A Systemic Approach to Community Food Security:

A Role for Public Health

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A Systemic Approach to Community Food Security:
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Community Food Security (CFS), from a public health perspective, has four main dimensions:

Community Food Security _is a strategy for ensuring secure access to adequate amounts of safe, nutritious, culturally appropriate food for everyone, produced in an environmentally sustainable way, and provided in a manner that promotes human dignity._

It features cooperation among all contributors in a local/regional food system, including growers and producers, citizen groups, community agencies, governmental organizations, businesses, academic researchers and environmental advocates.

Its actions are based on those of the Ottawa Charter for Health Promotion: building personal skills, strengthening community action, building healthy public policy and creating supportive environments (including the general principles of food safety that are ensured by monitoring and enforcement activities).

It addresses issues in the economic, environmental and social aspects of the food system, and thus promotes adequate incomes for consumers and producers; local and diverse food production; environmental sustainability; protection of local agricultural lands and fish habitat; widespread access to healthy food; and food-based community economic development and social cohesion.

-OPHA Food Security Workgroup, 2002

I. PURPOSE

The purpose of this position paper is to define the parameters of, and provide a rationale for, a "community food security" (CFS) approach in public health. As defined above – in terms of goals, partners, actions and scope – such a systemic approach can provide the framework for a co-ordinated multi-disciplinary, multi-sectoral effort towards a healthier and more food secure population.

In 1988, the Ontario Public Health Association (OPHA) recommended that a task force be established to develop a food and nutrition policy that "ensures healthy food is available to all, that nutrition goals and related strategies to achieve them are adopted and policies are oriented towards sustainable development" (43). The OPHA Food Security Workgroup was formed, and in 1995 produced a discussion paper, _Food for Now and the Future_, which documented many current food-related issues and made provincial-level policy recommendations (44).

This position paper builds on this previous work. It attempts to answer questions that are directed more internally: What role can public health play at the municipal level in the overall process of improving community food security? What is the rationale for CFS work, according to its broader definition, within municipal public health? How can the way we work be better coordinated and more clearly articulated towards CFS?

As Dr. Mustafa Koc observed at the 2001 conference _Working Together, Civil Society Working for Food Security in Canada_: "What is needed is not a new list of things to do, but a plan of action for when, how, and by whom this agenda will be carried out" (30).

II. INTRODUCTION

(a) Historical developments that led to community food security as a public health issue

Food and nutrition have long been recognized as key components of public health at the municipal level. Since food is a vector for contagious disease pathogens, putting in place food safety standards, guidelines, educational programs, inspection procedures and enforcement laws has been an important public health role. As well, public education about the importance of balanced nutrition throughout the life cycle has been carried out by public health nursing, dental and nutrition professionals for decades, with the ultimate goal of disease prevention.

By the 1970s, an increasing body of medical evidence pointed to the association between high fat, low fibre and anti-oxidant nutrient intake at the population level and the incidence of a number of chronic diseases. Healthy eating guidelines were developed at the national level, followed by nutrition education programs implemented by public health nutritionists and dietitians at the municipal level. The "lifestyle" approach fit with the model of the 1974 Lalonde Report (31). Programs were solidly based on scientific/medical peer-reviewed literature. Public health depended on the federally-developed *Canada's Food Guide to Healthy Eating*, food fortification programs, food labelling laws and food safety regulations to form the basis for public information and reassurance of a high quality food supply.

Since the 1980s, the growing number of people experiencing food shortages and hunger (concurrent with the reduction in social assistance programs, federally and provincially) was gradually recognized as a public health issue (59). Initial responses, for the most part, were educational (teaching people how to budget or buy low cost nutritious food) and/or charitable (e.g. breakfast programs, food vouchers given to low income pregnant women). Again the rationale was related to lifestyle improvement or morbidity prevention (e.g. low birthweight). It involved teaching people to cope or to make choices within a given system (62).

As the "determinants of health" paradigm of the *Ottawa Charter* (1986) (45) and the Epp *Framework for Health Promotion* (1986) (13) were accepted, the concept of "food security" as a public health issue broadened. Related issues were recognized as social isolation, exclusion, poverty and income security, access to healthy, culturally appropriate food, and food preparation and literacy skills. Food bank use, while recognized as necessary for emergencies, was noted as being contrary to human dignity, and not a long term solution to hunger. The health promotion strategies of community development, personal empowerment and health advocacy entered the public health repertoire (46).

