

“Nothing is going to change three months from now”: a mixed methods characterization of food bank use in Greater Vancouver

Eleanor Holmes^a, MSc RD, Jennifer L. Black^a, PhD RD, Amber Heckelman^a MA MS, Scott A. Lear^b PhD, Darlene Seto^c MA, Adeleke Fowokan^d MPH, Hannah Wittman^a PhD

^a Faculty of Land and Food Systems, University of British Columbia, Vancouver, B.C., Canada

^b Faculty of Health Sciences, Simon Fraser University, Burnaby, B.C., Canada

^c Greater Vancouver Food Bank, Vancouver, B.C., Canada

^d Department of Biomedical Physiology and Kinesiology, Simon Fraser University, Burnaby, B.C., Canada

Corresponding author: Jennifer L. Black j.black@ubc.ca 604-822-5143

Acknowledgements

This project was funded by the Canadian Institutes of Health Research (FRN: 139544), and the McConnell Foundation. This project would not have been possible without the support of the Greater Vancouver Food Bank and the valuable input from the staff, volunteers, and members who participated in this research process. We thank research team members Joanna Mendell, Myra Cheung, Loulou Chayama, and Vera Sklyarenko for their valuable contributions to research design, data collection, and community outreach.

Compliance with Ethical Standards

All procedures performed were in accordance with the ethical standards of the University of British Columbia’s Behavioural Research Ethics Board (H15-001180), the Simon Fraser University Office of Research Ethics, and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study.

Social Science and Medicine publication link: <https://doi.org/10.1016/j.socscimed.2018.01.029>

© 2019. This manuscript version is made available under the CC-BY-NC-ND 4.0 license <http://creativecommons.org/licenses/by-nc-nd/4.0/>

Abstract

North American food bank use has risen dramatically since the 1980s, and over 850,000 Canadians reported using a food bank monthly in 2015. Food banks serve multiple roles in communities, ranging from ‘emergency responses’ to individualized and short-term experiences of hunger, to ‘chronic’ supports as part of long-term subsistence strategies. This study used a mixed-methods design to examine the spectrum of food bank user experiences in a large urban context, as part of a community-based project aiming to envision a redesign of the food bank to contribute to broader community food security outcomes. Survey (n=77) and focus group (n=27) results suggested that participants widely viewed food banks as a long-term food-access strategy. Inadequate financial resources, steep increases in housing and food costs, and long-term health challenges emerged as the most prominent factors influencing food bank use. Participants commonly reported unmet food needs despite food bank use, limited agency over factors influencing access to sufficient food, and anticipated requiring food bank services in future. These findings contest global constructions of food banks as “emergency” food providers and support growing evidence that food banks are an insufficient response to chronic poverty, lack of affordable housing and insufficient social assistance rates underlying experiences of food insecurity. Participants envisioned changes to the food bank system to increase community food security including improved food quality and quantity (short-term), changes to service delivery and increased connections with health services (capacity building), and a greater role in poverty reduction advocacy (system redesign).

Keywords: Canada; community food security; food bank; mixed methods; community based research

Introduction

Household food insecurity (HFI), characterized by limited financial access to sufficient, safe, and nutritious foods, is a rising problem in Canada where an estimated 1.7 million households (13%) were estimated food insecure in 2012 (Tarasuk, Mitchell, et al., 2014). HFI is associated with higher rates of chronic illness (Lee et al., 2009; Vozoris & Tarasuk, 2003), increased utilization and costs of health care services (Tarasuk et al., 2015), and poses a major, yet preventable, public health burden. While previous Canadian governments have articulated commitments to reducing food insecurity (Government of Canada, 1998), there are no nation-wide, government-funded food programs or policies for improving food security in Canada (De Schutter, 2012). Instead, charitable agencies have taken on growing roles in providing food to citizens in need. Similar to trends reported in the United States (US), the United Kingdom (UK), and Australia, food banks have proliferated widely and now feature prominently in the Canadian response to hunger by collecting food donations from the food industry and the public and redistributing them to community agencies or directly to individuals. (Food Bank, 2016; Jitendra et al., 2017; Poppendieck, 1998; Riches, 1997).

The growth of Canadian food banks has coincided with neoliberal shifts following the economic recession in the early 1980s, resulting in reduced government funding for social programs (Mcbride & McNutt, 2007)(Carson, 2014; Riches, 1997). In the province of British Columbia, reforms in the 1990's-2000's resulted in increased emphasis on employment, greater restrictions on welfare eligibility, reductions in benefits for the those who remained eligible, and other cutbacks including reduced childcare subsidies and employment programs (Mcbride & McNutt, 2007). During this time, records of Canadian parliamentary sessions (from 1995-2012) suggest that food banks were frequently cited by legislators as a chief response to food insecurity

and were discussed more often than poverty reduction, minimum wage or income interventions, job creation, or affordable housing strategies (McIntyre, Patterson, et al., 2016).

Despite popular language that labels food banks as part of the “emergency food system” (Caruso, 2013), North America evidence suggests that food banks are used as a long-term subsistence strategy (Daponte et al., 1998; Kicinski, 2012). National Canadian data suggest that among the >850,000 people who used food banks in one month in 2015, 45% depended on social assistance and 18% received disability-related supports (Food Banks Canada, 2015). Given evidence that food banks are used as a supplemental measure to manage inadequate incomes, use often coincides with other risk factors for financial vulnerability (e.g. lone parent households, health challenges, inadequate housing) (Kirkpatrick & Tarasuk, 2009). UK findings similarly suggest that high proportions of food bank users report participation in government income support programs and live with disabilities (Loopstra & Lalor, 2017). However, little research has examined the extent to which participants rely on food banks as a long-term resource or as part of a broader strategy to mitigate food insecurity or other health and financial challenges, suggesting a need for a participant-framed understanding of the underlying issues that may result in long-term use.

