“COME AND LIVE IN MY SHOES”:
FOOD ACCESS AND SOCIAL ISOLATION FOR PEOPLE LIVING IN
POVERTY IN GANANOQUE, ONTARIO

by

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Abstract

This community-based research project, in collaboration with the Gananoque and Area Food Access Network (GAFAN), gathered data from self-reported food insecure residents of Gananoque and area to determine how to improve their access to healthy, personally acceptable food. In March 2016, I recruited 14 participants for three focus groups and one personal interview with those struggling to put food on the table for themselves and others in the household. Participants were single parents, adults over the age of 50, and adults who could benefit from improved access to healthy food but do not currently use existing services. Health issues, social isolation, scraping by, and lack of income were four themes that underscored the impact of poverty on the lives of participants. Lack of income, transportation, cost of food, lack of affordable or accessible childcare, and inadequate access to support services proved to be major barriers to food security: strongly influenced by the impact of rurality. The results of this research have the potential to help GAFAN improve food access for those living in this community. It may also have implications for enhancing food security in other rural Canadian communities.
Acknowledgements

The completion of this project would not have been possible without the unconditional support of my supervisor, Dr. Elaine Power. A debt of gratitude is owed to her for having faith in me and guiding me through the Health Studies program. I am so fortunate to have learned from a leading scholar in the field.

I would also like to thank the Gananoque and Area Food Access Network for extending the opportunity of this meaningful work to me. I enjoyed learning from the wisdom of community members who work tirelessly to improve the lives of others. I was inspired by my time spent with them and look forward to seeing how they use this research for the greater good. Special thanks to advisory committee Nadine Doyle, Darlene George, Joanne Merkley, Dave Harvey, Marie Traynor, Kim Marshall, Marian McLeod, and Wim Ruesink.

Finally, thank you to my loving family for supporting me through my education, from elementary school through graduate studies. As I progressed it got slightly more expensive and as I neared the end it took a little extra encouragement. For those things I am forever indebted. Thanks Kare & Bri, Slate, and Joey.
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List of Abbreviations

GAFAN – Gananoque and Area Food Access Network
Chapter 1
Introduction

The focus of my research is in Gananoque and area, Ontario. Gananoque is a small urban centre, with a population of just over 5200 people in 2011 (Statistics Canada) surrounded by smaller, rural communities in the United Counties of Leeds and Grenville. It is a seasonal community that rests in the heart of the Thousand Islands and is a popular tourist destination because of its picturesque scenery, rich culture, and deep historical roots (Town of Gananoque, 2015). It is located along the St Lawrence and Rideau Rivers between the major Canadian cities of Ottawa, Montreal, and Toronto. There is a large income divide between the summer population that comes to the Thousand Islands region via boating, cottaging or daily tourism and the townspeople who live there year round. The luxury lifestyles of the summer residents are evident in transportation, food and dining practices, and property esthetics in an otherwise quaint, country town. For example, Sotheby’s International, with listings of high-end vacation real estate, is located on the main street of Gananoque, directly beside the Royal Canadian Legion, where the food bank is housed [Figure 1].
Figure 1 – Main Street Paradox, Madison Koekkoek

The stark contrast in the uses of these two buildings, side-by-side, is symbolic of the wide income inequality in this small community, where year-round residents are most commonly employed in construction and trades, and seasonal jobs in tourism and hospitality, supporting an average income in Leeds and Grenville of $38,319.00 in 2010 (Statistics Canada, 2011). Transportation is a major barrier for low-income households when it comes to accessibility of work, food, health services, or leisure activities because the town of Gananoque does not have a public transportation system.

In 2013, at a regular meeting of the Every Kid in our Community (EKIOC) Gananoque Brown Bag Lunch, agency representatives spoke of their concerns about food access, both adequacy and appropriateness, for youth and young families. A subcommittee was formed, led by the Director of the Salvation Army, David Harvey, and this smaller working group became the Gananoque and Area Food Access Network (GAFAN).
Currently the Gananoque and Area Food Access Network is made up of representatives from KEYS Job Centre, Salvation Army, Boys and Girls Club, Gananoque & Intermediate Secondary School culinary arts program, R.O.L.L. Aid Centre, Well Grounded Gardens, TR Leger Gananoque Campus, The United Counties of Leeds and Grenville, Gananoque Food Bank and the Leeds, Grenville and Lanark District Health Unit, with ongoing efforts to recruit new members.

The Gananoque and Area Food Access Network successfully planned and hosted a “Conversations About Food” event in March 2015 where representatives from education, employment services, faith communities, local food entrepreneurs, health and social services, and community volunteers came together to prioritize community food insecurity and food literacy needs. It was clear to the group that the voices of those who face the lived experiences of poverty and food insecurity were missing.

From this event a terms of reference and three priority objectives arose. The purpose of the group is:

To support their community to provide, in a respectful manner, opportunities for all its citizens to access and to have knowledge, skills and confidence to choose, prepare, store, grow, eat and share a variety of affordable, sufficient, safe, nutritious, enjoyable and where possible, locally grown and produced foods.
The objectives are:

1. By October, 2015 secure the funding and qualitative research expertise to gather input from those in the Gananoque community who are or have experienced food insecurity in order to determine what positive role GAFAN can play and community agencies can play to increase food security.

2. By December 2015 investigate, develop and test at least one intergenerational project that brings together youth and older citizens in order to enhance either or both their food literacy and food security.

3. By December 2015, look at ways that will make programs such as the Good Food Box and Community Gardens more sustainable, accessible, and locally rooted.

![Figure 2 - The Garden plots, Madison Koekkoek](image)

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1 In October 2015 the group successfully obtained municipal financial support for a community garden and in May 2016 held a very successful grand opening event [Figure 2]
On Monday, August 24, 2015 a small group from GAFAN, representing the Gananoque Food Bank, K.E.Y.S Job Centre, the R.O.L.L. Aid Centre and the Leeds Grenville and Lanark Health Unit, met with Dr. Elaine Power from Queen’s University regarding Objective #1. Dr. Power is my academic advisor and she believed the research project described in Objective #1 would be suitable for me.

This project, Objective #1, appealed to me because I am intrigued by the workings of small municipalities and am familiar with the culture, values, and the general way of life in small towns and rural areas. I grew up in Winchester, ON, a rural, farming community just south of Ottawa, where I returned in the summer of 2015 to work as an Assistant to the Municipal Clerk. I am committed to doing research that can have a meaningful impact in people’s lives, especially with respect to health at the local level.

My community advisory committee from the Gananoque and Area Food Access Network included

- Marie Traynor, Public Health Nutritionist, Leeds, Grenville and Lanark District Health Unit;
- Kimberly Marshall, Public Health Nurse, Health Unit;
- David Harvey, Director, Salvation Army
- Darlene George, Food Coordinator, Gananoque Food Bank
- Joanne Merkley, Volunteer, Gananoque Food Bank;
- Nadine Doyle, Employment Services Consultant, KEYS Job Centre d’emploi;
- Marian McLeod, Volunteer, R.O.L.L. Aid Centre.
1.1 Research Question

The main research question for this project was:

For people living in poverty in Gananoque and area, what are their experiences of managing food insecurity and accessing community food programs?

Other sub-questions included:

- How do participants feed themselves and anyone else in the household? What strategies do they use to buy or otherwise acquire food? What strategies do they use to budget?
- What are participants’ perspectives on gaps in services that provide food, or, in other words, what are their outstanding needs when it comes to accessing healthy food that meets their personal preferences?
- How aware are participants of current food programs and services? What are their preferred and usual ways of getting such information?
- What are participants’ perspectives on barriers to accessing healthy food that meets their personal preferences?
- What else do participants need to improve their food security?

Chapter 2 will highlight past and present literature in the research area of food insecurity. This will create a foundation on which to situate my research. I will first use
the literature to define food insecurity. I will then relate food insecurity to income and examine the health effects of food insecurity. Next I discuss the gaps in current government approaches, management strategies at a household level, and what food insecurity means in rural Canada. Finally, in this chapter I will delve into the social implications of food insecurity. Chapter 3 explains the research design of the project. It starts with an explanation of community-based research methodology, a description of the research sample, and a summary of the data collection process, which used focus group and individual interview methods. It then details the research sites, ethical considerations. This is also the chapter where I offer a reflexivity statement. Chapter 4 lists demographic information obtained from the written survey distributed during focus groups, and then details the project’s results focusing on the two major themes drawn from the data, including the impact of poverty and the barriers to food. In Chapter 5 I analyze the results in the context of the broader sphere of social and health policy. Chapter 6 discusses the results and draws conclusions. Chapter 7 offers recommendations to the Gananoque and Area Food Access Network based on my analysis of the results. In the Afterword, I discuss the impact of the project on me.
Chapter 2

Literature Review

This chapter reviews literature in the subject area of food insecurity in order to establish a solid foundation on which to discuss the project’s results. I will begin by defining food insecurity and how it is measured. I will then situate food insecurity in Canada, Ontario, followed by Leeds & Grenville County, where my research is rooted. Literature on food insecurity and income will be a central focus, as well as health issues and other influencing factors. I will then look at what the literature has to say about the gaps in services and governmental policy approaches. Finally, I will review literature that discusses the social implications of food insecurity and the strategies individuals use to manage their food insecurity at the household level. These themes will both tie into a look at the influence of rurality on Canadians experiencing food insecurity.

To begin, nearly 13% of Canadian households, or almost 4 million people, lived in households with some level of food insecurity in the last 12 months of 2014 (Tarasuk, Mitchel & Dachner, 2016, p. 2). This means that these households did not have enough money to buy the food they need for health or to meet their dietary preferences. This is a staggering statistic in a country that ranks fifth in the world on an international prosperity index (Legatum Institute, 2014). Provincially, Ontario saw 11% of households experiencing food insecurity in 2014 (Tarasuk, Mitchel & Dachner, 2016, p. 2). More locally, according to the 2013 Canadian Community Health Survey (Statistics Canada),
9.3% of people in Leeds, Grenville, and Lanark reported not being able to afford the food they needed in the previous year. As Power (2014) states “Individual and household food insecurity is a significant public health problem that has profound effects on nutritional health and overall well-being.” It also contributes to household and personal stress and a sense of alienation from mainstream society (Hamelin, Beaudry & Habicht, 2002). Therefore, food insecurity is a concern with real implications for the lives of Canadians struggling to make ends meet, thus impacting population health. Food insecurity is an issue requiring serious governmental attention and action.