Public health-led programs with a health promotion approach appeared; they included community kitchens, community gardens, "food box", and peer-led cooking programs. As well, in several health units, public health professionals played an active role in developing community networks of people and organizations interested in alleviating food insecurity. The revised *Mandatory Health Programs and Services Guidelines* of the Ontario Ministry of Health and Long-Term Care (1997) included an item under "Chronic Diseases and Injuries" which made direct reference to food security concepts (without mentioning the words "food security"). Mandated activities were: the yearly monitoring of the cost of a nutritious food basket; a yearly inventory of programs and services that increase access to healthy foods; on-going work with community groups to improve access to healthy foods; and on-going consultation and training for such community groups (36).

(b) Emergence of the connection between health outcomes and systemic factors

During the 1990s, it became apparent that several food-related problems were becoming more acute. Food banks became commonplace, and were connected with the risk of undernutrition (63). At the same time, obesity and diabetes were clearly on the rise, for adults and children alike (39, 42). Incidence of food-borne illness and water contamination became more frequent throughout North America, and the potential for outbreaks increased with the growth of large-scale agriculture and processing facilities (14, 20). Such visible "health" outcomes, although different in nature, were starting to be viewed by many as interconnected symptoms of a food system which was not intrinsically health promoting (25, 33, 61).

A growing amount of academic literature from various disciplines recognized the coincidence of population health indicators with realities in other areas of the food system. For example, at the level of food production, farmers everywhere were struggling due to low prices for key agricultural commodities, the continuing loss of family farms and the demand for arable land for non-agricultural purposes (41, 57). With international free trade agreements and the increasing strength of the World Trade Organization, Canada and other countries faced pressures to compete on the world market and consequently positioned agriculture almost entirely in economic terms (4, 37). Consumers, for their part, were led to expect the year-round availability of high quality foods from around the world, at low prices. Food industry marketing strategies effectively persuaded consumers that highly processed, ready-to-eat foods were what they need to maintain their busy lifestyles (40). At the same time, numerous environmental concerns within the food system were raised, ranging from preserving biodiversity to the health effects of persistent organic pollutants (20) and the potential environmental impact of genetically modified organisms (34, 55).

It was the combination of these social, economic and environmental factors related to food which convinced many public health professionals that health issues must be tackled at the *systemic* level in order to make a difference. Dr. Trevor Hancock suggested that working towards "healthy communities", as opposed to simply "health", involves improving health determinants in the social, economic and environmental spheres (24). The application of this model to food system indicators (**Table 1**) can be used to help identify issues related to community food security.

Working at the systemic level involves influencing policy, as well as a shift in thinking about how programs are implemented. It has been articulated for some time, notably by OPHA, that advocacy for "healthy public policy" (46) is an essential strategy for effective change. The 1995 OPHA discussion paper prepared by the Food Security Workgroup, *Food for Now and the Future*, recognized the above-mentioned systemic food trends, made the connection to health, and offered many policy recommendations. It expressed the hope that these recommendations could be addressed in an inter-ministerial way by the provincial government (44).

Systemic thinking about community food security is well encapsulated by Feenstra (1997): "The long term health of a community's food system is an important indicator of its vitality and sustainability. A logical and appropriate way to revitalize a community is by the development of a local food economy. Not only does an adequate, varied diet contribute to individual health, but the way food is grown, distributed and eaten also profoundly affects the environmental, spiritual and economic well-being of the community. Ecological, cultural and political analyses over the last two decades hold in common the vision of a more local, ecologically sustainable and democratically controlled food system" (15).

(c) Current circumstances that provoke new thinking about public health strategies for community food security

Two other external factors can be recognized as having an impact on public health capacity for food systems-related work: one negative and one positive. These developments have implications for new strategic directions in public health.

   1. *An increase in the number of food-related issues about which there is no data, insufficient or old data, or lack of access to data*

Public health professionals depend on rigorously-conducted surveys, scientific research and information provided by food processors in order help consumers make informed choices that will affect their health. This information is also needed to inform healthy public policy development. In the absence of informative food labels, data on nutrient differences of produce grown under varying circumstances, or accurate information about pesticide residues on food, for example, public health professionals can no longer be expected to comfortably promote all food provided within the existing system. Without access to all necessary scientific research, or the ability to track the origin of food to the production level, they cannot fully carry out their educational and epidemiological functions. Without regularly updated Canadian food intake data, they cannot be sure what the long-term impact of nutritionally-altered novel foods will be on health.

Increasingly, there are questions about the ubiquitous access to highly processed fast foods and the coincidental rise in the incidence of obesity and diabetes; about the association of centralized, high yield farming methods with food and water safety; about the impact of high housing costs on the ability of families to buy sufficient food; about the connection between global food trade and the disintegration of our local rural communities (4, 22). These are food system issues, crossing all disciplines. They influence population health in the short term and the long term.