Although food banks have gained wide public and corporate support (Riches & Tarasuk, 2014), several key critiques of the charitable food-based approach question the ability of food banks to contribute to sustained reductions in food insecurity. Firstly, assistance through food banks is reliant on donations, limiting the capacity of organizations to be selective about food quality or to offer guaranteed amounts of food (Irwin et al., 2007; Tarasuk, Dachner, et al., 2014). Food bank organizations also restrict the amount of food they provide when the number of individuals requiring their services rise or donations fall, and the majority of food bank

administrators believed their members required more food than they could provide (Tarasuk, Dachner, et al., 2014; Tarasuk & Eakin, 2003). Secondly, food bank programs are generally not well funded and often reliant on volunteer labour, limiting the capacity of food bank organizations to evaluate or modernize their services (Tarasuk, Dachner, et al., 2014). This results in a sparsity of critical research analyzing the impacts of food bank programs on addressing food insecurity in their communities (Collins et al., 2014). However, such research would provide valuable evidence from which food bank organizations could inform their work. Thirdly, some argue that the widespread presence of food banks creates the impression that something is being done in response to hunger, thereby decreasing social pressure and inadvertently depoliticizing government roles in addressing the financial underpinnings of food insecurity (Poppendieck, 1998; Riches, 1997).

The Community Food Security Continuum Framework

Important questions remain about how to frame the role of food banks in contemporary responses to poverty and food insecurity. In a recent synthesis of food bank critiques, McIntyre *et al.* discerned that research recommendations tended to focus on either improvement of food bank services or addressing the underlying symptoms of poverty that lead to food insecurity (McIntyre, Tougas, et al., 2016). These disparate approaches might work at cross-purposes if investments in food bank-based initiatives are seen as perpetuating inequities by reducing the onus on state-led social policies to ameliorate food insecurity. (McIntyre, Tougas, et al., 2016). However, some food scholars have proposed a role for food banks within the larger “community food security” umbrella, where “all community residents obtain a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes community self-

reliance and social justice” with a focus on community identified goals (Hamm & Bellows, 2003). The role of the food bank in the development and maintenance of community food security could be outlined using the community food security continuum (CFSC) framework.

The CFSC framework has been proposed to organize strategies and policies that organizations and government could use to affect food system change (MacRae et al., 1990), and was conceptualised as moving across a continuum delineated by three overlapping stages: short-term, capacity building, and re-design. The short-term stage outlines actions required to meet immediate needs of individuals stemming from economic disruption, or acute health challenges. Food banks have traditionally been framed as components of short-term relief as they focus on providing food to individuals in need. In the capacity building stage, civil society organizations, sometimes in partnership with government programs, offer a wider range of services to build capacity within local communities to manage or respond to food security challenges. These programs, often led by grassroots actors, may involve building coalitions, infrastructure or participatory food and nutrition education programs. At the re-design phase, the root causes and underlying factors contributing to food insecurity are recognized and addressed through institutional and government change and policy advocacy (e.g. municipal food policy councils, local and federal policies that affect land use, poverty and hunger). The overall trajectory of the framework is towards eventual food systems redesign where incremental changes occur in the community’s response to food insecurity across all stages until capacity, advocacy, and policy efforts are set to ensure food security at the broader community and government levels (The Community Nutritionists Council of BC, 2004). As a major provider of food relief with regular access to individuals living with food insecurity, the role of the food bank could be re-designed

and expanded to incorporate more activities looking to build community capacity and policy development towards the reduction of food insecurity itself (Scharf et al., 2010).

As the CFSC framework views community-led action as a key component of change, to understand the changing and future role of food banks, considering the diversity and extent of stakeholder's experiences - including users of charitable food programs - is critical. Yet little empirical work has examined food bank users' perceptions of the role of food banks along the CFSC. The objectives of this study were therefore to conduct participatory research with a local food bank organization to: 1) determine to what extent food bank members view the food bank as a short or long-term food augmentation strategy 2) explore food bank members' current experiences with food banks as part of their individual food security strategies, 3) examine perceived challenges in building capacity for achieving long-term community food security and 4) examine how members envision the role of food banks as part of a food systems re-design to meet community food security goals. We also use findings from this case study to interrogate discourse regarding the emergency or short-term nature of food bank services.

Methods

This research was initiated by our community partner, an urban food banking organization that offers direct food bank services to approximately 2600 households each week, providing food for more than 6700 individuals. A community-based participatory research (CBPR) orientation framed our approach and involved the collaboration and participation of the food bank organization with the university research team in all aspects of the research process (Guta & Roche, 2014).

The research team met with staff and key informants from the food bank to determine areas of interest that addressed the organization's major knowledge gaps for service provision. To extend the CBPR orientation to the community of food bank members, this project was framed as an exploratory community assessment to ensure we were "starting where the people are" (Minkler & Wallerstein, 2011) and that the approach to future program updates and long-term research efforts were community-driven. Our research focus was designed to create space for members to identify their own insights, describe the strengths and challenges within their community, and take the lead in imagining changes that could help them realize self-identified goals.

A mixed methods design was utilized to achieve the goals of the food bank organization and align with CBPR principles. Mixed methods approaches combine the strengths of both quantitative and qualitative methods (Creswell, 2011; Plano-Clark & Badiee, 2010) to develop a better understanding of members' experiences. Quantitative data can systematically describe the characteristics and opinions of the wider food bank community, and qualitative inquiry enables participants to frame and provide in-depth reflections about their experiences (Creswell, 2011; Minkler & Wallerstein, 2011). Offering multiple avenues to participate additionally creates opportunities for members to participate in the way deemed most comfortable to them. Therefore, a convergent mixed methods design was used, where qualitative and quantitative data pertaining to research questions were collected in parallel, analysed separately, and then merged for interpretation (Creswell, 2011) (see Figure 1).

