this report with both agencies so that they can utilize the results for future promotions and program planning purposes.**