2.1 Defining Food (In)security

The Food and Agriculture Organization of the United Nations defines food security as existing when “All people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life;” (FAO Food and Agriculture Programme, n.d.). Levels of food security range from individual and household levels to wider communities, regions, and even nations. The concept of household food insecurity refers to an inability to purchase adequate food, but also considers unsuitability of food and a preoccupation or constant worry about access to enough food (Hamelin et al., 2002, p. 121).

2.2 Measurement

Food secure households have access at all times to food that compliments a healthy, active lifestyle. PROOF, an interdisciplinary research team that produces annual reports on Canadian household food insecurity, distinguishes between three levels of food
insecurity: marginal food insecurity, moderate food insecurity, and severe food insecurity (Tarasuk, Mitchell, & Dachner, 2016). Households deemed to be marginally food insecure face a worry about running out of food coupled with a limited food selection due to financial constraints. Those who are moderately food insecure shows signs of compromised quality and quantity of food whereas those who are severely food insecure show reduced intake and disrupted eating patterns (Tarasuk, Mitchell, & Dachner, 2016).

The Canadian Community Health Survey (CCHS), administered by Statistics Canada, retrieves health related information from approximately 60,000 Canadians each year and uses the HFSSM (Household Food Security Survey Module) to assess rates of food insecurity. While it is designed to be representative of the ten provinces and three territories (Tarasuk et al., 2015, p.7), the exclusion of full-time Canadian Forces members, inhabitants of First Nations reserves or Crown Lands, and persons in prisons and care facilities creates a glaring inaccuracy in the sample. Furthermore, the omission of on-reserve First Nations people as well as the homeless population – while relatively small in numbers – creates an inaccuracy due to their particularly increased vulnerability to food insecurity (Tarasuk et al., 2016, p.7). Analysis of the survey shows that there is definite geographic patterning of food insecurity, combined with demographic patterning.

“The geographic patterning of food insecurity such as the alarming rates in the North and the Maritimes, and the density of affected households in our largest provinces, as well as the variation in rates that is found among cities,” (Tarasuk et al., 2015, p. 15). Tarasuk et
al. (2015) argues that reducing the prevalence of food insecurity requires attention and action by all levels of government across the nation.

### 2.3 Food insecurity and income

The research evidence from Canada and the United States is clear that the primary cause of food insecurity is poverty. As household income decreases, the risk of food insecurity increases dramatically (Tarasuk, Mitchell & Dachner, 2015; Loopstra & Tarasuk, 2013). For example, in their study of socio-demographic factors associated with household food insecurity in Ontario, Tarasuk and Vogt (2009) found that as income adequacy decreased, food insecurity increased sharply (p. 185). Households reliant on social assistance are particularly at risk of food insecurity, but the majority of households that are food insecure in Canada see their main source of income from employment (Tarasuk, Mitchell & Dachner, 2016).

Full-time work does not ensure that one will live outside of poverty and does not ensure household food security (Tarasuk & Vogt, 2009; Tarasuk, Mitchell & Dachner, 2015). For example, 61% of households reliant on social assistance in Ontario – either Ontario Works or Ontario Disability Support Program – reported being food insecure compared to 6.5% of households that relied on salary and wages and 5% reliant on pensions and seniors benefits (Tarasuk & Vogt, 2009, p. 185). By 2014, these numbers rose to 10.6% reliant on salary and wages as well as 7.3% of people on pensions and senior benefits being food insecure, while 61% of households reliant on social assistance
remained consistent in reporting food insecurity (Tarasuk, Mitchell & Dachner, 2016, p.12).

In 2014, those reliant on salaries and wages as their main source of income made up the largest percentage of food insecure households at 62.2% (Tarasuk, Mitchell & Dachner, 2016). These statistics disrupt the set of common assumptions about poverty. The fact that the majority of food insecure households are comprised of people who are working squashes the notion that a job will guarantee you food and economic security. It instead points the finger at underlying policy prescriptions and the issues with a minimum wage that is far too low. Especially given the increase in food insecurity rates in recent years, there is a strong indication that minimum wage has not increased adequately to keep up with the costs of rent, gasoline, food, utilities, and other costs of living. The Canada Social Report lists minimum wage in Ontario at $10.99 in 2010. It was then raised to $11.06 in 2015, marking only a 7-cent increase in a 5-year span (Battle, 2015). For additional context, “Between 2003 ($8.48) and 2015 ($11.06), Ontario’s hourly minimum wage increased by $2.58 or 30.4 percent,” demonstrating the slow growth in the latter five years.

It must also be noted that social assistance rates in Ontario that continue to leave 61% of recipients food insecure remain too low. Social assistance programs in Ontario include Ontario Works and Ontario Disability Support Program. Varying eligibilities make it difficult to distinguish between changing rates, but as the Ontario Poverty Progress Profile (2015) states: “Social assistance rates remain woefully insufficient,
affordable childcare is out of reach for many families and minimum wage is well below a living wage,” (p. 9).

2.4 Health implications & costs of food insecurity

Chronic illness is a significant factor influencing food insecurity. Chronic illness and food insecurity may co-exist in a reciprocal relationship whereby chronic illness increases vulnerability to food insecurity and vice versa (Tarasuk, Mitchell, McLaren & McIntyre, 2013). In a rural population, there is reason to believe that there may be elevated levels of chronic illness due to a more limited access to health care and lifestyle factors. In their book Health in Rural Canada (2011), Judith Kulig and Allison Williams describe the determinants affecting the health of rural Canadians, namely lower income, lower rates of formal education, higher prevalence of smoking and obesity, among other factors. Research indicates that chronic illness adds an extra strain to household finances due to the costs of medications or services necessary to manage (transportation, rehabilitation, special dietary restrictions) (Tarasuk et al, 2013). But also, chronic disease in and of itself limits one’s ability to manage food insecurity, which requires considerable time, effort, and resourcefulness. It has been determined that people with chronic illness are less likely to carry out the management strategies associated with low incomes and food insecurity (Tarasuk et al, 2013), simply due to a lack of the time, lack of energy for the effort required, and perhaps a decreased skill set to navigate the resources available to them. On top of the stress of managing food insecurity, “People who are food-insecure tend to have a less varied diet, a lower intake of fruit and vegetables, micronutrient
deficiencies, and even malnutrition… they are more likely to consume processed foods, thus ingesting higher levels of sodium, trans fats, and sugar;” (Howard & Edge, 2013). It begins to be clear how chronic disease can cause food insecurity and how food insecurity can cause chronic disease.

While chronic illness can be a predictor of food insecurity, food insecurity is often times a strong predecessor of chronic illness and poor mental health outcomes (Buck-McFadyen. p. 140) Tarasuk, Cheng, de Oliviera, Dachner, Gundersen, and Kurdyak (2015) demonstrate that there is a direct relationship between household food insecurity and health care utilization, independent of other social determinants of health (p. e429). “The association between food insecurity and health appears to be a gradient,” they say, “With adults in more severely food insecure households more likely to report chronic health conditions, and receive diagnoses of multiple conditions.” Mitigating food insecurity works to dramatically lower the costs associated with increased use of healthcare. In their study, Tarasuk et al. (2015) found that individuals in severely food insecure households had 1.71 times the odds of using health care services than those in food insecure households. By comparison, individuals from moderately food insecure households saw 1.33 times the odds and participants falling under the moderately food insecure category did not have statistically significant higher odds of using healthcare than people from food secure households (p. e432). Numerically, this meant that health care costs were 76% higher for households with severe food insecurity ($1092), 32% higher in households with moderate food insecurity ($455), and 16% higher in
households with marginal food insecurity ($235) when compared with annual costs in food-secure households (Tarasuk et al., 2015, p. e432). Their study strongly demonstrates that an intervention aimed at curbing household food insecurity would be worth it in the savings in healthcare expenditures.

2.5 Additional factors influencing food insecurity

The literature on household food insecurity refers to additional influencing factors beyond income and health, or lack thereof, that can impact food security. Food literacy is one such factor, and is one of the reasons this project is underway. Increased use of processed foods and high rates of diet-related chronic disease in Gananoque and area (Ontario Public Health Agency, 2016), along with a number of other factors, indicate a low level of food literacy. Howard and Edge define food literacy as “The skills, knowledge, and behaviour of how to choose and prepare nutritious food” and articulate its importance as a factor influencing food security. Food literacy, as per the Ontario Public Health Agency, is determined by four main factors: sociocultural environment, learning environment, food and facilities, as well as living conditions (2016). “It is extremely rare,” says Albritton, “That consumers are fully informed about the commodities they are consuming,” (2009, p.167). While it is not necessary for consumers to be completely informed in order to claim food security, it is important to consider that food literacy has many complex layers, one of which is adequate information and comprehension of what it is they are choosing. “Consumers’ needs, wants and desires are almost totally socially constructed in their historical specificity. They are constructed by
the actual array of commodities available, by their price, by the socioeconomic status of the consumer and by marketing or sociocultural practices that shape desires,” (2009, p. 166). This social construction speaks to the definition of food literacy – shaped by sociocultural environment, learning environment and living conditions.

Furthermore, food insecurity is experienced differently from household to household, it is also important to consider that it is not experienced in the same way by all members of the household - as is most commonly reflected in gender difference as a factor influencing food insecurity (Power, 2014). Most commonly gender differences are highlighted in a mother’s “going without” however Ahluwalia et al. (1998) use meat to illustrate gender differences and inadequacy: “Meat was perceived to be a central part of a meal, and not eating meat was a source of participants’ feeling inadequate. Men particularly emphasized eating meat,” (p. 604). In households with children, childhood hunger because of lack of money to buy food is considered a marker of severe food insecurity, because as much as possible, parents try to protect their children from hunger (Power, 2014) and therefore go without.

