



March 30, 2020

Greater Vancouver Food Bank
8345 Winston St
Burnaby, BC V5A 2H3

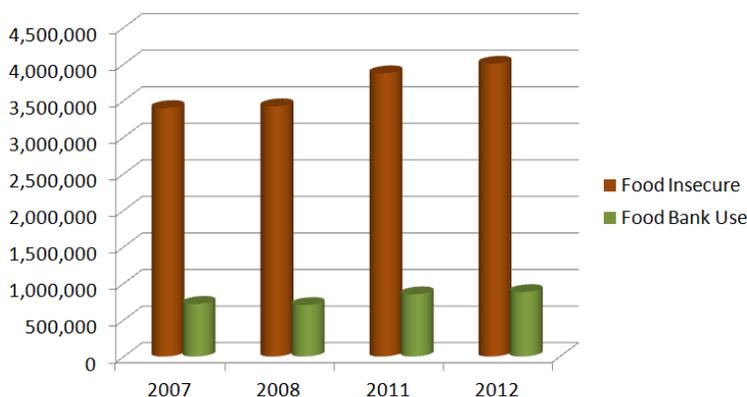
Dear GVFB Board of Directors,

On March 2nd, 2020, the Greater Vancouver Food Bank (GVFB) announced changes to its intake process that require new and existing clients to provide additional documentation in order to access food.

We are writing this letter as food security researchers from the University of British Columbia and Simon Fraser University, who have collaborated closely with GVFB and other local food banks and food security organizations for many years. Our collective interest is to conduct rigorous research and evaluation aimed at improving the welfare of food insecure people in our community. It is our strong view that these stakeholders will be deeply and negatively impacted by GVFB’s proposed changes.

There is already a substantial body of evidence (including recent work done in collaboration with GVFB itself) that clearly shows that the vast majority of people who visit food banks are food insecure and come to food banks only as a last resort. [We know that the majority of food insecure households in Canada do not visit food banks in the first place](#)– and those who do represent those who are already experiencing the most severe forms of food insecurity.

Number of people living in food-insecure households vs. number reported to be helped by food banks in March of respective year.



Data Sources: Statistics Canada, Canadian Community Health Survey (CCHS), 2007, 2008, 2011 and 2012, and Food Banks Canada, HungerCount, 2007, 2008, 2011 and 2012.



To our knowledge, there is no evidence of widespread “abuse” or use of food banks by those who are not in true need of food assistance. Moreover, by requiring clients to provide government issued ID, proof of address and proof of low income, you are creating substantial barriers to accessing food bank services for the most vulnerable, including homeless and unwaged members of society. This practice will also create an unnecessarily stigmatizing experience for those members who are able to meet these excessive demands.

While the GVFB claims its aim is to help low-income people in need, in actuality, these new barriers to access will punish the people who need these resources the most.

Evidence of food insecurity and high need among GVFB clients

[A recent peer-reviewed study](#), conducted in partnership with the GVFB and several signatories below, found that nearly all clients (97%) surveyed reported being food insecure, with the majority reporting the most severe form of household food insecurity (signifying skipping meals, losing weight, and/or potentially going for entire days without eating). Focus group with GVFB members found that the most prominent reasons for using the food bank were insufficient income, increases in housing and food costs, and long-term health conditions and related costs and challenges. [Another related study](#) found that GVFB members were at elevated risk of cardiovascular disease and risk factors for chronic disease compared to the general population.

Two of the signatories listed below also worked with GVFB to conduct a [thorough analysis of your member use data](#) base over the course of 25 years (using data from 1992-2017). This analysis clearly showed that the vast majority of members were engaged with the food bank for a very short time and came for relatively few visits. More than a quarter of registered members came for only a single visit and never returned to GVFB sites; and nearly 3 quarters of clients who registered never came for more than 10 visits. While a very small proportion (less than 10%) of members were engaged in longer term episodic or ongoing usage over several years, GVFB’s own data showed that these clients were significantly more likely to have health and mobility challenges and were supporting larger households. We also found that longer term members were more likely to be on disability benefits and pensions and overall represented more vulnerable users with few other options for meeting their food needs.