To determine solutions and strategies, new ways to obtain the required data must be explored. Public health may have to partner with other organizations in order to (a) advocate more strongly for government-funded research and (b) share and gather new information as needed. In other words, public health may have to become more pro-active in identifying and meeting their research needs, and less dependent on the existing, inadequate, evidence base.

   2. *A proliferation of organizations and information from outside public health that address similar concerns about the food system*

Documents and community-based work inspired by inequalities and other side effects of our food system have come, over the past decade, from a variety of disciplines: key examples are listed in **Table 3**. They include political and social sciences, hunger and food justice activism, urban planning, geography, environmental studies and sustainable agriculture research and practice. Characteristically, these areas have worked and communicated in parallel to each other, with their own areas of focus and discourse (3, 19). For example, there are multiple definitions of "food security" (and "food insecurity"), which usually embrace issues of hunger and poverty (2, 7, 9, 23, 58, 60). Other groups have expanded this concept into "community food security" (6, 16, 47), "local food systems" (10) and "ecological public health" (33).

As a whole, however, these works have key elements and values in common, many of which overlap with those of health promotion. For instance, a replication manual of the Hartford Food System (6), states that *community food security:*

- addresses a broad range of issues affecting the food system (short term and long term, economic, social and environmental);
- includes multi-disciplinary and multi-sectoral partners;
- is community-based in its planning, implementation and evaluation processes;
- seeks integrative solutions to food system deficiencies, including economic development projects;
- supports policy change to solve underlying problems that influence the food system;
- is an explicit strategy to unite rural and urban issues, producers and consumers.

In existing food systems networks or edited documents, public health has frequently been included as a participant within a multi-sectoral group (17, 30). It is from this model that public health can perhaps build a new role: a contributor, with a unique set of knowledge, skills and opportunities, to a larger group whose collective contributions create a powerful force for change. Also, it is from such partnerships that public health can learn about new strategies – such as the promotion of more localized food distribution and a more environmentally sustainable food system which simultaneously promote human health in its broadest sense.

Public health professionals can learn a great deal from working with colleagues in other disciplines, including lessons from successful projects and advocacy experiences that can be adapted to the public health field. The documents in table 3 can serve to inform public health professionals about which food systems issues have been named, what recommendations have been made and what can be learned from existing projects. This list is by no means exhaustive, but was chosen by the breadth of issues identified and their adaptability for public health involvement.

(d) Community food security work in Ontario health units

At health units throughout Ontario, a great deal of progress has occurred to date in terms of the variety and number of activities aimed at improving community food security. An informal survey was carried out by the OPHA food security workgroup in July 2002 to get a sense of the current situation and how public health professionals feel they can move forward (**Tables 2A-2D**).   Thirty two out of thirty-seven health units responded. Survey questions were:

> *1.What programs/activities are you involved with as a health unit, or in partnership with your community, to address community food security issues?*
> *2. Who is involved in delivery of these programs?*
> *3. What is needed to allow more work to happen in the area of community food security in your health unit?*
> *4.What do you feel is needed at the provincial level to advance community food security work in public health?*

Key findings:
■ In spite of the wide range of CFS programs that exist, the majority of this type of work is still regarded within public health as an issue for nutrition professionals, and it is still relatively limited -- both in scale and in the number of people reached. Almost two thirds of community partners are anti-poverty, emergency food or faith-based groups.

■ Many health units have initiated and facilitated the formation of a CFS coalition, organization or network in their communities. Further investigation into this issue (18) showed that several have been quite successful in coordinating multiple community partners (e.g. Toronto, Peterborough County-City, Region of Waterloo, Thunder Bay District, Manitoulin and Sudbury Districts, Huron County, Kingston/Frontenac/Lennox/Addington, York Region). Such strong partnerships have resulted in some community agencies officially allocating staff to support and build various CFS programs. Several other areas, however, have struggled to maintain their networks, largely due to lack of staff and funding.