**2.6 Gaps in services and government approaches**

The literature suggests that progressive social policies with a focus on promotion of equity and improving the social determinants of health are the way out of food insecurity (Buck-McFadyen, p. 144). However, there is no agreement on how to go about doing this and this is not a political priority for most politicians. Canada and its other Western countries have cut back on health and social service spending in order to assert a
spot as a contender in the high-pressure global economy (Bryant, 2009, p.256-257). This has resulted in a social welfare system that has become more and more constrained, with high levels of food insecurity as a result. Almost all provinces have Poverty Reduction Strategies, with Ontario’s roundtable discussions among stakeholders and those living in poverty having begun in 2008. The report notes, however, that despite a decrease in child poverty rates, adult poverty grew quicker in Ontario than any other jurisdiction between 2008 and 2011 (Ontario Poverty Progress Profile, 2015). The report states that “Social assistance rates remain woefully insufficient, affordable childcare is out of reach for many families and minimum wage is well below a living wage,” (p. 9) which is reassuring only for the reason that it is recognized.

The report also acknowledges the importance of work at the community-level. This is echoed by the United Nations’ FAO Director-General, Jacques Diouf, who affirms that “Being closer to citizens’ needs and concerns [means that] local authorities are able to blend institutional authority with people’s solidarity,” (FAO). In fact, “Action to address household food insecurity is occurring primarily at the municipal level across Canada”, says Collins, Power and Little (2014, p.e138). While this is certainly where a lot of important work is being done, social policies at a higher level must certainly not be forgotten about. Collins, Gaucher, Power and Little (2016) discuss the role of Canadian news media in advancing an agenda articulating that the municipal level should remain the focus in order to alleviate where food insecurity. Instead, they make a call for
acknowledgment of the true upstream causes of food insecurity (poverty) to be wider broadcast (p. e73).

Progressive social policies, including policies to alleviate food insecurity, would be a step in the right direction but it is important to note that the fundamental problem, at the root of food insecurity, is poverty and alleviating it should remain the focus. Poverty is a result of a very complex web of policy areas that are lacking. Inadequate income to meet the basic necessities of life, a bureaucratic welfare system, poor quality housing in unsafe neighbourhoods, poor access to child care, lack of social support and lack of access to secure, well-paid employment are all under government jurisdiction and must all be considered to improve food security of Canadians: “Any intervention that attempts to address a single issue, without taking into account the complexity of the broader context, and present or past trauma, is unlikely to be successful,” (Power, 2014).

According to Howard and Edge (2013), greater food security would serve more than population health by improving the social and economic interests of society. In terms of financials, the “Cost of poverty in Ontario has been estimated at $38 billion per year in health and social assistance expenditures and foregone tax revenues”, as per the Ontario Poverty Progress Profile. Further to that, though, mitigating food insecurity as a reason for which people have lower productivity and poorer job performance makes for a much more lucrative workforce. Socially, food security is not only a human rights obligation (Ontario Poverty Progress Profile, 2015) but increased food security makes for more involved members of society… people who have the time, money, and effort to
contribute to their communities (Howard & Edge, 2013). Studies have repeatedly pointed to the fact that social assistance rates, minimum wage, and seniors’ public pensions simply do not measure up to the fixed costs of everyday life, including a healthy, nutritious diet and other day to day basic needs (Power, 2014). Tarasuk (2001) asserts that the programs and strategies implemented to date in efforts to alleviate food insecurity have been understanding it as a “food problem”, but it is the interrelationship between food insecurity and poverty that demonstrates the significance and the urgency for “nonfood interventions” aimed at improving financial security (p. 2675).

2.7 Food banks as the primary response

As a result of the immediate urgency of food insecurity and hunger, the primary response to household food insecurity in Canada to date has been the use of emergency food banks: “Food charity is certainly not a new phenomenon,” says Power (2014), “and offering food to those who are hungry is an important moral value in most cultures.” The problem remains that the sharp rise in food banks in the 20th century is evidence of cutbacks in social spending of western industrialized countries, leaving the well-being of citizens up to communities (Bryant, 2009, p.256-257). This is particularly frustrating in a country such as Canada where there is certainly enough food to go around, points out Rainville and Brink (2001, p. 1). And again, while rallying around a strong sense of community to alleviate hunger is an important moral value, food banks are highly critiqued for what Janet Poppendieck (1998) refers to as the 7-ins: Insufficiency,
inappropriateness, inadequacy, instability, inaccessibility, inefficiency, indignity. These 7-ins helped to frame focus group questions to really get at the Gananoque situation.

Hamelin et al. (2002) indicate that the community-service role of food banks is absolutely necessary for management and consequently, survival, of participants (p. 125), however effective operation on these institutions is easier said than done. In their study of low-income Toronto families, Loopstra and Tarasuk (2012) found that people who were food insecure but were not using food banks were doing so either because they were choosing not to or because they faced barriers in trying to do so (p. 503). “A major disconnect,” says Loopstra & Tarasuk (2012), “Is that food banks do not appear to be used by most food-insecure households in Canada,” (p. 498). Their study gets at a number of reasons as to why this is the case, falling under two categories: barriers or choosing not to. In terms of barriers people listed accessibility issues – be it limitations in hours of operations, lack of transportation, or physical access to the building in which the food bank is housed. They also noted informational barriers… not knowing where to go or how to begin the process. In terms of choosing not to use the food bank, insufficient need, unsuitable food, identity, and degradation were the major themes to appear. People thought that they were managing all right on their own or that someone else needed it worse than they did. They also did not want the food bank dictating to them what they could eat (p. 503-507).

Food banks are still the primary response to food insecurity in Canada despite their ineffectiveness. Community-based programming in the form of food banks now
offers much more than food aid, which creates a hub of support for many people. Social support services, community involvement, nutrition education and other non-food related services (Power, 2014) can be invaluable in a small town where these services may otherwise be limited or totally absent. Community-based programming such as the food bank system acts as a first point of contact for patrons and is therefore a great location to learn about other resources and services available. It is important to remember though, as highlighted by Loopstra & Tarasuk (2015), that food bank usage or demand is not an adequate indicator of household food insecurity as it “seriously underestimates both the number and nature of people experiencing food insecurity,” (p. 452).

Other community responses to food insecurity include community gardens, community kitchens, and Good Food Box programs (Loopstra & Tarasuk, 2013). These approaches are used at the local level to better the situations of people facing food insecurity, and to do so at a comparably lower cost (p. e55). Their findings, however, deem community gardens, kitchens, and Good Food Box programs to be grossly underutilized in the low-income neighbourhoods of Toronto where they completed their work: “Of the 371 families in the follow-up study, only 12 families (3.2%) indicated that someone in their household had participated in a community garden, 16 (4.3%) indicated participation in a community kitchen, and only 4 families (1.1%) had used the Good Food Box program,” (p. e57). The reasons listed for such low participation rates include general unawareness or lack of clarity in how to partake, inaccessibility of programs due to time constraints, and incompatibility due to health issues (p. e57-e58).
2.8 Strategies to manage at household level

Fixed household costs include shelter, utilities, phone bills, car payments, and insurance premiums. Variable costs are costs that change from month to month and include clothing, groceries, gasoline, and medications, among other things. Because food expenses are variable, it is easy to understand how they commonly get squished in order to accommodate fixed costs associated with daily living like rent, utilities, or prescription medications. Even though it is considered an “elastic” component” of the budget, food is inarguably necessary for survival.

Food insecure households use a variety of other strategies in attempts to mitigate hunger. These include picking up odd jobs, delaying bill payments, borrowing money or borrowing food from relatives or friends, sending children to stay with friends or relatives, or using the food bank (Ahluwalia et al., 1998). Food-related strategies include careful comparison shopping, only buying items on sale, asking for Christmas or Easter food baskets, serving low cost meals with minimal ingredients, cutting portion sizes, skipping meals, parents depriving themselves in order to feed their children, hiding food (Power, 2005; Hamelin et al., 2002). Further strategies include coupon cutting, shopping for deals, refraining from purchasing unnecessary items, buying in bulk, planning menus, splitting transportation costs, staggering bill payments, and even locking cabinets in efforts to save food (Ahluwalia et al., 1998, p.604).

However, there are still variations that occur from household to household. Not everybody who experiences food insecurity is in need of the same thing. For example, as noted by Hamelin et al. (2002) sufficiency is a significant factor that varies from
household to household. What is enough for one family, or even one family member, is likely not sufficient for another (p. 121). The notion of reluctance to accept help resurfaces in the literature again and again and also varies from household to household. Various means of social assistance were deemed to be a “last resort or an act of desperation,” (Buck-McFadyen, p. 144). Buck-McFadyen notes that this is a stark contrast to common misconceptions that paint the picture of people in poverty as undeserving or lazy and looking for handouts. It instead questions what it takes to overcome food insecurity and the idea that people always think there are others worse off than they are (p. 144).

2.9 Social implications of food insecurity

Food insecurity has many social implications, some of which have already been discussed in social exclusion in rural communities. However, more broadly, the literature speaks to alienation as a product of food insecurity, particularly in an industrialized country such as Canada where the majority does not experience food insecurity (Hamelin et al., 2002, p.129). While the physical ailments of food insecurity are easy to imagine, social alienation may not be as obvious. “Alienation reflects the frustration a household may feel as a consequence of the discrepancy between the control it actually has and the degree of control it may desire over the food situation,” says Hamelin et al. (2002, p. 121). As a result, local supports proved to be used more frequently in order to fill the gaps, particularly family supports. Ahluwalia et al. (1998) state that people who are experiencing food insecurity tend to use their social networks, including family members,
as a coping mechanism for emotional, informational and direct support (p.600). They note that participants in their study who had family nearby were very reliant on them and relied on friends and neighbours in their social networks less so because of it (p.605-607). This notion is furthered by Tarasuk (2001) who notes that women who are socially isolated experience food insecurity at a more severe level than those with a stronger social network (p. 2674).