Overall, GVFB’s own research as well as copious evidence from North American and European research suggests that food bank users represent those who are experiencing extreme material deprivation, health challenges, and poverty. Creating a stigmatizing, high barrier process that deters those in highest need from using food banks seems unnecessary, punitive and has no clear benefit for your members. And this process will carry substantial costs (both in terms of administering this process) and in terms of the human cost for volunteers who have to turn people away and for your clients themselves who will be hurt by this policy.

[Research work](#) done with GVFB clients has already emphasized the loss of dignity experienced when first visiting the food bank. Accessing the food bank was for many a humbling experience, and for others, a humiliating one. To force clients who have been shown to be overwhelmingly food insecure to again ‘prove their poverty’ seems to be an unnecessary



and unusual cruelty, and also wasteful of organizational time and resources. In light of all this clear evidence, we do not understand the organization’s decision to make it harder to access food for vulnerable people.

As previous collaborators of the GVFB and other food organizations, we are deeply saddened and disappointed by the organization’s decision, and lack of transparency or consultation.

AT A TIME OF COVID-19 CRISIS, TIMELY AND DIGNIFIED ACCESS TO FOOD IS ESPECIALLY CRITICAL. Given the above, we ask the [Greater Vancouver Food Bank Board of Directors](#) to urgently put an end to these policy changes and also to:

- Conduct a thorough re-evaluation of the intake changes, and other recent GVFB policy shifts, that include the voices of those directly affected, including clients, volunteers, and community partners;
- Complete a thorough external review of, and accountability, for the processes leading to these decisions;
- Ensure sufficient processes are in place for the stewardship of the organization and of its human, food and financial resources in the future.

The researchers listed below are happy to speak with you and share key resources and the copious evidence on which we have built our strong opposition to GVFB’s proposed changes. When we know better, we should do better.

Signed,

Dr. Jennifer Black Associate Professor Faculty of Land and Food Systems University of British Columbia	Dr. Hannah Wittman Professor and Academic Director, Centre for Sustainable Food Systems University of British Columbia	Dr. Sinikka Elliott Associate Professor Department of Sociology University of British Columbia
Dr. Will Valley Senior Instructor Faculty of Land and Food Systems University of British Columbia	Dr. Scott Lear Professor, Faculty of Health Sciences, Simon Fraser University	Dr. Gail Hammond Food, Nutrition & Health University of British Columbia
Dr. Amber Heckelman Faculty of Land and Food Systems University of British Columbia	Ellie Holmes Faculty of Land and Food Systems University of British Columbia	Darlene Seto Research Collaborator / Alumni University of British Columbia



Key References:

Black, JL, Seto D. [Examining Patterns of Food Bank Use Over Twenty-Five Years in Vancouver, Canada.](#) International Journal of Voluntary and Nonprofit Organizations. 2018. DOI: <https://doi.org/10.1007/s11266-018-0039-2>

Holmes E, Black JL, Seto D, Fowokan A, Lear SA. [Examining food insecurity among food bank members in Greater Vancouver.](#) Journal of Hunger & Environmental Nutrition. 2018. 1-14. DOI: [10.1080/19320248.2018.1465001](https://doi.org/10.1080/19320248.2018.1465001)

Fowokan, A, Black JL, Holmes E, Seto D, Lear SA. [Examining risk factors for cardiovascular disease among food bank members in Vancouver.](#) Preventive Medicine Reports. 2018. 10, 359-362. DOI:<https://doi.org/10.1016/j.pmedr.2018.04.015>

Holmes E, Black J, Heckelman A, Lear SA, Seto D, Fowokan A, Wittman H. [Nothing is going to change three months from now”: a mixed methods characterization of food bank use in Greater Vancouver.](#) Social Science & Medicine. 2018 200:129-136. DOI: <https://doi.org/10.1016/j.socscimed.2018.01.029>.