Key suggestions:
► *Many (59% of respondents) feel that interdisciplinary strategic planning within public health units would be beneficial, as would the addition of new types of community partners.*

► *Further research is needed regarding CFS coalitions and networks, to document and evaluate what has worked well, what has been accomplished, and what barriers have been encountered.*

► *Many public health units are looking for direction in the area of CFS from the mandatory programs, and from a provincial body that could coordinate efforts around advocacy, research, education and programming.*

III. DISCOURSE AND DEFINITION: MOVING FROM "FOOD SECURITY" TO "COMMUNITY FOOD SECURITY"

A barrier to the use of the more common term "food security" in public health is that it is understood differently by different sectors. Different perspectives lead to different solutions, often with the suggestion that these are already in place. The issues within the food system are complex; consequently, when uni-dimensional definitions are given, they sometimes contradict one another (3). The following paradoxes illustrate the importance of increasing our awareness and common understanding of food system issues:

*(a) A **secure food system** is said by some to come from a stable, technology-enhanced food industry and increased global free trade; yet others argue that these factors make the **food system insecure**.*

The mandate of Agriculture and Agri-Food Canada (AAFC) is to "provide information, research and technology, and policies and programs *to achieve security of the food system*, health of the environment and innovation for growth". Strategies listed by AAFC to achieve this secure food system include a stable industry (through food safety and consumer information), lowering of farm risks, high production levels, support for value-added food products, open markets, strong trade rules and global cooperation (1). The Canadian Food Inspection Agency (CFIA) addresses security of our food supply in the context of protection from intentional food contamination (8).

Largely as a result of agricultural technology, the world currently produces a highly abundant food supply. Untold amounts of surplus food are stockpiled and wasted, for numerous reasons including the control of market prices. The cornucopia available to people around the globe who have sufficient income has led to a complacency about the security of the food supply as well as a belief that more technology is the answer to all international food needs (56).

On the other hand, global free trade leads to increased dependence on foreign food markets and on fossil fuels, encourages low wages for producers world-wide, and has led to increased corporate control over the international food industry as well as trade disputes over farm subsidies (21, 41). High intensity food production, involving heavy pesticide, fertilizer and fossil fuel use, waste mismanagement, imbalances in the ecosystem and overuse of the watershed have detrimental effects on the environment, and are therefore not sustainable in the long term (20).

(b) *Low food prices in Canada make most citizens **food secure**; however, the pressure to keep food prices low also results in low prices paid to farmers (in Canada and the rest of the world) and the importation of some foods or crops at low cost while these same foods are grown locally. The resulting loss of smaller-sized farms contributes to long-term **food insecurity** for Canadians.*

The Canadian Federation of Agriculture (CFA) marks "Food Freedom Day" as the calendar date when Canadians have earned enough of their (average per capita) income to pay the grocery bill for the entire year, namely, just 37 days from January 1. They point out that Canadian consumers spend on average only 10 % of their personal disposable income (PDI) on food, considerably less than in most other parts of the world (1). Thus, farmers already contribute maximally to the overall affordability of food, and therefore to (short-term) population food security, in Canada.

The paradox is that national food security exists alongside individual/household food insecurity, as pointed out by the Food Security Bureau of AAFC (1, 23). It notes the definition from the World Food Summit, 1996: "*Food security* exists 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" (64). As explained in *Food for Now and the Future*, there is strong evidence that vulnerable groups in Canada, including single parent women, children, elderly people, aboriginals, homeless persons, unemployed people, refugees and new immigrants, are often unable to afford enough food for their families (27, 44).

The solution, clearly, is not to advocate for lower food prices. Advocacy campaigns like "Pay the Rent or Feed the Kids" point to other systemic solutions like affordable housing policy, so that a larger portion of a family's income is available for food (12).

(c) *Food banks are commonly seen as a **food security** measure; however, this charitable system may be contributing to **food insecurity** in Canada.*

Emergency food operations and thousands of volunteers help alleviate hunger on a daily basis. Food banks also serve to distribute food which otherwise might go to waste. Originally conceived as a temporary measure when they appeared in the early 1980s, they also serve as a tax-exemption opportunity for the food industry and are now maintained as an accepted societal institution. Many people involved with charitable food causes suggest that the continuous provision of free food is an excuse for social assistance benefits to be kept low (52).

When food security is framed as hunger or poverty alleviation only, it runs the risk of becoming marginalized. Common responses, including low wage job creation, food banks, emergency food or classes on frugal cooking methods, do not resolve the issues of hunger in the longer term, nor do they always contribute to human dignity. Consequently, many groups continue to draw attention to the deeper social justice issues of access and equity (29).

In summary, partnerships and responses to food system problems depend very much on how issues are framed. The OPHA food security workgroup therefore suggests that the approach taken by public health shows its awareness of the complexity of the issues, and provides a four-pronged "working" definition of the term **"community food security"** (CFS) as a process rather than an outcome:

1. CFS is a strategy for ensuring secure access to adequate amounts of safe, nutritious, culturally appropriate food for everyone, produced in an environmentally sustainable way, and provided in a manner that promotes human dignity.