Ahluwalia et al. (1998) reinforce the significance of food variety in avoiding feelings of deprivation and helplessness surrounding social norms and responsibilities (p. 605). Again powerlessness, exploitation, and guilt are recurrent themes stemming from the constant threat of a lack of food and feelings of exclusion from society (Hamelin et al., 2002, p.123-124). It adds another element to a definition of food security in the notion that sufficiency of food in a household in order to meet survival needs is just not enough: social-needs are important in maintaining a level of inclusion and self-respect (Hamelin et al., 2002, p. 121). This exclusion rings especially true in a rural setting. It goes to show that household food insecurity goes beyond the confines of a household and sufficient food supply, and extends into a pressure to adhere to dominant cultural ideas and practices (Hamelin et al., 2002, p.129).

De Vault supports her use of the word ’provisioning’ as opposed to shopping in saying that she intends offer a more in-depth view of the work involved in this inherently social practice: “To indicate that there is more to it than we can see inside a store, and to emphasize its embeddedness in a socially organized household practice,” (1991, 58).
Hamelin et al. use the school lunches as a classic example of trying to fit in and demonstrate that one’s household is the same as all the others: able to buy pizza pockets, pop tarts and other trendy lunch-ready snacks. “Social status connected with the ownership of certain commodities in socially constructed,” (Albritton, 2009, p. 166). “Not feeling ‘normal’,” says Ahluwalia et al., “Was a source of shame and left many families with a sense of inadequacy in their roles as parents and providers” (1998, p.608). Food nourishes children’s minds but it also fulfills social ideals, bringing the possibility of social alienation into play. Thus, social exclusion or alienation are significant resulting factors of food insecurity due to the conformity and strategies that fall outside of social norms and leaving those who are food insecure to feel inadequate, and unworthy (Tarasuk, 200, p. 2674).

2.10 Food insecurity in rural communities in Canada

As previously touched upon, rurality is an important indicator of health and food insecurity. In interviews with participants, Buck-McFadyen (2015) heard both positive and negative perspectives on the influence of rurality on health and wellbeing more generally: “While participants described a strong sense of social cohesion and a culture of trust, there were challenges inherent in living within a small community with few employment opportunities and no public transportation,” (Buck-McFadyen, p. 143).

When it comes to management strategies pertaining to food insecurity, rurality has a significant influence. The notion of social cohesion and the risks therein surrounding gossip in a small town has a serious impact on rural lifestyles, also very
relevant to Gananoque. Hamelin et al. (2002) highlight responses including: “I don’t want us to be labelled” and “I live in a small community, everybody would have known if I had gone to a food bank,” (p. 124). This begins to speak to the power of the social forces at play when it comes to food security and again, notions of alienation.

As noted by Hamelin et al., the general environment that food insecurity and the associated strategies and reactions occurs in is characterized by an overall scarcity and unpredictability associated with the wage economy, second hand clothing stores and food banks, informal bartering, and self-reliance. More generally, they say, the way that food insecurity is manifested occurs within contexts that food insecure households describe as powerless, excluded, and exploited (2002, p. 128). This is magnified in a rural setting where community support groups and other resources are not as accessible due to small populations, and where employment opportunities may be more limited than they may be in a more populous city.

In rural Canadian communities, hunting may be an important management strategy for food insecure households. Teitelbaum and Beckley (2006) claim that a significant proportion of the rural population in Canada engages in “self-provisioning” activities (p. 115). While hunting is a widely understood element of First Nations cultures, it is also historically significant for the rural settler population as a “readily available and easily transportable” alternative protein source (Comitto, 2012). Further to that, notes Teitelbaum and Beckley, self-provisioning by way of hunting could have ties to household economics, cultural or social preferences, or personal satisfaction and
lifestyle choices (2006, p. 115). In studies of food insecurity, hunting is perhaps overlooked as a common management strategy as most existing studies are set in urban centres. In her investigation of the “urban-rural divide,” Vito Pilieci (2015) finds that “rural issues differ greatly from urban issues” when it comes to an understanding surrounding hunting as a means of provisioning food.

2.11 Conclusion

Rates of food insecurity are monitored nationally and regionally. Despite a growing literature that shows persistently high rates of food insecurity, factors that increase the risk of becoming food insecure, and the physiological and health consequences of food insecurity, there is a need for additional research that examines the lived experience of food insecurity and the techniques that food insecure families employ to make ends meet (Buck-McFadyen, p. 140). Some of the key pieces of literature that seek out lived experiences are used to set the foundation for my research project and demonstrate that qualitative research in this subject area helps to paint a fuller picture of the context in which food insecurity exists.

Buck-McFadyen’s work is the only published study that sheds light on the lived experience of food insecurity for rural families in Canada (Buck-McFadyen, p. 144). Ahluwalia, Dodds, Baligh (1998) accomplish a very similar goal of hearing the lived experience of food insecurity from low-income households in both urban and rural North Carolina. Hamelin et al. (2002) give a fantastic account of what food insecurity looks and feels like in Quebec according to the people experiencing it. Hearing the voices of the
people with lived experience of food insecurity demonstrates that managing a food insecure household involves an invisible layer of creativity, energy, and skills as a requirement to survive (Power, 2005).

While much of the literature paints a picture of disparity and struggle, Buck-McFadyen (2015) shared some of the positivity that emerged in her research: “Despite the stress and emotional toll that food insecurity had on participants, the women in this study demonstrated resilience, a positive attitude and significant organizational and management skills as they took action to make ends meet with minimal resources,” (p. 142). This really emphasizes the fact that these are real people with real lived experiences, who despite a “tornado” of challenges find a way to persevere and ultimately, survive. Hamelin et al. (2002) also notes surprising positive responses coming from their group interviews, highlighting respondents who state they have improved their food habits in experiencing food insecurity: “We changed our way of seeing things and of budgeting, now we allocate more money to food and less to other less essential expenses,” (p. 126). This literature suggests that people living in poverty are creative and thoughtful in making the most of their situations.

A deeper understanding of the underlying causes of and experiences of food insecurity may help guide action at the local level. However, municipal actors do not have the policy levers to alleviate poverty, and thus food insecurity, through income supports. Only once we have a better understanding of how and why food insecurity exists in Canada, says Buck-McFadyen (2015), will it be possible to address policies that
work to alleviate social inequities and make it possible to step out of the never-ending “tornado” (p. 143, 145).

The research I have completed begins to get at lived experience with food insecurity in Gananoque and area, Ontario. What do people with the lived experience of food insecurity in Gananoque and area have to say about how it is they get by? What do they feel would truly help to alleviate the major barriers they face to a healthy and prosperous life?
Chapter 3

Research Design

3.1 Research Methodology

For this project, I was asked to obtain information on the lived experiences of people who struggle to put food on the table. The project was community-based in the sense that I worked closely with a community coalition, the Gananoque and Area Food Action Network to assist them with meeting their goals (as outlined earlier), specifically to bring forward the voices of those who live and try to feed themselves on low-incomes in Gananoque. Qualitative research is best suited to describing participants’ situations and bringing their stories to life beyond the statistics. This methodology allowed me to get at the complexities of the experiences of living in poverty.

While this methodology offers the opportunity to develop rich understanding of the lived experiences of my participants, qualitative research is not without its challenges. One such challenge is the navigation of a relationship in which there are conflicting goals, benefits, or notions about the process of research (Hotze, 2011, p.105). As an academic, I found myself inspired to promote change and make my results known, however, members of GAFAN had to tread carefully in the bureaucracies of their workplaces, be mindful of community politics, and protect their relationships with a range of community members. It posed a challenge that GAFAN was my gateway to the community in which I was working. Because they commissioned the project, I had to adhere to what it was they wanted to investigate. This revolved more so around
improving programing than alleviating poverty, the root cause of food insecurity. However, the alleviation of poverty is beyond the remit of the agencies involved in this study.

Another challenge in a small community such as Gananoque was ensuring the privacy of participants, beginning as early as recruitment. It was imperative that participants could not be easily identified by what they reported given their involvement with service providers involved in GAFAN. One measure I took to keep information that was shared private was to have participants sign a confidentiality agreement. I also emphasized the importance of confidentiality beyond the walls of the facility used for the focus groups. I used pseudonyms in reporting my results to ensure anonymity.

3.2 Methods

Data was collected via the use of focus groups. Focus groups were chosen over interviews as a research method in order to foster an atmosphere of inclusivity and community, and allow participants to build on one another’s responses to put forth ideas that have not yet been considered. Furthermore, focus groups acted as a support and comfort to participants who may have felt they are alone in their difficulties. Focus groups also gave me the opportunity to inform participants of the services available to them in the community. Focus groups offered variety within the three set demographics. In the focus groups, I observed that participants sparked new insights in each other and recognized many commonalities in their situations. Ritchie, Lewis, McNaughton Nicholls, and Ormston (2014) indicate that the use of focus groups works to encourage
participants to reveal more because of the prompts by their peers (p. 212). Focus groups also allowed for data to be collected from more people within the time constraints of this project.

The semi-structured interview guide that I used allowed for conversation to flow, while still obtaining the necessary data. With very little prompting participants were able to take a question and expand upon its premise, responding from the heart and using other participants to back up their stance. This often flowed into the next topic and fostered a very organic conversation.

For the purpose of these focus groups I recruited residents of Gananoque and area who self-reported struggling, or having struggled in the past, to put food on the table. This included people on Ontario Works (OW), Ontario Disability Support Program (ODSP), Old Age Security (OAS) and the Guaranteed Income Supplement (GIS) for seniors, or Employment Insurance (EI). It also included people working at low wage jobs.