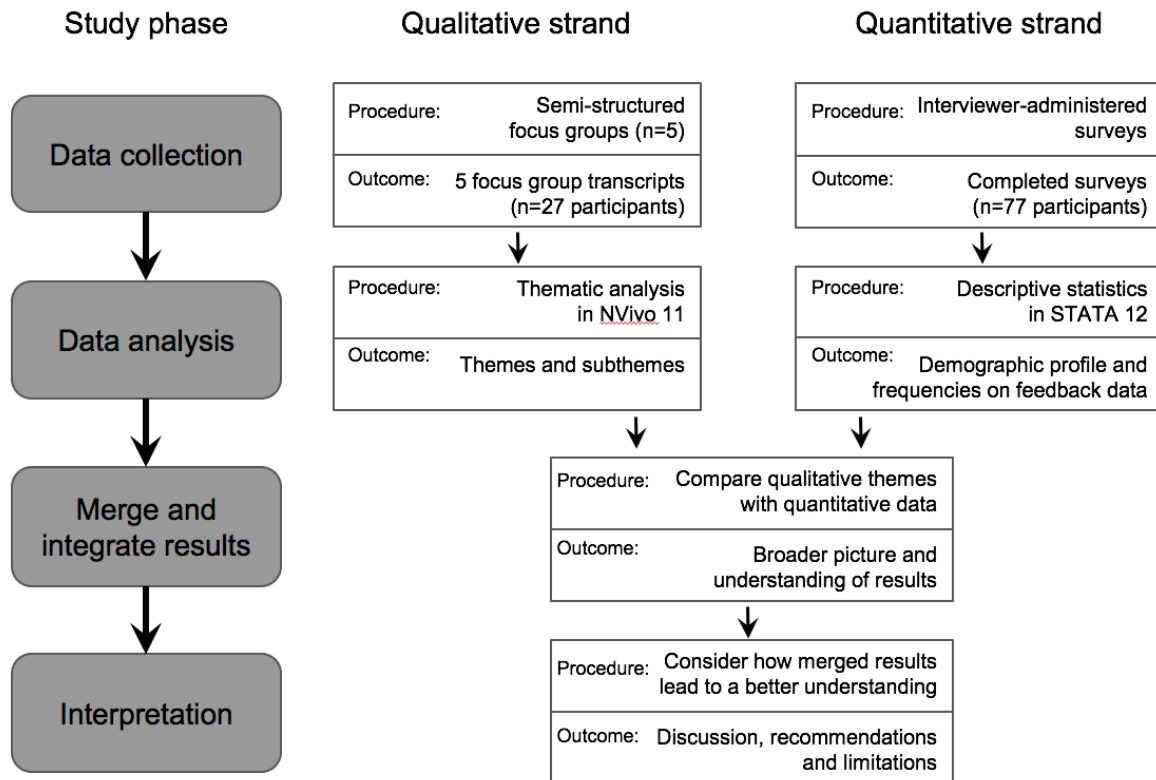


Figure 1 Concurrent convergent mixed methods design

Participant recruitment

Participants were recruited from the member base of our food bank organization community partner. Our community partner selected five food bank sites to participate in the study from their thirteen sites across Metro Vancouver. These five were selected to represent a diverse set of sites (in terms geographic locations and diversity of members served) and owing to strong pre-existing relationships with the site volunteers, needed to ensure capacity to support research activities. Focus group participants were recruited from all five sites, and survey participants were recruited from three sites.

Focus group recruitment occurred during a single day at each site, whereas survey recruitment lasted several weeks. Research staff attended the sites during operating hours and

invited members to participate in the study as they waited in line for food bank services. Research staff also set up an informational table where members could ask about the study and sign-up for the focus group or the survey. Focus group participants were purposively recruited to promote heterogeneity in terms of age and gender, and a convenience sample of food bank members was recruited for the survey. Informed consent was obtained from all individual participants included in the study. Exclusion criteria included members with limited ability to communicate in English, impaired mental capacity where informed consent was unable to be obtained, or who were under 18 years of age.

Data collection

Qualitative data were collected through semi-structured focus group discussions, designed to foster dynamic participant interactions that stimulate verbal contributions and examine research questions from the perspective of the participants (Creswell, 2011). A discussion guide was devised collaboratively with the food bank organization to develop dialogue around participants' views of the food bank as either a short- or long-term food augmentation strategy, the constraints they face that limit their food security, how they envision the food bank adjusting to better meet their needs, and what they needed to attain greater food security. One research team member moderated all focus groups with a secondary staff member acting as note taker. Focus group sessions were held in community centres and lasted 90 minutes. Sessions were audio and video recorded, with videos used to ensure comments were linked back to the appropriate participants during transcription.

Quantitative data were collected through a cross-sectional survey and focused on socio-demographic characteristics of food bank members, and their experiences and perceptions of

food bank services. Questions sought to learn about participants' household size and structure, income range, income sources, housing status, health status, food preparation capacity, projected future food bank use, experiences related to safety and respect at food bank sites, and experiences and preferences in regards to food provisions. Survey questions were developed using validated questionnaires where possible (Statistics Canada, 2013). When no existing questions or tools could be found to assess constructs of interest the research team devised additional questions. All questions were reviewed by content experts on the research team and piloted with food bank staff and members to ensure appropriateness and clarity of questions. The surveys were administered by five trained interviewers, to promote higher completion rates and ensure participants' reading level would not be a barrier to participation. Survey interviews were conducted using tablets, either face-to-face or over the telephone, and took approximately 45 minutes to complete.

Analysis

For qualitative analysis, research staff transcribed each focus group discussion verbatim, and two researchers analysed the transcripts using thematic analysis. An initial review of the transcripts was conducted to gain familiarity with the subject matter, followed by a round of inductive open coding highlighting content relevant to the research questions. The transcripts were then given a third pass using line-by-line analysis to further categorize content into codes. Coding was iterative, and aimed to establish, add, and revise codes that emerged from all five focus group transcripts. After the coding scheme had passed through multiple iterations, axial coding identified relationships between codes, which were then organized into common themes reflected throughout the data. Each theme was defined, and enumeration was determined for themes and subthemes at both the focus group and participant level to determine prevalence of

each across the data. Ongoing discussion between three researchers involved in the qualitative data collection and analysis process ensured that interpretations were grounded empirically in the data. Qualitative data were analysed using Nvivo™ qualitative data software (QSY International Pty Ltd. Version 10.2.1).