◆ This component originates from several versions of international food security definitions and embraces basic principles such as every individual's right to food to support life, the need for optimal nutrition to prevent disease, the recognition that foods have intrinsic personal, spiritual and cultural meanings and the understanding that charitable food sources are not a long term solution for inequalities in the food supply.

2. CFS features cooperation among all contributors in a local/regional food system including growers and producers, citizen groups, community agencies, governmental organizations, businesses, academic researchers and environmental advocates.

◆ This component underscores the importance of supporting local food production, processing and distribution as a balance to the dominance and continuing growth of the global world food economy. A more localized food system is more environmentally sustainable, helps build communities and enhances the local economy (41).
This component also points out that CFS cannot be achieved by one sector alone. For example, it is when food is perceived as only a commodity, or only a source of nutrients for the body, or only a means of alleviating hunger – without taking into account social or environmental factors – that vulnerabilities in the food system and in individual households arise.

3. CFS actions are based on those of the Ottawa Charter for Health Promotion: building personal skills, strengthening community action, creating supportive environments, building healthy public policy and re-orienting health services.

◆ This component speaks to the range of actions which CFS work must use to be effective. It grounds CFS work in a set of public health principles that were developed at an international level and were officially accepted by the Canadian government in 1986.

4. CFS addresses issues in the economic, environmental and social aspects of the food system, and thus promotes adequate incomes for consumers and producers; local and diverse food production; environmental sustainability; protection of local agricultural lands and fish habitat; widespread access to healthy food; and food-based community economic development and social cohesion.

◆ This component defines and exemplifies the system-wide parameters within which CFS operates as a strategy. By promoting partnerships among experts in these interconnected areas of the food system, CFS work contributes to healthy communities: ones that are equitable, sustainable, liveable, viable, convivial and adequately prosperous. All of these are indicators of population health (26).

IV. SUMMARY AND RECOMMENDATIONS

✦ A Systemic Approach to Community Food Security

Community food security (CFS) work, as outlined in this paper, has the potential to improve public health outcomes by stimulating healthier and more food secure communities, both in the short term and in the long term. This potential stems from the realization that although personal food choices and food intake are key to health, the overriding driving forces are the security, safety, accessibility, affordability, acceptability and nutritional value of the food supply itself . These *systemic* aspects of the food supply, including their long-term sustainability, cannot be taken for granted. They are dependent upon environmental, economic and social policies at every government level. Our degree of influence over these policies – sometimes referred to as "food democracy" – is determined by the strength and nature of the community partnerships we form.

✦ Operationalizing Community Food Security Ideas

The majority of CFS activities are not explicitly policy-related, although they may have an advocacy component. CFS work often creates alternative possibilities to mainstream food production or distribution processes which are thought to contribute to poor health or social injustice. For example, many CFS projects combine the need for greater urban access to healthy food with community economic development by organizing local farmers' markets or other direct marketing enterprises. Some projects focus on school meal programs, or on creating food-related skills to enhance employment opportunities. Much CFS work is environmentally oriented, such as demonstration projects that show how sustainable agriculture methods (rural or urban) can be not only economically feasible, but can provide solutions to multiple problems. Programs that promote a breastfeeding-friendly society, a healthy water supply or safe, local food processing all contribute to community food security.

✦ Public Health's Role in Community Food Security

Public health professionals of all disciplines can contribute to CFS work as enablers, mediators and advocates. Initiating CFS programs requires many skills, such as community development, proposal-writing, media communication and evaluation design, as well as health knowledge. It helps when municipalities and health units adopt food charters that point to the health value (in the broadest sense) of CFS initiatives and coalitions. Finally, when programs prove to be successful, they need to be recognized and financially supported through municipal, provincial and federal policy. Another key contributor to CFS work is research and data collection -- a prerequisite for advocacy campaigns and requests for funding.

✦ Strategies for Health Units to Enhance the Effectiveness and Scale of CFS Work

- Increased learning and information sharing among public health professionals of all disciplines about the food system and how it affects health, and about CFS strategies that are effective;
- Increased interdisciplinary and cross-departmental cooperation within health units in the implementation of food-related programs;
- Staff allocation as well as skills training within health units to encourage broad, integrated food systems programming, research, advocacy and policy development;
- Support for community networks and inter-sectoral partnerships in the environmental, economic and social sectors of the food system.

In order to increase the capacity of health units who wish to undertake some or all of the above strategies, it is recommended:

1. that OPHA act as a central source of information and data, through their website, about community food security (CFS) issues, food charters and other food policies, successful CFS strategies and CFS resources for Ontario health units and community health centres. This could be accomplished through external funds sought by the Food Security (FS) Workgroup, which would enable a person on contract to coordinate the material for the website in a user-friendly way, in consultation with OPHA and the FS Workgroup. It would be the role of the FS Workgroup to ensure that the material on the website is current and appropriate.