Research participants were recruited through the various agencies involved in the Gananoque and Area Food Access Network, as described below. Participants did not have to be clients of these agencies. A poster (Appendix A) was the primary recruitment tool used, along with a handout for potential participants and a script provided to advisory committee members who recruited at their discretion. Recruitment occurred at the following partnering agencies, as follows:

**Gananoque Food Bank:** a poster was put up in the waiting area. The Intake Coordinator recruited in the intake process, with permission from the Board of Directors, using a script she was provided with. She used her discretion in seeking out participants whom
she thought would be interested. Participants were presented with the pre-set dates of the focus groups. If interested, they signed up for whichever one worked for them (with no obligations), and gave their contact information to be passed along to me.

*Salvation Army*: a poster was put up in the store. Interested participants were presented with the dates of the focus groups by the Director of the Salvation Army, given a handout, and then asked for permission for their contact information to pass along.

*KEYS Job Centre d’emploi*: a poster was put up in the Centre. The Employer Services Consultant used her discretion to approach clients, in the Centre or in meetings, and determine if they may be interested in participating using the script she was provided with. Participants were presented with the dates of the focus groups and gave their contact information to be passed along, if they wished.

*ROLL Aid Centre*: a poster was put up in the Centre. The Director presented clients with the dates of the focus groups, gauged their interest, and obtained their contact information to pass on if they wished.

### 3.3 Data Collection

I held 3 focus groups and one personal interview. All interested participants were offered the choice to join the focus group or partake in a personal interview. Each focus group lasted approximately 90 minutes and the personal interview lasted about 60 minutes. Focus groups were held at a time convenient for the participants in an accessible venue that is centrally located (see Appendix A for times and locations). The focus group was held at the home of the participant, as per their wish. Participants were each acknowledged for their time and knowledge sharing with an honorarium, consisting of a $25 grocery gift card provided by the Leeds, Grenville and Lanark District Health Unit. Childcare was offered to all participants and was only needed for one focus group. For
those who needed transportation, the Salvation Army provided pick-up and drop-off services.

My supervisor, Dr. Elaine Power, an experienced qualitative researcher, co-facilitated the focus groups. The focus groups were audio-recorded with the permission of all participants and one researcher took field notes. The audio recordings were transcribed verbatim. The transcripts were then coded to determine common themes. This was how I arrived at the themes highlighted in the results section.

I took a multi-faceted approach to ensuring rigour and credibility. I began my research with a tour of the involved agencies in Gananoque in October 2015. These tours gave me hands on insight into the processes and policies under which they are operated. Use of a semi-structured interview guide was a strategy I used to keep each focus group on the same track. I also used a small written survey (see Appendix C) to gather data regarding demographic details. The same semi-structured interview guide and written survey were also used to guide conversation in the personal interview. There was opportunity for participants to use an anonymous comment card if there was something they wanted to share but were uncomfortable doing so in a group setting. Those who wanted assistance in filling out the demographic survey were offered help in a smaller room outside of the room where the focus group was held. No participants used this option.
3.4 Research Sites

Focus groups were held at three different locations. One was held in the Café space at the Salvation Army. Another was held in the boardroom at the Leeds, Grenville, and Lanark District Health Unit/KEYS Job Centre d’emploi building. Another focus group was held at the Royal Canadian Legion Seeley’s Bay, the building where the Seeley’s Bay food bank is housed. I also held one personal interview at a participant’s home. The spaces were arranged with the help of the GAFAN advisory committee members. The spaces were chosen for their convenience, their suitability, and most importantly, accessibility.

3.5 Ethical Considerations

The study asked about participants’ experiences of living with food insecurity and accessing community food programs, which could be a cause for discomfort or distress for some participants. To minimize any risks, participants were reassured that they did not have to answer any questions they found uncomfortable. All questions were asked in a sensitive manner. Participants were reminded that they could take a break at any point or that they could discontinue the focus group without penalty. Assistance was offered to fill out the demographic survey and extra comment card for those with literacy or numeracy needs. Information on free counselling services was provided in case participants were upset after the focus groups.

Study participants are very involved with some of the service providers who assisted in my recruitment, and could easily be identified by only a few details. I was mindful of
the risk of increasing the stigmatization of the members of an already marginalized group in a small town (Hotze, p.106). Participants were asked to maintain strict confidentiality to ensure that any information shared in the focus group stayed within the group. They were provided with a Letter of Information and Consent form (Appendix D) detailing the project and asking for their consent to participate. In any publications, participants will be provided with pseudonyms, so as to remain anonymous. The consent form asked for participants’ email addresses or phone numbers if they were interested in the results of the study.

This project was reviewed and cleared by the GREB (General Research Ethics Board) of Queen’s University for ethical compliance with the Tri-Council Guidelines and Queen’s ethics policies.

3.6 Reflexivity Statement

This project was of interest to me because I come from a rural area and have a keen interest in public policy issues of this nature. It is important to note, though, that my privilege could have impacted study results by blinding me to some of the realities of participants’ lived experience. My position as an academic researcher could also have negatively impacted the connections I established with participants.

It was very important to me that I establish trust with participants, not just for the sake of the research but also for the sake of compassion for people experiencing immense vulnerability. I think my personality was my biggest asset in this respect, from the very first phone conversation I had with potential participants. I am an inviting person with an
upfront warmth and honesty. This was reflected in the tone of the focus groups, which seemed friendly, with participants sharing openly and respectfully. While a few participants spoke more than others, everyone in the focus groups took opportunities to speak. Furthermore, the relationships I established with GAFAN and my advisory committee set the foundation of trustworthiness. The representatives of community services have well established relationships with members of the Gananoque community and without them, I would not have had access to such special group of people.
Chapter 4

Results

This chapter will summarize the research results, beginning with a summary of the demographics of people interviewed. A number of themes emerged from the data collection, largely falling under two umbrellas: themes highlighting the impact of poverty, and themes representing the underlying barriers to food. The impact of poverty branches into health issues, social isolation and stigma, scraping by, and lack of luxuries. Barriers to food are differentiated by physical access to food, affordability of food, access to charitable food, access to affordable fresh produce, and lack of transportation. Income barriers, and thus barriers to food in Gananoque, prove to be lack of access to support services and reliable, affordable childcare. These factors are a major indicator of food insecurity.

4.1 Demographic Information

In 3 focus groups and 1 individual interview, this project heard from 14 participants:

Gender: 13 women, 1 man.
Average age: 58.5 years
Age range: 27 to 79 years old
Under 50: 4
50-65: 6
Over 65: 4
Nine of the 14 participants have completed a high school education, and 3 have completed college. The remaining two did not complete high school.

Of the 14 participants, 10 have access to a car while 4 do not. One participant owns their home, while 13 live in rental accommodation.

Participants were asked to check all sources of income that apply to them so some indicated more than one. No participants listed full-time or part-time work, worker’s compensation or employment insurance as a source of income. One participant listed casual work. Four participants checked ODSP and 5 checked Ontario Works benefits. Six listed “Other” which included CPP, Old Age Security and other pension earnings.

Half of participants stated that they needed special food to manage dietary and health conditions. Participants required foods appropriate for managing hypertension, heart disease, diabetes, high cholesterol, celiac disease, food allergies, irritable bowel disease and anemia.

### 4.2 Impact of poverty:

#### 4.2.1 Health issues

Many participants spoke of being affected by complex and intersecting health issues and chronic diseases. The chronic diseases that participants named included hypertension, heart disease, diabetes, high cholesterol, celiac disease, food allergies, irritable bowel disease and anemia. Many of the older participants had more than one chronic disease.

Rose stated that she started on ODSP because of chronic pain but she realized that she has further gone downhill physically in the last 3 years. She recognized that her
diagnosis as having “borderline diabetes” could be due to her struggle to eat the right kind of foods. Other participants also described having diabetes and found it difficult to eat the foods they knew they should eat. John referred to the prevalence of diabetes in the community at large as a “plague”.

Sophie’s description of her multiple health issues and the complexity of managing her diet on a limited budget speaks to the trade-offs that many of the participants manage on a daily basis. When making decisions about what to eat, particularly at a hot meal program, Sophie wondered:

So do I hurt, you know, do I hurt from the lactose or do I hurt from the gluten? And then you get high blood pressure involved, there’s all your salts your processed meats. I’ve got acid reflux, I’ve got high blood pressure, so I can’t eat certain foods for my IBS, I can’t eat certain foods for my high blood pressure, and you know, I’m on medication for all of that…

Many participants described the limitations of the food available to them, both at the grocery store, because of lack of money, and at charitable food programs. They spoke of regularly eating food that they would not willingly choose if they could afford to buy different foods. For example, Peggy spoke about her reliance on the misshapen vegetables rack. Sophie told me that at the food bank, she could only get canned fruits and vegetables, “and that would be it,” because of her dietary restrictions. As a result, she didn’t use the food bank because it wasn’t worthwhile to her. Participants agreed that the food bank gave out mostly canned goods, while they craved fresh fruit and vegetables and worried about the salt content of the canned goods. Amy talked about what she does with all of the canned items she gets at the food bank: “I make stew. It’s something cheap
that I can make that everything downstairs [the food bank] will go into a pot. It’s the only way to do it.” She then added that this was something she used to feed her family but was not something she herself ate due to dietary preference.

Another common factor was the impact of health issues and stress on appetite. Jasmine, who appeared thin and pale, commented on her pain and headaches and constant sickness as the reason why she doesn’t eat as much as she would otherwise: “Being pretty stressed as it is, I don’t eat as much”, she said. At the same time, her lack of appetite must have seemed a blessing in disguise because she had so little money. Clearly Jasmine’s physical health was suffering because of her poverty.

Beth remarked on her role as a caretaker for a partner with complex health issues; “He’s got diabetes, he’s got frontal dementia. He’s got a feeding tube. I look after him myself.” The stress of managing her own health issues, for which she took medication, and diet as well as her partner’s, was taking a toll on Beth’s health.