For quantitative data, descriptive statistics explored the frequency of variables across the sample. Some questions in the survey requested participants to specify using an open-ended response option (health status and dietary restrictions). These answers were analyzed qualitatively, coding responses into themes determined on a question-by-question basis, and enumerated into categories. All quantitative data were managed and analysed using STATA™ (StataCorp LP. Version 12.0, 2011).

Mixed methods analysis included side-by-side comparison of qualitative and quantitative findings to identify how quantitative data supported, diverged and/or further illuminated the qualitative findings (Creswell, 2011).

Results

Participant characteristics

Five focus groups were conducted with 27 participants and 77 participants completed surveys. Although participants could participate in both activities, all opted to participate in either the focus group or the survey. Participant characteristics of both samples are outlined in Table 1, with the majority representing lone-individual and adult-only households. Based on data from the food bank organization's administrative records the survey sample was comparable to the total population of food bank members in terms of gender composition and household size, but had a higher proportion of reported long-term members.

Table 1: Sample characteristics of survey and focus groups respondents

Sample characteristics		Survey (n=77)	Focus groups (n=27)
		n (%)	n (%)
Gender	Male	45 (59)	12 (46)
	Female	31 (41)	14 (54)
Age (years)	< 65	64 (84)	18 (67)
	≥ 65	12 (16)	9 (33)
Household size (persons)	1	45 (58)	15 (65)
	2	15 (20)	7 (30)
	≥ 3	17 (22)	1 (4)
Household structure	Adult only	69 (90)	21 (88)
	2 Adult household w/ children < 18 y	6 (8)	1 (4)
	Single parent households	2 (3)	2 (8)
Employment status	Currently employed	15 (19)	
	Not currently employed	62 (81)	
Household income source¹	Income assistance - all but pensions	65 (84)	
	Disability assistance	47 (61)	
	Wages	22 (29)	
	Government pension	19 (25)	
Monthly household income (CAD \$)	0 – 599	9 (12)	
	600 – 1199	43 (56)	
	1200 – 1799	17 (22)	
	≥ 1800	7 (9)	
Monthly housing costs (CAD \$)	0 – 500	42 (55)	
	> 500	35 (45)	
Health issue(s)²	Any health issue	59 (77)	
	Hypertension	22 (29)	
	Chronic pain	14 (19)	
	Mental health concern	12 (16)	
	Diabetes	10 (13)	
Dietary restriction(s)²	Any reported	37 (48)	
	Dental related restrictions	11 (14)	
	Allergies	9 (12)	
	Health or disease related	8 (10)	

Note: Sample size differed between variables due to missing values. Some totals unequal due to rounding.

1. Household income sources, participants instructed to indicate all sources
2. Participants instructed to indicate all that apply

Food banks as a long-term resource due to financial and health constraints

Use of the food bank as a long-term resource was pervasive in this sample, and the majority of both focus group and survey participants (90%) affirmed that they would continue to use the food bank in three months' time. Indicating recognition of the increasing reliance on food banks, and their function as an ongoing food provision service for many, one member pointed out *"I remember when it (the food bank) started, it's supposed to be a little extra. And now, the food bank has been called upon to feed people. We're not talking extra here. We're just talking about general food, day to day."*

Financial constraints emerged from the analysis as a major challenge facing food bank members that resulted in the food bank becoming part of their lives as a long-term resource. Financial constraints were experienced due to low incomes from underemployment or unemployment, or insufficient income assistance to meet basic needs. Focus group participants reliant on disability benefits lamented that ongoing food bank use was a necessity, saying *"nothing is going to change three months from now"* and *"for 15 years the cost of living has gone up but the amount of money for disability for my brain injury has stayed the same."* Monthly household incomes for survey participants were very low, with 91% reporting monthly incomes below \$1800, approximating the provincial low income cut-off (<\$20,160/annum) (Statistics Canada, 2016). Most survey participants were unemployed (81%), and the majority reported receipt of income assistance (84%) and specifically disability assistance (61%). Participants also expressed dissatisfaction with current minimum wage levels, believing that the incomes they could earn in the job market would not be able to support them. As one mother described *"even if I am working, there is no way I will be able to feed a teenage boy with the income I make."*

Competing financial demands commonly related to high housing costs and limited affordable housing. Surveys found that 96% of participants did not own their home, and all focus groups touched on the “*very expensive*” housing in Vancouver. For example, one participant summarized this dominant theme: “*the rent takes away your ability to feed yourself, and your ability to live. You can’t have both.*” Focus group participants reported having difficulty purchasing other necessities, including food due to the “*sky rocket[ing]*” prices in the grocery store, and transportation costs.

Barriers to employment due to health-related challenges were also an important factor resulting in long-term food bank need. As one individual who had experienced an accident explained - “*it’s just like a financial downspin of not having a job and the disability not being enough to pay for things.*” Survey data determined prevalence of health issues amongst food bank participants was high, and 77% of participants reported experiencing one or more health concerns, chief among them diabetes, mental health issues, chronic pain, and impaired mobility. The comment “*my experience is that if you find yourself on the opposite end of the economic spectrum, it’s really difficult to stay healthy, and eat organized, and eat well*” also spoke to the bi-directional links between food security and health, and reveals the difficulty that participants have in maintaining both given their financial challenges.

In contrast to viewing the food bank as a long-term resource, only a minimum of study participants displayed uncertainty around their use of the food bank in the future. No survey participants reported ‘No’ and 10% selected ‘I don’t know’ to the question of ongoing use, and only one focus group participant stated that they saw the food bank as a temporary measure. Dialogue from this participant expressed hope in overcoming health challenges and finding employment soon, explaining that their use would end once they started making income again.