2. that OPHA, through its Food Security Workgroup, develop a template for a set of measurable community food security indicators, illustrating economic, social and environmental factors in the local food system that influence health. This could be accomplished in partnership with groups currently doing similar work, such as the Ryerson Centre for Studies in Food Security, and with health units active in the area.

3. that OPHA explore ways to increase dialogue among public health units on food systems issues, including a discussion with alPHa; this discussion should include the possibility of incorporating community food security strategies into current and future revisions of the mandatory guidelines.

4. that OPHA maintain, and expand the membership of, the "foodont" listserv, in order to facilitate information sharing and dialogue among a wider group of people (including those in other relevant sectors) who are interested in CFS. It could also include crosslinks to other relevant listservs.

5. that OPHA advocate for the need of all Ontarians to have an adequate income to buy adequate amounts of safe, nutritious, culturally acceptable food after housing costs are met;

6. that OPHA advocate for the initiation of research projects and surveys, within public health and in partnership with other sectors, that will provide information on issues pertaining to CFS, to inform program development and advocacy campaigns;

7. that OPHA advocate to indicate their support for the following:
(a) the development of local food charters which enunciate the rights of all residents to adequate amounts of safe, affordable, nutritious and culturally-acceptable food;
(b) the formation of city-wide coalitions linking all those with an interest in promoting CFS;
(c) promotion of urban community gardens on public lands and for CED (community economic development) projects that enable local citizens to grow and process food for local residents;
(d) promotion of farmers markets in accessible locations;
(e) promotion of school meal programs which provide healthy foods, locally-produced whenever possible
(f) promotion of demonstration learning projects such as urban gardening, composting, canning and preserving, environmentally-friendly growing techniques.

V. TABLES

TABLE 1: Examples of Community Food Security (CFS) Indicators

(a) Indicators of Morbidity & Mortality related to CFS	
Association between population income categories or behavioural trends and prevalence of population-wide, food-related chronic diseases (e.g. heart disease, diabetes, some cancers), obesity, allergies, etc. Food sources and under- or over-nourishment (for specific nutrients) in sub-populations Morbidity/mortality related to chemical residues, pesticides, additives, pathogens & toxins in food or water	
(b) Indicators of Systemic Factors related to CFS	
ECONOMIC	Population income distribution, employment trends, farm incomes Trends in housing cost and policies on affordable housing Trends in social assistance policy and programs Map of retail food stores and markets in city or region (food access) Map of local farms that sell directly to consumers Trends & policy re: agriculture/farming/land use Types of crops & agricultural commodities produced & processed in region Types and origin of foods available in a community (e.g. fast food outlets, percentage of imported vs locally-grown food) Trends in corporate concentration in the food system Food policy as related to business/industry, biotechnology, global trade Food allowance adequacy for social assistance recipients Nutritious Food Basket data

SOCIOLOGICAL/ BEHAVIOURAL	Demographic trends related to:
	  Population food intake data
	  Measures of household food insecurity
	  Trends in foodbank & other emergency food provision and use
	  Breastfeeding incidence in the community and related policies
	  Food preparation skills in the population and related programs
	School food policies and food available in schools & colleges
	Measure of multi-disciplinary, multi-sectoral participation in CFS networks

ENVIRONMENTAL HEALTH	Food safety indicators and trends Pesticide residue levels on food Watershed and water safety data Waste management, recycling and packaging policies and practice Composting policies, practice and information available Estimated fuel use and effect on air quality of imported food Extent of use of GE crops, pesticide use, environmental farm plans, integrated pest management, organic farming techniques.

Review of Community Food Security Programs/Activities
In 32 (out of 37) On/tario Public Health Units, July 2002

TABLE 2A: What programs/activities are you involved with as a health unit, or in partnership with your community, to address community food security issues?