4.2.2 Social isolation and stigma

Stigma and social isolation were prominent in the lives of all participants. The dynamics of a small town played into these themes with participants noting the paradox of small town stigma yet not really knowing their neighbours. Small town dynamics, whereby judgment is easily cast, were prevalent in discussion. Participants noted the social issues that stem from having low-income people all living in the same rent-g geared-to-income building; for example, four of seven participants in one focus group all lived in the same building. As Sophie noted, “Rumours start and the rest of the people, even
though they’re not included in the rumours or connected to them, they feel just as bad. Everybody is down on somebody.” Glossette remarked on the stigma she feels from accepting food that was offered to her by a fellow neighbour, saying that she was now considered a “taker” in the building. These comments reflect the darker side of small town living, which is often romanticized by those who don’t live there.

On the opposite side of the coin were John’s comments on the social isolation and subsequent mental health issues that stem from living alone and not being able to get out for meals. He commented on the way that times had changed where people no longer knew their neighbours well enough to feel that they were a viable resource in times of need. He said:

You know it’s just like, my son phoned from Vancouver, how’s it going Dad? Well you know son, I haven’t eaten in three days and I’m scared to ask anybody for a meal. And sometimes that’s the way it goes because you know, you’re humiliated, you’re embarrassed. And who wants, you know, and it’s okay to go to Messy Tuesday and all that but it wears thin, cause “oh he’s here again or she’s here again and blah blah blah” And it’s humiliating. When I first moved here I had to sell two TVs cause there was nothing to spend. You know? And I swore to god I was going to eat. But people, whole society has just got so twisted. Because I can remember when I was a kid if I didn’t have anything to eat I could go next-door or the next one over or the next one over. They’d feed me! You can’t these days because your next door neighbours don’t even know you. And it hurts, you know. You get to the point where you don’t know where you’re going and you feel, I’m too old to sit here and cry but I’m gonna have a good one.

Crystal further commented on social isolation that results from living with a low income saying “Well you sit and you fester in your own thoughts…cause you don’t have that money to go out with friends or you don’t have the friends to go out with… So my
free time is kinda like, I sit there by myself or I’ll think okay what can I do to utilize my
time so I don’t sit there and go crazy in your own thoughts.” This is consistent with
Valerie Tarasuk’s (2001) findings that women who are food insecure experience more
severe social isolation.

A number of participants described loneliness like Crystal’s, emphasizing the
significance of pets in alleviating some of the isolation. Glossette, Peggy, and John both
spoke about having kids who lived farther away and relying on their pets to fill the void.
The importance of pets was evident in the lives of several older participants. They spoke
of the stigma of owning of pets, and the comments of people saying that if someone is
poor they should not have a dog. But the common theme that rang through was the
reliance on pets as social support and company. Peggy said, “I have a Shih Tzu and I
don’t know what I’d do without her because she’s the only one I talk to some days.”
Glossette noted that her daughter lives away from town and that her pet acts as
“something to keep [her] sane, to know [she’s] loved”.

Amy said stigma was behind her family not using the local food bank in their
small town due to the fact that too many people know them. She said, “Too many yip yip
yippy’s work at that food bank. So as soon as we walked in and by the time we got out to
our car everybody would know we’d been at the food bank.” Despite using the food bank
as a last resort, she preferred driving to a location a little bit further away in order to
minimize the stigma she felt. This notion of stigma in a small town aligns with Hamelin
et al. (2002) and the worries of their study participants: worries that everyone would know they have gone to the food bank.

Contrary to the negative impact of small town stigma and social isolation, a few participants spoke of the impact of living in more rural areas. Jasmine spoke of her life as it used to be, expressing nostalgia about a time when her family lived a country lifestyle: “We always had the meat and potatoes, it was like clockwork, and I always worked up until I had her [daughter] and you lived a certain way and you want to keep it that way.” Similarly, Donna noted that accessing services was more personal in the country, that friends and family are more willing to help out and that people stick together. She referred to it as the “If you need anything let me know” mentality.

Family support was very important for three participants in particular who often relied on members of their family and supported them in return. Crystal remarked that her mom lives in the same building as she does and that they make a habit of going to her place on Saturday nights to make supper with her brother. Beth emphasized how much she values the help of her adult daughter in taking care of her husband and sharing food: “A lot of the times I don’t know what I’d do without her help or our son’s help. Because they help us out quite a bit.” Jasmine talked about the lack of friends and family she has to rely on, stating that she didn’t really have any friends as a result of a choice she made to live away from people who are untrustworthy or unsafe. During the focus group, she commented to Crystal: “But to have that, I think that’s great. You have your mom and a brother you can work together, that’s something that I lack.”
Both Jasmine and Crystal, single parents, remarked on their lives revolving around their young children. This included food practices, social life, and financial habits. Access to and cost of food were major barriers for all participants but seemed to have an even greater effect on single parents. When it comes to food, “Save it for [him or her] and eat whatever is left” came up again and again. “I could go through the day with maybe like a banana or something whereas he has his 3 meals, he has to eat. I do go without some meals. Like I’ll skip lunch, I shouldn’t. But he’s got food in his belly, that’s my main priority. I can do without… if you want fresh good stuff, and if you don’t want them to get into the junk food that costs a lot more,” said Crystal.

Jasmine emphasized the importance of her daughter feeling normal and feeling good, “I just want her to feel like we’re doing alright,” she said. Crystal added, “You never want them to notice that you’re struggling…” noting that her son bugs her when she doesn’t sit down for supper with him. This signals the social isolation and prioritizing what it is to be “normal”, as discussed by Ahluwalia et al. (1998). She said that sitting down for supper is the most expensive thing and something she tries to avoid for the reason that it would mean preparing more food or risking eating more than she has.

Overall, it was clear that those with family supports close by were doing marginally better than those without. Despite having little income and struggling to put food on the table, it was evident that the social belonging had a positive impact on overall wellbeing of participants with nearby family or good friends. Loneliness proved to be a
distinguishing factor, impacting the mental health and wellbeing of participants feeling its strain.

4.2.3 Scraping by

The theme of scraping by was foundational to discussion on living in poverty and with food insecurity. All participants remarked on the daily, weekly, monthly struggle of scraping up as much food as they could, using a variety of strategies. A particularly poignant and heartbreaking exchange in one focus group went as follows:

Amy: What else can you do if there’s a gap? Like if you’ve done everything you can to stretch it and there’s...
Beth: Then you go without. You have to go without.
Sophie: You go hungry.
Peggy: Drink a lot of water, and tea, and sleep. If you’re sleeping you’re not hungry.
Sophie: And if you sleep enough then you wake up and you don’t feel hungry because you’re not really awake. And if you do feel hungry hopefully it’s around a meal time that you’ve got something... unfortunately if it’s really good it makes you want more and you can’t afford more.

This dialogue is reflective of the kind of conversations that occurred through the focus groups. Participants would share their perspectives and would build upon one another’s comments, often times agreeing with and adding to what was said before them. Scraping by underscored every discussion. It became clear that making what little resources they had available to them last was top of mind.

4.2.4 Lack of luxuries

All participants spoke of small “luxuries” they lack as a result of their low incomes. These “luxuries” are items that others, with more income, would consider “essentials,”
such as cable TV, computers and cell phones. Participants frequently related this theme back to stigma and misconception surrounding people who live on social assistance.

Glossette, a participant on ODSP who lives in public housing, summed it up:

“I don’t even have cable, I got rid of cable. I don’t have TV. I don’t have anything. I live like a poor person, a really poor person. The only luxury I have is going to the library and getting a CD. That’s it. And I don’t have a cellphone or [anything]. I live very limited. I got my dogs, thank god for that.”

Glossette’s remarks suggest that the inability to purchase “luxuries” that would enhance her quality of life contributes to a profound sense of deprivation, limitation and poverty that puts her apart from the mainstream. Similarly, when Crystal told me that she has two cats she rationalized it as a luxury she knew she was choosing to have, but one that helped her to feel connected and maintain her mental health.

Jasmine, a single mom, noted that she doesn’t have cable and has just one phone. It was interesting to note the difference in age and the perceived necessity versus luxury of technological devices. It was clear that for younger participants, no matter how much they were struggling, a cell phone was a necessity. It was used to surf the Internet or communicate on a variety of social media outlets. For older participants who either maintained a landline or had an older model flip phone, smart phones were luxuries that remained out of reach.

The results of lack of income extended beyond lack of luxuries into bare necessities. Participants spoke of the daily struggle of living on Ontario Works and getting “nothing to live on”. Beth spoke about raising her family with very little despite her husband
working all the time. She noted the importance of always making sure her children were fed and clothed as her first priority, which was echoed by the mothers in the other focus groups.

Jasmine noted that her income is so low, despite her electricity and rent being covered, that she’s constantly at two food banks per month just to get by. She knows that she would qualify for ODSP, which would be a slightly higher income, but states that she does not want that long term. She wanted to be eligible to work, and so did not want to be on a disability cheque: “I talked to my worker she understands. She’s like ‘How are you doing this? You get $120 a month to live on welfare’. I said yeah I took a $550 loss when I got off ODSP and that’s the difference between welfare and disability… I said well where do you want me to get it from, you see what you give me for a cheque.” Comments like this led to a plea to the government to “stop making people dishonest” from Glossette. Glossette understood that social assistance cheques are so low that people turn to survival strategies that are not always condoned or legal.

Sophie’s remarks echoed the sentiment of not having enough and the technicalities of turning 65 years old, which happened to be on the day of the focus group: “My disability stops ‘cause I just turned 65 and they just told me, my income is going to go down. The way I’m living right now I have $20 a week for gas and $50 a week for food and everything else.” With so little left over for necessities, it is easy to understand why Sophie was anxious about any potential drop in income.
4.3 Barriers to food

It goes without saying that access to food and affordability of food are both major barriers faced by participants. “There’s a lot of problems with people not being able to afford the kind of food that they require to eat properly. They go to the Food Bank and a lot of it is canned, preserved, whatever. And when they can’t afford groceries, that’s what they buy too,” says Sophie. Both access to and affordability of groceries play a major role in the food security of participants. If participants had more money the absolute cost of food would not be a concern rather, the cost relative to their low-incomes is the issue.