Moreover, participants noted that they would prefer not to require these services, and the distress felt in relying on food banks. As one participant stated *“If I can avoid it, I will avoid it.”*

Food bank use as individualized strategy to cope with insufficient resources

Members emphasized their appreciation for food bank services and its impact on their ability to cope with poverty. Food banks were widely viewed as a strategy to save money on food budgets (*“whatever you can save on food you can put into something else”*) and seen as an essential service, with one participant stating that she *“wouldn’t have made it if it weren’t for the food bank.”* However, members also reflected on the loss of dignity experienced when they first began using the food bank. All focus groups participants described the difficulty of coming to terms with financial changes in their lives, and viewed coming to the food bank as a *“humbling”* experience, where one needed to overcome the *“feelings or perceptions of social stigma”* and *“humiliation.”*

A prominent topic throughout the focus groups were discussions on the insufficiency of food provisions, which encompassed dialogue regarding the quality and quantity of food items offered at the food bank. Some focus group participants reported that provisions had improved, as expressed by the comment *“I think they have changed it so much for the better, and it’s unbelievable. Just more fruit, and more healthier stuff”*. Still, poor quality and provision of foods past their best before dates did remain a concern for the majority. Statements regarding inadequate quantity of food and unmet need were pervasive, and 62% of survey participants responded *“no”* or *“sometimes”* to whether food provisions were adequate to meet household needs.

Focus group participants referred to the role of dietary restrictions further limiting the quantity of food they took home, as the food bank lacked items that met their dietary restrictions

or they were unable to select the items that would be preferred. One participant explained the impact this had on the ability of the food bank to assist her, stating that her *“daughter has allergies. I sometimes don’t leave here with any food for her.”* Dietary restrictions limiting participants’ ability to use food bank provisions were reported by 48% of survey participants, and primarily included dental issues, allergies, and disease-related conditions.

Participant thoughts on improved food provisions focused around providing more *“nutritionally oriented foods”*, and improving the quality and selection of items provided. Preferences for more meat and alternatives, and fruits and vegetables dominated focus group conversations, and were the most prevalent requests amongst survey participants. Reducing the amount of *“expired”* foods was also highlighted, and included strongly held opinions which showcased how the presence of these items can impact the experience of dignified food access. One participant reflected that *“... there is this mentality that you can give any s*%t to homeless people or to people on this end of the economic spectrum because they don’t matter. So just cut the distribution of expired goods.”* Participants thought that a helpful way to address this was to improve linkages with food producers, such as farmers, local grocery stores, and community gardens to procure food items that are *“current”* or *“really fresh”*. However, some participants also reflected that the presence of foods past their sell-by date was not an issue for them, seeing these items as a means to increase the quantity of food items available at the food bank, and recognizing that *“there’s a difference between expired and best before”* dates.

Role of food banks in capacity building

Participant narratives articulated a potential role for food banks to move beyond meeting immediate food needs toward building skills and community capacity for change. Survey participants (77%) reported an interest in having additional services available at the food bank,

and participant narratives included connecting with organizations that could provide health support with a focus on mental health. “*Counseling. I think that is good, because it’s all part of the system. It [mental health concerns] often comes when people are struggling. Help is not cheap.*” These included having care practitioners from the local health authority on-hand to provide services, and offering opportunities for free counseling and emotional support, which were described as difficult to access. Reflecting on the supportive role that food banks can play, opportunities to access job and volunteer positions at the food bank were desired by some participants. Survey results revealed that most reported good or excellent cooking skills (75%), and almost all had access to kitchen facilities for food preparation. Throughout the focus groups no members specifically reported lacking food skills as a challenge. However, discussions did reveal a desire for additional services that relate to food preparation, as participants suggested recipes be handed out with the less familiar items that they receive, as well as offering community kitchen programs.

Many survey respondents (81%) agreed that their overall experience at the food bank was positive, and focus group participants revealed the food bank as a space where they socialized and accessed community. Findings pointed to interest in food banks building on their role as an agent of connection, creating links between members and relevant services. Yet, the capacity of food banks to engage members more deeply was limited by issues including accessibility of services and tensions between volunteers and members. Restricted service availability due to the limited days and hours of operation was readily discussed as a limitation. Although the clear majority of survey participants agreed that they felt safe (80%) and respected (87%) at the food bank, the fact that 20% of survey participants did not was of concern. Focus group discussions revealed issues with the current “*dehumanizing*” line-up style of food distribution that included

long waiting times, bad weather, others jumping the queue, and cigarette smoke. Furthermore, experiences with aggressive and impatient behaviour from other members and volunteers, and feelings of anxiety while attending food bank sites were also reported to negatively impact the food bank environment. One participant reflected that unsafe behaviour was due to high levels of need and worry regarding the scarcity of food, reporting that *“some people behave aggressively because they think there is not going to be any food anymore.”* Participant dialogue regarding improving service delivery centered around measures that would improve accessibility and reduce line-up size, such as having more frequent food pick up days and hours, and offering a delivery service for those members with mobility issues. Improved volunteer and staff training were discussed as measures which could promote greater safety and respect at the food bank.

A role for food banks in food systems re-design?

Participant desires and goals for the future largely reflected the longing for improved life factors that would diminish their need to access the food bank – specifically improved financial situations. Employment was the most reported goal, including requests for *“stable employment”* and *“more jobs.”* Improving income assistance rates was also seen as a necessity for some participants to achieve food security, which could be met through system re-design including policy and government interventions - *“I hope the government gets its priorities straight, and starts taking care of the people. That’s a dream come true. Where people come first.”*

Participants suggested that the food bank could engage in efforts to improve visibility and public perception of food banks and their members, provide an avenue for member voices and experiences to be heard, and play an advocacy role for public policy change. Recognizing large unmet food needs amongst members and the limitations of current food bank services, one focus

group unanimously agreed that food banks could offer better support by *“being more out in the public... the main public thinks the food bank gets everything satisfied in your life.”* Another focus group participant reflected that more political pressure was needed - *“we should actually be looking at some sort of organized pressure onto the government. You know, volunteers from all over the country that have been handing out food, picking up food, using up all their own time, when it’s the government that has placed us in those positions.”*

Discussion

This study drew upon the experiential knowledge of food bank members to understand if and why the food bank is used as a long-term food augmentation resource. To determine how food bank services are framed as part of short-term, capacity building, and food system redesign strategies, we explored how food bank members envision food bank transformation pathways to better support their needs. Insights from this study can help identify strategic opportunities for food bank organizations and others to contribute to broader community food security goals.