	Yes Responses (# of Health Units)	Yes Responses (% of respondents) n=32
Community food security coalition, organization or network	21	66 %
Community forum or panel discussion on food security or food system issues	13	41 %
Food Policy Council	2	6%
Food policy or charter – *internal* to the Health Unit	6	19 %
External food policy work (e.g. school food policy)	19	59 %
Advocacy on food security or food system issues (e.g. income, land use, pesticide use)	11	34 %
Nutritious Food Basket data collection	31	97 %
Other community food needs assessment, survey or research	17	53 %
Urban agriculture (e.g. Community or roof-top gardens, Grow-a-Row, composting)	13	41 %
Locally grown or "Buy Local" food campaign	6	19 %
Good Food Box or other food box program (e.g. community shared agriculture)	18	56 %
Child/student nourishment programs	29	91 %
Peer-led community programs (e.g. community kitchens, cooking groups, multicultural)	21	66 %
Professional-led community programs food/ nutrition/ cooking/ multicultural – including CPNP	23	72 %
Consultation to, or involvement with, food banks/ soup kitchens/ emergency food	26	81 %
Provision of food supplements or food coupons (e.g. HBHC, CPNP)	24	75 %
Handouts or counselling re: household food security issues	23	72 %
Other: Directory, Emails via TFPC, Transportation	3	9 %

Review of Community Food Security Activities in 32 Ontario Public Health Units, July 2002, con't.

TABLE 2B: Who is involved in delivery of the programs named in Table 2A?

	Yes Responses # of Health Units	Yes Responses (% of respondents) n=32
Professionals with nutrition/dietetics background	30	94 %
Professionals with social, political, economic, urban planning or environmental sciences background	12	38 %
Public health nurses	18	56 %
Public health inspectors	6	19 %
Peer workers in food/ nutrition/ health	21	66 %
Community development or health promotion workers or the equivalent	17	53 %
Farmers or farm organizations	8	25 %
Citizens or consumer groups	14	44 %
Academic institutions/ researchers	9	28 %
Social planning councils	8	25 %
Chamber of commerce or tourist industry	1	3 %
Retail food outlets or restaurants	7	22 %
Local anti-poverty groups or emergency food providers	22	69 %
Faith-based community members	21	66 %
Food industry or marketing board representatives	4	13 %
Other : Gardening networks and master gardeners Parks and Recreation Community College Horticulture Service Club Local Businesses (not just food-based) Business Development Corporation Ontario Agri-Food Education	2	6 %

Review of Community Food Security Activities in 32 Ontario Public Health Units, July 2002, con't.

TABLE 2C: What is needed to allow more work to happen in the area of community food security in your health unit?

	Yes Responses (# of Health Units)	Yes Responses (% of respondents) n=32
More public health staff allocated to this area	21	66 %
New or expanded number of community partners	19	59 %
Interdisciplinary food-related strategic planning in public health	19	59 %
More education about community food security and food systems – its relevance to public health	21	66 %
More data and research on community food security/ local food system issues	20	63 %
More provincial food-related and agricultural data	8	25 %
Information about other existing programs/activities	12	38 %
Community-based grants or funding	24	75 %
More funds to public health for community food security	24	75%
Broader CFS work mandated in public health	19	59 %
Other:	7	22 %

- Time to establish rapport and form partnerships and common goals with community agencies
- More internal/external policy development. More upper management support. HBHC directed nutrition support. Examples of local policy to give us direction what policies make a difference.
- More application of data of nutritious food basket how to use locally
- Citywide coordinator of food security, analysis coordination, planning, coordinated effort

Broader advocacy work on the social determinants of health i.e. income, security

TABLE 2D: What do you feel is needed at the provincial level to advance community food security work in public health? *Summary of open-ended questions (# of surveys that mentioned each point)*

1. More support in the Mandatory Core Program Guidelines (including the area of food safety within public health inspection and Healthy Babies, Healthy Children). (8)

2. More funding for community based food programming, both for paid staff and program costs. (9)

3. More attention should be given to the determinants of health (including environmental issues and how poverty impacts short and long term health outcomes). (4)

4. The development of policy, including a provincial nutrition strategy and legislation around equal pricing of staple foods, would be beneficial. (8)

5. Collaboration in the use of the Nutritious Food Basket data for advocating to provincial and federal governments for an increase in social assistance and welfare rates. (7)

6. Working in collaboration with various sectors such as health, agriculture, environment and education would be beneficial for promotion of community food security. This might include working with social services/Ontario Works at the provincial level. (4)

7. Coordinator funded at the provincial level to oversee and provide direction for food security initiatives.

TABLE 3: Selected Resources on Community Food Security Issues, Programs and Policy