Access to food is directly associated with affordability because in Gananoque it is not for lack of grocery stores.

4.3.1 Physical access to food

Participants stated that they shop at Metro, No Frills, Shoppers DrugMart in Gananoque. Giant Tiger in Brockville was said to be the “ideal place to go” as well as Wal-Mart and Food Basics in Brockville, but most participants were unable to travel to Brockville. Beth stated that locally in her small rural community, they have no real choice, citing both the cost and quality of food at the local grocery store. “The stores you’re shopping in have a bigger variety and a bigger selection of things than what the stores in Gananoque do. Cause we’ve only just got the two,” said Peggy in response to a participant who makes the trip to Brockville once a month. Transportation difficulties stood in the way of all participants being able to go to the stores in Brockville, a thirty-minute drive away.
4.3.2 Affordability of food

The grocery stores were all said to be “outrageous” in price with participants agreeing that price affected what they were able to buy. “I mean meat wise, you can’t afford to buy meat. You can’t because it’s so expensive at this point. And the vegetables are going up too. You can’t afford to buy everything fresh” says Amy. One mother explained that her son was not big on lettuce and tomatoes, which meant she was able to save on the expense.

Sophie, who lives alone, stated that she finds it impossible to shop at No Frills for meat because they deal in family size packaging, which she finds to be, more expensive and too much for just one person. Further to that, Amy commented that grocery stores tend to have sales just before cheque day, when she didn’t have the money to take advantage of the lower prices. Peggy noted that her local grocery store used to match prices from stores in Brockville and Kingston but now only matches prices from local stores.

4.3.3 Accessing charitable food

Participants wanted to make sure that they did not seem ungrateful in their remarks but noted a number of barriers to accessing food through the various food banks in the area, including Gananoque, Delta, and Seeley’s Bay. Several participants noted they were unsure who runs the food banks or how the system works, leading to a general misunderstanding of the process and hesitation to use it. Participants expressed frustration that they have no choice over the food they receive at the food bank in Gananoque. They
are handed their food in bags and do not know what food their bags have until they get home, often resulting in items they can’t use or eat. Participants described feeling guilty for not eating food they didn’t like or for having it sit in their cupboard. Some participants described giving the unused food back during food bank drives. Peggy expressed her frustrations at the process that the food bank in Gananoque uses: “In Gananoque you just go and you hand your sheet in then you sit there and wait and then they bring the bags out and say there you go. So you don’t see anything until you get home.” There was general discontent with this process among participants. The literature suggests the same frustrations with the structural operation of charitable food in Canada, as highlighted by both Poppendieck (1998) and Hamelin et al. (2002).

Participants who used the food bank at the R.O.L.L. Aid Centre in Seeley’s Bay seemed much more satisfied by the process there. The food bank there uses a points system whereby clients are able to choose how to allocate their points to get food that they want and meets their health needs and food preferences. “You get so many points [depending] on the size of your family… Everything is worth so many points…. You choose what you want. You get quite a bit,” says Amy. Further to that, in Seeley’s Bay participants noted that the food bank includes a choice between the Good Food Box or a slip of paper to take to the grocery store for a similar dollar value in vegetables.

Quality and quantity are also significant concerns for participants in the study who used the food bank. “[It doesn’t last] very long, a lot of the canned goods… they give some school snacks, and the eggs and the butter, that’s great. They’ve come up I’ve
noticed in the last year and a half, two years they’ve started adding beef if they can…” said Jasmine. As much as she and other food bank clients appreciate the extra help that the food bank provides, they concluded that what they are given per month is not enough to meet their needs. This supports the argument that the food banks in Canada are merely a bandage solution, not getting to the root of food insecurity and leaving people stuck in an endless cycle, as per Dr. Elaine Power in her opinion editorial for the Globe and Mail, “It’s time to close Canada’s food banks” (2011).

One participant was adamant that she does not use the food bank because there would be very few things she could eat on her special diet. It was noted that dietary needs are asked about on the intake form but that it’s not sufficient as it is rarely, if ever, taken into consideration. This points to the limitations of food banks and the charity model – they can only give out what they have on hand. Relying on donations means that what they have is out of their control. This notion is supported in the literature, particularly by Janet Poppendieck’s “7-ins” of food banks (1998).

Physical accessibility of the Gananoque food bank is a major issue for participants. Glossette remarked on the accessibility of the stairs and carrying the bags “From all the way down and all the way up the stairs, and into your vehicle or buggy.” She noted that this was difficult with her health problems, leaving her feeling intimidated. Similarly, Peggy added seniors or people with disabilities often have trouble carrying heavy bags. She commended the food bank volunteers for carrying parcels to her car but
noted frustration with arriving at home and having to get them into the house herself, often having to lighten the bags and then make multiple trips:

“You don’t see how heavy they are until you go to take it out of the car and you think, ugh, I can’t lift that. So then you have to get another bag and sort it out. And it’s difficult making trips in and outta the house and I have six steps that I have to go down into my apartment. So then I have to go down those steps, into the apartment, put the food on the counter or wherever, up the six steps again, out to the car.”

A number of participants nodded in agreement with this statement, also residing in low income housing with stairs and a fair distance from the driveway to their apartment.

It is clear from participants that the Salvation Army acts as a social hub for many participants. People gather here for information, meals, shopping, and socialization. Further to that, though, many participants rely on the Salvation Army for a hot meal on Mondays, Wednesdays and Fridays as well as the emergency food bank they offer. Rose commended the Salvation Army as the place where she does 99.9% of her shopping but also a resource for when her food runs low: “When my food runs low, didn’t I have a great meal today? This is a place we can come 3 times a week and have a good meal.” Glossette clearly stated that she counts on the Salvation Army, and that she doesn’t have very much to eat on Tuesday and Thursday and weekends (the days the Café doesn’t operate).

John commented on the value of getting to eat a hot meal in the company of other people and the way that is fulfilled at the Salvation Army Café. He emphasized that using
the Salvation Army to spark something like Martha’s Table in Kingston\(^2\) would be great for people to pull together to cook and eat together. The Salvation Army Café as it currently operates is a great place to come for a free meal but it offers little opportunity for patrons to get involved in the food preparation.

4.3.4 Fresh produce

On top of the emergency food bank the Salvation Army offers, which many participants note that they benefit from, the Good Food Box\(^3\) Program is run through their services. Participants were keen on the idea and the value of a Good Food Box but said it was hard to get the $15 together in time, expressing concern over the date the order and money goes in and the date the Box arrives. A number of participants had not heard of the program and were interested in retrieving information. One participant had the flyer in her purse and shared the phone number with the others in the focus group.

Participants had positive remarks on the notion of a community garden. Many participants were interested in partaking. A couple of people interviewed were even involved in committees in the discussion stages of planning gardens. “It’s so hard to get

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\(^2\) “Martha’s Table is a non-profit charitable organization that provides low cost nutritious meals to those in need, in safe and accepting environment. Meals are prepared and served Monday through Friday by volunteers in a restaurant-style setting for the nominal cost of one dollar. The Martha’s Table drop-in centre or "Friendship Room" is a relaxing and comfortable space that is open to all with access to a telephone, computer with internet and instruction, restrooms, coffee/refreshments, snacks, art and other activities. Sandwiches are served at noon daily,” (Retrieved from [http://www.marthastable.ca/](http://www.marthastable.ca/)).

\(^3\) The Good Food Box is a non-profit fruit and vegetable distribution system which offers produce at wholesale prices, to everyone in the community who wishes to participate. The Good Food Box runs monthly and serves Gananoque and area out of Kingston, Ontario.
fruits and vegetables,” said Glossette, “They tell you to eat local…it’s hard. The farmers market is so expensive!” Jasmine commended her building manager for taking initiative to get kids involved in a garden on their property. She is excited to get involved in something positive that generates community sharing. One participant who owns her home and has sufficient land looks forward to summer so she can grow her own garden, stating: “It is the only thing that’s going to get me through,” (Donna).

4.3.5 Transportation

Given the rurality of Gananoque and area, transportation was a major concern for all participants in discussing how they obtained food. It extended far beyond having a car or not, and into the cost of gas, gas consumption, repairs or maintenance, and insurance. Many participants who live in the town of Gananoque spoke of the inability to get to stores outside of town without a car: “How do we get there, transportation-wise?” “That’s it, we don’t drive anywhere” “No busses that take you to Brockville or Kingston.” Rose remarked on the exorbitant rates of taxis in Gananoque and participants living in surrounding rural areas noted the impossibility of using taxis. Glossette spoke about trying to help out others by giving them rides but noting that she wasn’t able to do that often as she struggles to put gas in the car herself. Crystal said that she doesn’t drive so is reliant on others to drive her. Her means of getting groceries home involves a wagon that she carries when she walks.

While Sophie has a car she remarked on the cost of gas, especially to get to Brockville or Kingston: “It’s maybe only 35 or 45 minutes to get to WalMart but that’s
high speed, 401 or highway 2 and we’re paying gas and whatever savings we would get on the food we’ve spent more so on gas.” Amy and Beth noted that it costs them $20 to go to town to get groceries anytime they go from their rural communities to larger centres but Beth added that it was worth it to spend extra money to get something “decent that you can eat”. In all it was found that having a car is a necessity for those who did not live within city limits, there is simply no other option.

4.3.6 Strategic resourcefulness

As a result of living in poverty, all participants noted strategies they employ regularly in order to make ends meet to put food on the table. Many of these strategies are labour intensive or involve extensive planning. Also, a number of strategies come from the resourcefulness of participants and word of mouth. Rose highlighted the resourcefulness of the group in saying “All of us people who are watching so closely what we can spend our money on, we’re getting pretty good [at] what we can live on”. This statement would indicate the invisible labour of living in poverty: learning what one has to do to survive on very little.