Though food banks are utilised in both a short- and long-term manner, member plans for ongoing use suggest that many acknowledge charitable food assistance as an essential component of their food access strategy due to factors over which they have little agency – such as health challenges, lack of stable well-paying employment, high housing costs, and reliance on income assistance. Similar to emerging findings from the UK and US, findings further confirm that for many participants food banks are necessary to address long-term unemployment (Kicinski, 2012), and for navigating disabilities and poor health in the context of an inadequate social safety net (Garthwaite et al., 2015; Loopstra & Lalor, 2017). In Canada, federal and provincial income support programs are posited to reduce food insecurity by increasing financial

resources available to spend on food via direct transfer (Collins et al., 2014). However, our study adds to a growing body of literature which belies the capacity of these programs to meet basic food needs at their current benefit levels (Bush, 2007; Kurrein et al., 2016; Loopstra & Lalor, 2017). Furthermore, although evidence has shown that food banks are providing a long-term service for some members (Daponte et al., 1998; Kicinski, 2012), many food banking organizations continue to use the term ‘emergency’ to describe their services, potentially due to insufficient capacity to provide regular food provision services. This characterization of food banks as a short-term ‘emergency’ system may inadvertently support the conceptualization of food banks as a temporary requirement, disconnecting needed public attention from larger social policies that are setting the stage for ongoing use by some members (Carson, 2014).

Inadequate quantity of food bank provisions was highlighted in focus group discussions and survey results, aligning with other Canadian research (Loopstra & Tarasuk, 2012; Tarasuk & Beaton, 1999) and contesting the narrative that food banks alone can ensure “no one will go hungry” (Poppendieck, 1998; Wakefield et al., 2012). Negative perceptions about the quality of foods provided, especially rotten items or those past best before dates, was also expressed by participants and reported in earlier studies (Van der Horst et al., 2014; Loopstra & Tarasuk, 2012; Middleton et al., 2018; Tarasuk & Eakin, 2003; Williams et al., 2012). Recommendations for improving the quality of food provision included providing healthier foods that are financially difficult to access, including more protein-rich items, fresh fruits and vegetables, and milk and alternatives, all of which have been identified by food bank clients in previous studies (Azurdia et al., 2011; Bazerghi et al., 2016; Campbell et al., 2013). Some food banks are creating nutritional benchmarks for food they will accept and distribute (Greater Vancouver Food Bank Society, 2016; Rochester et al., 2011). However, creating nutritional standards remains

controversial as it may result in reduced *quantity* of foods donated and distributed, contests a popular belief that “something is better than nothing” (Tarasuk & Eakin, 2003), and continues to focus attention towards nutritional quality versus income-related determinants of food insecurity (McIntyre, Tougas, et al., 2016).

Study participants described experiences with undignified food access and feelings of shame similar to those found in other studies (Van der Horst et al., 2014; Middleton et al., 2018; Tarasuk & Beaton, 1999). Despite this, there was evidence throughout our study that the food bank was a space where participants accessed community. By drawing on this capacity, food banks could better support the dignity of their members by playing a central role in community building. Creating safe, supportive environments that foster inclusiveness and respect could advance food banks’ roles in supporting psychosocial health, in this case by reducing social isolation and mitigating feelings of shame. Furthermore, as chronic disease and mental health concerns were common in this sample, and disproportionately prevalent amongst food insecure populations, (Seligman et al., 2010; Tarasuk et al., 2013), linking food bank services with health-related programming could provide greater access to health services.

Recognizing that public health interventions are most successful when they occur in the spaces that people regularly inhabit (Bloch et al., 2014), several food bank programs are incorporating additional health supports. A recent US study found that food bank members chose to access nutrition education resources, health screenings, and health treatments such as immunizations and dental care when they were offered at their food banks (Knoblock-Hahn et al., 2017). Another study in Hartford, Connecticut found that introducing one-on-one support and goal planning with members of a food bank resulted in significant increases in fruit and vegetable intake and perceived self-sufficiency (Martin et al., 2012). This study indicated that

members see a future where food banks foster public health connections as a pathway to support member wellbeing.

Although members recognized the capacity of the food bank in helping to decrease their monthly food expenditures, ultimately, food bank members desired improvement of their underlying financial vulnerability and highlighted the inadequacy of government income support policies. In response, they envisioned improved employment opportunities and food bank supported public advocacy efforts that enhance understanding of food bank members' situations to better support long-term community food security.

Overall, participant reflections on their experiences and visions for change fell within each of the three phases of the CFSC (short-term, capacity building, and re-design), and highlight how food banks can be viewed as a change agent towards food systems improvement. These included food distribution improvements that food banks can adopt over the short-term, ideas for programs and improved linkages between food banks and other agencies to enhance the medium-term capacity building stage, and incorporating messaging to support political will towards long-term solutions and re-designing societal approaches to reducing food insecurity and poverty. These recommendations invoke actions that align with the two constructs developed in McIntyre *et al's* synthesis of food bank critiques (ie. improve the food bank and address the underlying symptoms of poverty) (McIntyre, Tougas, et al., 2016), and suggest that the presence of food banks need not be a contradiction to addressing the root causes of hunger as there is interest and potential for food banks to act as an agent along the gamut of activities that could support greater food security in communities. The CFSC can provide a framework to align these activities and encourage food banks and other organizations to focus on longer-term income and health-related issues that lay upstream to the need for immediate food assistance.

This study only recruited active food bank members from one region, and underrepresented short-term users, non-English speaking members, and those with children. Hence, findings cannot be generalized to the experiences of all food bank users. Results also cannot be generalized to all food insecure households in Canada, since the majority of food insecure households elect not to utilize the charitable food banking system (Loopstra & Tarasuk, 2012). Our findings align with emerging studies from other countries that question the current capacity of charitable food systems to meet individual food needs, but present opportunities for contributing to improvements along the community food security continuum.