Document and Origin	General Content (Issues, recommendations)
www.city.toronto.on.ca/health/tfpc_index.htm -*Phase I Report, **Planting the Seeds** (2000) and *Phase II Report, **The Growing Season** (2001), by the Toronto Food and Hunger Action Committee. 56 and 52 p. respectively. www.city.toronto.on.ca/health/tfpc_discussion _paper.htm -15 Discussion Papers	Phase I report makes 3 recommendations, including a Food Charter for the City of Toronto. Phase II report lists 12 community food security issues and 38 corresponding recommendations for action. Discussion papers on food system-related topics, by the Toronto Food Policy Council.
www.ryerson.ca/~foodsec/publication.htm ***Working Together, Civil Society Working for Food Security in Canada*** (June 2001), Ed. by Koc, M and MacRae, R Report, 75 p.	Proceedings of the Toronto conference, with Canada-wide participation, to develop strategies for increasing Canada's commitment to food security domestically & internationally.
www.foodshare.net ***Food 2002: Phase 2 Multisectoral Policy Recommendations*** (1999), by Field, D and Mendiratta, A. FoodShare Toronto. 125 p.	Makes the connections between food and income, access, health, agriculture, consumers' rights and commensality. Offers 28 policy recommendations.
http://www.wolfson.tvu.ac.uk/foodpolicy ***Why Health is the Key to the Future of Food and Farming*** (2002), by Lang, T and Rayner, G. UK) Centre for Food Policy at Thames Valley University and the UK Public Health Association Report, 59 p.	Provides rationale, with statistics, for the centrality of public health and environmental issues in the development of national agricultural and farming policies. Offers 9 recommendations.
http://unix.cc.wmich.edu/~dahlberg/Resource Guide.html ***Strategies, Policy Approaches and Resources for Local Food System Planning and Organization*** (1997), by Dahlberg, KA, Clancy, K, Wilson, RL & O'Donnell, J. Report, 250 p.	Defines and describes the concept of "Local Food Systems" at the household, municipal and regional levels. Provides analysis and evaluation of 6 food policy development sites in Canada & the US.
www.clagettfarm.org/fromfarmtotable.html ***From Farm to Table: Making the Connection in the Mid-Atlantic Food System***, by Hora, M and Tick, J. Report, 72 p.	Explains food systems, Food consumption and access as health issues, farm and environmental issues, food distribution networks. Includes many tables with food system and food security statistics.
www.fooddemocracy.org ***Building Food Security in Canada, From Hunger to Sustainable Food Systems: A Community Guide*** (revised, 2001), by Laura Kalina. Guidebook 96 p.	Discusses food policy, describes processes for community action towards greater food security and a more sustainable food system, lists resources & organizations across Canada.

TABLE 3 continued:
Selected Resources on Community Food Security Issues, Programs and Policy

Document and Origin	General Content (Issues, recommendations)
www.foodsecurity.org ***What's Cooking in Your Food System? A Guide to Community Food Assessment*** (2002), by Pothukuchi, K, Joseph, H, Fisher, A and Burton, H.	Includes 9 case studies, guidance on research methods and strategies for community food assessments, promotion for community participation, and actions for change.
www.foodsecurity.org ***Getting Food on the Table: An Action Guide to Local Food Policy*** (1999), by Biehler, D, Fisher, A, Siedenburg, K, Winne, M, Zachary, J. Community Food Security Coalition and California Sustainable Working Group. Guidebook, 70 p.	Includes an inventory of local programs, policies and functions that provide opportunities for supporting community food security plus case studies, advice from experienced food policy advocates and a resource guide.
www.foodroutes.org ***Harvesting Support for Locally Grown Food: Lessons Learned from the "Be a Local Hero, Buy Locally Grown" Campaign (2002), by*** FoodRoutes Network and Community Involved in Sustaining Agriculture (CISA). Toolkit.	Guide for promoting locally grown food through a multi-media marketing campaign. Includes market research, marketing materials, evaluation tools, and other resources.
www.foodsecurity.org ***Healthy Farms, Healthy Kids: Evaluating the Barriers and Opportunities for Farm-to-School Programs*** (2001), by Azuma, A and Fisher, A. Report, 62 p.	Documents the barriers and opportunities for school food services to purchase food directly from local farmers. Case studies and policy recommendations are included.
www.foodsecurity.org ***Urban Agriculture and Community Food Security in the United States: Farming from the City Center To the Urban Fringe*** (2002), by the Urban Agriculture Committee of the Community Food Security Coalition. Report, 30 p.	Raises awareness of the ways that urban agriculture can respond to food insecurity. Advocates for policies that promote small-scale urban and peri-urban farming, and prepare the next generation of urban farming leaders.
www.foodsecurity.org ***Community Food Security: A Guide to Concept, Design, and Implementation*** (2000), Ed. by Joseph, H. Guidebook, 57 p. + appendices	Includes the concept of "Community Food Security", community food planning, needs assessments, building collaborations and coalitions, project implementation, entrepreneurship, funding, program sustainability and case studies.

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