Conclusions

This study suggests that food bank use in Vancouver is experienced in the context of severe financial constraint due to issues that are perceived to be out of members' immediate sphere of control. Food bank members reported high prevalence of unemployment, reliance on government disability and income supports, high housing costs, and health issues including mental health concerns and chronic pain. Most expected their use of food banks to continue. Although appreciation for food bank services was apparent, issues surrounding quantity and quality of food provisions, and safe, dignified food access remain challenges. Despite current limitations of food banking services, members envisioned these organizations transforming to improve community food security outcomes. Strategies to improve services include increasing the quality and choice of food provisions (short-term), focusing on the creation of safe and welcoming spaces, providing greater integration with health care and health promotion (capacity building), and taking a more visible position in advocacy efforts aimed at poverty reduction

(redesign). Insights from this study can inform food banks and governmental strategies to improve support for food insecure households.

References

- Azurdia, A. X., Lecompte, E., & Sibbald, E. (2011). Bon appétit! A process evaluation of a campus-based food bank. *Journal Hunger Environmental Nutrition*, 6(3), 324–42.
- Bazerghi, C., McKay, F. H., & Dunn, M. (2016). The role of food banks in addressing food insecurity: a systematic review. *Journal of Community Health*, 41(4), 732–740.
- Bloch, P., Toft, U., Reinbach, H. C., Clausen, L. T., Mikkelsen, B. E., Poulsen, K., ... Becker, A. (2014). Revitalizing the setting approach: supersettings for sustainable impact in community health promotion. *International Journal of Behavioral Nutrition and Physical Activity*, 11(1), 118.
- Bush, M. (2007). Canadian Community Health Survey, Cycle 2.2, Nutrition (2004): Income-related household food security in Canada. Retrieved November 1, 2016, from http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/income_food_sec-sec_alim-eng.php
- Campbell, E. C., Ross, M., & Webb, K. L. (2013). Improving the nutritional quality of emergency food: a study of food bank organizational culture, capacity and practices. *Journal of Hunger & Environmental Nutrition*, 8(3), 261–280.
- Carson, E. A. (2014). Canadian food banks and the depoliticization of food insecurity at the individual and community level. *Canadian Review of Social Policy*, 1(70), 7–21.
- Caruso, C. (2013). Emergency food system: soup kitchens and food pantries. In *Encyclopedia of Food and Agricultural Ethics* (pp. 1–8). Dordrecht: Springer Netherlands.
- Collins, P. A., Power, E. M., & Little, M. H. (2014). Municipal-level responses to household food insecurity in Canada: a call for critical, evaluative research. *Canadian Journal of Public Health*, 105(2), 138–141.
- Creswell, J. W. (2011). *Designing and conducting mixed methods research*. (V. L. Plano Clark, Ed.) (2nd editio). Thousand Oaks (CA): SAGE Publications.
- Daponte, B., Lewis, G., Sanders, S., & Taylor, L. (1998). Food pantry use among low-income households in Allegheny County, Pennsylvania. *Journal of Nutrition Education*, 30(1), 50–

57.

- Food Bank. (2016). Foodbank Hunger Report 2016: fighting hunger in Australia. Retrieved December 13, 2017, from <https://www.foodbank.org.au/wp-content/uploads/2016/05/Foodbank-Hunger-Report-2016.pdf>
- Food Banks Canada. (2015). Hunger count 2015: a comprehensive report on hunger and food bank use in Canada. Retrieved October 10, 2016, from <https://www.foodbankscanada.ca/Hunger-in-Canada/Research.aspx>
- Garthwaite, K. A., Collins, P. J., & Bamba, C. (2015). Food for thought: an ethnographic study of negotiating ill health and food insecurity in a UK foodbank. *Social Science & Medicine (1982)*, *132*, 38–44.
- Government of Canada. (1998). Canada's Action Plan for Food Security. Retrieved November 28, 2017, from http://www.agr.gc.ca/misb/fsec-seca/pdf/action_e.pdf
- Greater Vancouver Food Bank Society. (2016). Our Programs. Retrieved January 1, 2016, from <https://www.foodbank.bc.ca/our-programs/>
- Guta, A., & Roche, B. (2014). Community-based research. In D. Coghlan & M. Brydon-Miller (Eds.), *The SAGE encyclopedia of action research* (pp. 157–159). London: SAGE Publications.
- Hamm, M. W., & Bellows, A. C. (2003). Community food security and nutrition educators. *Journal of Nutrition Education and Behavior*, *35*(1), 37–43.
- Van der Horst, H., Pascucci, S., & Bol, W. (2014). The “dark side” of food banks? Exploring emotional responses of food bank receivers in the Netherlands. *British Food Journal*, *116*(9), 1506–1520.
- Irwin, J., Ng, V., Rush, T., Nguyen, C., & He, M. (2007). Can food banks sustain nutrient requirements? A case study in southwestern Ontario. *Canadian Journal of Public Health*, *98*(1), 17–20.
- Jitendra, A., Thorogood, E., & Hadfield-Spoor, M. (2017). Early warnings: universal credit and food banks. Retrieved December 13, 2017, from <https://www.trusselltrust.org/wp-content/uploads/sites/2/2017/04/Early-Warnings-Universal-Credit-and-Foodbanks.pdf>
- Kicinski, L. (2012). Characteristics of short and long-term food pantry users. *Michigan Sociological Review*, *26*(1), 58–74.
- Kirkpatrick, S., & Tarasuk, V. (2009). Food insecurity and participation in community food

- programs among low-income Toronto families. *Canadian Journal of Public Health*, 100(2), 135–139.
- Knoblock-Hahn, A., Murphy, A., Brown, K., & Medrow, L. (2017). Integrative nutrition and health models targeting low-income populations: a pilot intervention in three food banks. *Journal of the Academy of Nutrition and Dietetics*, 117(1), 128–31.
- Kurrein, M., Li, C., & Rasali, D. (2016). Food costing in BC 2015. Retrieved from <http://www.phsa.ca/our-services/programs-services/population-public-health/food-security>
- Lee, D. S., Chiu, M., Manuel, D. G., Tu, K., Wang, X., Austin, P. C., ... Tu, J. V. (2009). Trends in risk factors for cardiovascular disease in Canada: temporal, socio-demographic and geographic factors. *Canadian Medical Association Journal*, 181(3–4), E55-66.
- Loopstra, R., & Lalor, D. (2017). Financial insecurity, food insecurity, and disability. Retrieved November 24, 2017, from https://www.trusselltrust.org/wp-content/uploads/sites/2/2017/07/OU_Report_final_01_08_online2.pdf
- Loopstra, R., & Tarasuk, V. (2012). The relationship between food banks and household food insecurity among low-income Toronto families. *Canadian Public Policy*, 38(4), 497–514.
- MacRae, R., Hill, S., & Bentley, A. (1990). Policies, programs, and regulations to support the transition to sustainable agriculture in Canada. *American Journal of Alternative Agriculture*, 5(2), 76–92.
- Martin, K., Shuckerow, M., O'Rourke, C., & Schmitz, A. (2012). Changing the conversation about hunger: the process of developing Freshplace. *Progress in Community Health Partnerships : Research, Education, and Action*, 6(4), 429–34.
- Mcbride, S., & McNutt, K. (2007). Devolution and neoliberalism in the Canadian welfare state. *Global Social Policy: An Interdisciplinary Journal of Public Policy and Social Development*, 7(2), 177–201.
- McIntyre, L., Patterson, P., Anderson, L., & Mah, C. (2016). Household Food Insecurity in Canada: problem definition and potential solutions in the public policy domain. *Canadian Public Policy*, 42(1), 88–93.
- McIntyre, L., Tougas, D., Rondeau, K., & Mah, C. L. (2016). “In”-sights about food banks from a critical interpretive synthesis of the academic literature. *Agriculture and Human Values*, 33(4), 843–859.
- Middleton, G., Mehta, K., McNaughton, D., & Booth, S. (2018). The experiences and

- perceptions of food banks amongst users in high-income countries: an international scoping review. *Appetite*, 120(1), 698–708.
- Minkler, M., & Wallerstein, N. (Eds.). (2011). *Community-based participatory research for health: from process to outcomes* (2nd ed.). San Francisco (CA): Jossey-Bass.
- Plano-Clark, V., & Badiee, M. (2010). Research questions in mixed methods research. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social & behavioural research* (pp. 275–304). Thousand Oaks (CA): SAGE Publications.
- Poppendieck, J. (1998). *Sweet charity?: emergency food and the end of entitlement*. New York (NY): Viking.
- Riches, G. (Ed.). (1997). *First world hunger: food security and welfare politics* (1st ed.). Toronto (ON): University of Toronto Press.
- Riches, G., & Tarasuk, V. (2014). Canada: Thirty years of food charity and public policy neglect. In *First world hunger revisited: food charity or the right to food* (2nd ed., pp. 42–56). New York (NY): Palgrave Macmillan.
- Rochester, J., Nanney, M., & Story, M. (2011). Assessing foodshelves' ability to distribute healthy foods to foodshelf clients. *Journal of Hunger & Environmental Nutrition*, 6(1), 10–26.
- Scharf, K., Levkoe, C., & Saul, N. (2010). In every community a place for food: the role of the Community Food Centre in building a local, sustainable, and just food system. Retrieved October 5, 2016, from <http://thepod.cfccanada.ca/document/scharf-levkoe-and-saul-2010-every-community-place-food>
- De Schutter, O. (2012). Report of the special rapporteur on the right to food - addendum: Mission to Canada. Retrieved May 11, 2016, from <http://deslibris.ca.ezproxy.library.ubc.ca/ID/236727>
- Seligman, H. K., Laraia, B. A., & Kushel, M. B. (2010). Food insecurity is associated with chronic disease among low-income NHANES participants. *The Journal of Nutrition*, 140(2), 304–10.
- Statistics Canada. (2013). *National Household Survey (NHS)* (No. 5178). Ottawa (ON): Statistics Canada. Retrieved from <http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5178>
- Statistics Canada. (2016). Low income cut-offs, after tax. Retrieved September 9, 2016, from

<http://www.statcan.gc.ca/pub/75f0002m/2015002/tbl/tbl01-eng.htm>

- Tarasuk, V., & Beaton, G. (1999). Household food insecurity and hunger among families using food banks. *Canadian Journal of Public Health, 90*(2), 109–113.
- Tarasuk, V., Cheng, J., de Oliveira, C., Dachner, N., Gundersen, C., & Kurdyak, P. (2015). Association between household food insecurity and annual health care costs. *Canadian Medical Association Journal, 187*(14), E429–36.
- Tarasuk, V., Dachner, N., Hamelin, A. M., Ostry, A., Williams, P., Bosckei, E., ... Raine, K. (2014). A survey of food bank operations in five Canadian cities. *BMC Public Health, 14*, 1234.
- Tarasuk, V., & Eakin, J. M. (2003). Charitable food assistance as symbolic gesture: an ethnographic study of food banks in Ontario. *Social Science and Medicine, 56*(7), 1505–1515.
- Tarasuk, V., Mitchell, A., & Dachner, N. (2014). *Household food insecurity in Canada, 2012*. Toronto (ON): Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <http://proof.utoronto.ca/resources/proof-annual-reports/annual-report-2012>
- Tarasuk, V., Mitchell, A., McLaren, L., & McIntyre, L. (2013). Chronic physical and mental health conditions among adults may increase vulnerability to household food insecurity. *The Journal of Nutrition, 143*(11), 1785–93.
- The Community Nutritionists Council of BC. (2004). Making the connection - food security and public health. Retrieved April 22, 2015, from http://www.phabc.org/pdf/Food_Security.pdf
- Vozoris, N. T., & Tarasuk, V. (2003). Household food insufficiency is associated with poorer health. *The Journal of Nutrition, 133*(1), 120–126.
- Wakefield, S., Fleming, J., Klassen, C., & Skinner, A. (2012). Sweet charity, revisited: organizational responses to food insecurity in Hamilton and Toronto, Canada. *Critical Social Policy, 33*(3), 427–50.
- Williams, P. L., MacAulay, R. B., Anderson, B. J., Barro, K., Gillis, D. E., Johnson, C. P., ... Reimer, D. E. (2012). “I would have never thought that I would be in such a predicament”: voices from women experiencing food insecurity in Nova Scotia, Canada. *Journal of Hunger & Environmental Nutrition, 7*(2–3), 253–270.