Portion control was described as a strategy by nearly every participant, without hesitation. One participant spoke of saving one of the two potatoes she had boiled for the next day, no matter how hungry she was. Similarly, participants spoke about limiting their consumption altogether in order to save food for another time. A poignant statement from Sophie: “I’ve seen me starving and I look through my fridge and my freezer and my pantry and I don’t dare eat anything just in case one day I’m really really
hungry. Well that day is today and I can’t see it. So I fill up on water with lemon juice in it”.

A strategy used by all participants is shopping for sales or deals. People explained digging for the lower prices on the bottom: “You have to look very careful because sometimes in the bottom they’re a little bit bad but if there’s anything that’s any good there I always grab it” said Beth. Sophie talked about budgeting every week so that she ensures she has the money when a sale comes up.

Amy prefers to buy in bulk, buying the big packages and freezing in portions. While this made for a greater upfront cost, she recognized the overall cost savings. Especially when it comes to meat, participants referred to its expense and searching for sales when larger packages may be on sale.

Other participants described making stew in order to combine available ingredients and to use the canned goods from the Food Bank. All participants proudly expressed their creativity in looking through the fridge and experimenting with the ingredients they have. An example of resourcefulness and creativity came from Amy: “I make homemade BBQ sauce. It’s cheaper than to buy it. Cause you get ketchup or mustard or mayonnaise here [at the food bank] so one time I’ll get the ketchup, next time the mustard, there’s my BBQ sauce. With a little bit of brown sugar.”

Using rewards programs like Airmiles and Bonus Bucks is another strategy used participants in the study. On a similar note, one participant noted that she sometimes goes to the casino just to get free coffee. All of these strategies prove consistent with the
literature. That is, Power (2005), Hamelin et al. (2002), and Ahluwalia et al. (1998) speak of similar resourcefulness when it comes to the experience of food insecurity.

4.4 Income Barriers

When asked what the biggest barrier is to participants having a healthy diet there was a unanimous and immediate response of “Money”. It is clear through discussions that cost of food and the cost of living have gone up but income hasn’t and that it has made for precarious situations for participants. For example, Sophie says:

“I live on OAS death benefit, and CPP disability. Now I turn 65 I’m told my disability is going to disappear and I’ll go on whatever they call it next and my income will likely go down. Now I’m making just $2000 over that $16,000 cut-off that gives you all these extra things. I owe income tax every single year. Now you tell me how do I manage through that?”

Other situations involved a participant living off her ex-husband’s income even years after the divorce. Another participant described not getting any money, even though she was entitled, following a divorce.

You gotta save where you can. Cause they say old age you’re gonna live high on the hog well boy you don’t live high on the hog with old age (laughs). By the time you get your hydro paid and stuff paid you don’t have nothing left. (Beth)

A number of participants talked about the shock of opening utility bills and wondering how much it has increased month after month. The rising cost of utilities was another cost increase that has not been matched by increases in income.

The lack of access to jobs in a seasonal town is a major concern for participants as the majority of jobs are seasonal and/or shift work by nature. “The waterfront is the main
focus in this town…” says Crystal, “We always joked the streets roll up in the winter 
time… to trying to find something is tricky, you gotta really really look and do your 
homework. And find somebody that’s good that’ll work around what you need to work 
around.”

4.4.1 Childcare

Lack of reliable and affordable childcare is a significant barrier for participants 
who are single parents looking to obtain employment. “I don’t have any friends here; I 
have nobody I will allow to watch her” says one mom. “I have a couple of people I could 
fall back on but my mom works, my brother works, my grandma — well I don’t want to 
rely on her all the time. Childcare in this town I have to think, I don’t drive so I have to 
w alk him there and then I have to walk to my job wherever that may be… my worker 
tries to tell me don’t fret about that right now think about work, get something part time 
but it’s always in the back of my mind as a parent…” says another.

Both mothers express frustration over the inaccessibility of childcare locally for 
children who are not old enough to stay home alone. They also fear getting in trouble for 
legal ramifications such as child neglect. “You want us to go out there but then you’re 
[going to] turn around and have CAS at the door and pull the kids out of the house. For 
what? So you can make $100 in two weeks? Cause when you live here you have the 
casino and you have hotels to clean.” This frustration also points to the nature of the job 
market in Gananoque and surrounding areas.
Mothers noted that in higher availability of summer jobs in Gananoque’s seasonal economy coincided with the school break, making it impossible to work without childcare. One mom noted that it is harder to find childcare when children get older because there are a limited number of spaces.

4.4.2 Inadequate Access to Support Services

An indirect barrier to food is seen in inadequate support and limited access to services experienced by participants. It stems beyond access to food, but local access to basic necessities: “We finally got a place to buy underwear, I’m not kidding. And if you’re a big person trying to buy Dollarama underwear you’re in trouble,” said one participant. For a number of participants moving to a larger community like Kingston, with increased access to resources, programs and services, is not an option because the costs associated with moving and set up fees are too high.

For participants unable to work due to disability or managing complex health issues, navigating ODSP proved to be an added stress. Donna talked about her experience with ODSP, stating that it turns down everyone the first time meaning you need resources, ability and gumption to submit more than once. John talked about the extra strain of the cost of prescriptions that ODSP doesn’t cover and how that cuts into his budget for food.

A variety of relationships with caseworkers were discussed in the focus groups, highlighting the role of the workers and the barriers that they face in helping. “That’s basically one case worker deciding whether they’re going to use that discretion to give
the benefit or not… Some of them are very compassionate, some of them are tough as nails,” said Rose. One participant said, “I think the workers try to understand but I don’t think they fully understand. Because they have a decent job, some of them have spouses that can back them up, they have the childcare, they haven’t really struggled to get on their feet and they don’t have to worry about if their kid is safe or taken care of.”

Participants expressed frustration with getting stuck in the system: “It’s supposed to be there for a little while to help you while you get on your feet. But they’ve made it so hard…there’s no options, no resources, there’s no positive benefit for our children.” Crystal remarked on how hard it is for someone on social assistance to get on their feet and get out of the system.

In relation to food and support for food services, one participant talked about the Salvation Army food bank: “They say you can go once a week I just, I don’t like to go unless absolutely necessary… I just don’t like to take advantage of it every week, there’s more people in the community and lots of people that struggle”. Both single parents expressed an awareness of the breakfast club put on by their children’s school but said that they fed their children before school and that their children did not use the program.

Peggy explained an instance where she sought assistance from her social worker for chores around the house and was met at the other end with suspicion: “I have fibromyalgia and it bothers everything. She said the criteria for that is that you have to be frail and elderly and had had a stroke or a heart attack and you have to have medical problems. So I listed off all these medical problems that I have and I said well do you
want me to go on or is that enough for you? And she said well how old are you, and I said well I’m 79 and she says what year were you born? 1937. Are you sure? Yes I’m sure. Well you don’t sound it… I don’t understand why you can’t get some help”. The implications of a system that meets people with constant suspicion leaves participants feeling unsupported and without direction. Since she had to give up her computer and internet connection as a result of inability to pay the bill, Peggy is limited in how she can find out about services and get new information.

When asked how they find out about information or resources available to them participants responded with:

- News, radio and TV, local papers, flyers, websites
- Salvation Army (meet people and talk, friends who go or volunteer)
- KEYS
- Pamphlets, information boards
- Calling or talking to support worker

Overall, it is clear that there is inadequate access to support services for low-income residents of Gananoque and area. Inadequate access stems from geography, systematic barriers, as well as hesitance to accept help as a result of the feeling that there are others who are worse off.
Chapter 5

Analysis

This research underscores the individual lived experiences of a group of people who all self-identify as living in poverty. There was significant agreement between participants on a number of matters, however, there were also unique experience brought to light by the work. This chapter will take the aforementioned results and generate meaning in the broader sphere of social and health policy.

First off, I found that issues of health and the importance of having healthy food were top of mind for all participants. The difficulty of achieving good health without enough money was continually reinforced throughout the data collection. Physical health, nutritional health, mental health and social health were all key components in a complex discussion of the effects of food insecurity and poverty more broadly. Of significance was an overarching worry of not wanting to seem ungrateful, by all participants, for the services received.

It was also clear throughout the research process that the inadequate incomes of low income residents of Gananoque and area (including Ontario Works, ODSP, OAS, CPP and other pensions) seriously impacted the lifestyle and economic stability of participants. For those able to work, a significant barrier to income (and therefore food) in Gananoque and area proved to be access to adequate employment and access to childcare. An overall awareness of the seasonal nature of the water front community left younger participants feeling hopeless that their employment status could ever change.
This is ultimately at the root of the issue of the price of food being too high: what that really means is that people don’t have enough money to buy the food they need and cover other expenses too. Childcare proved to be lacking because it was either unavailable or unaffordable. Especially for single parents, this exacerbated the problems associated with lack of employment opportunities and meant they had to choose: do I work or do I take care of my children?

Transportation proved to be a major hindrance to obtaining gainful employment, but also to accessing food. In a rural setting, food services are spread far and wide. Public transit is unavailable so if a car is out of reach, as it is for most participants in this study, people are only able to access services within walking distance. For the low income population, this means walking to the grocery store or food bank and using a wagon or a buggy to transport goods. This is consistent with Buck-McFadyen’s (2015) account of a lack of transportation contributing to food insecurity. This also means they are limited to shopping locally, which often proves more expensive especially in a seasonal tourist town.

When it came to community food programming, participants highlighted the lack of responsiveness to client needs in the Gananoque food bank system. It proved a major concern when specific dietary needs came into play. My research brought to light the prominence of diabetes as one ailment in particular that seriously impacts the population that uses the food bank and the inability for the food bank system to accommodate special dietary requirements.
Participants who used the R.O.L.L. Aid Centre in Seeley’s Bay were notably more satisfied with the process by which they were able to obtain food there – a points system with which they are then able to choose how they use their points, guided through the options with a volunteer. They liked that they were able to choose what went into their bag as opposed to arriving home with a bag of unknown items. Participants expressed the lack of dignity in not having a choice at the Gananoque location versus the more dignified process of having choice and ownership over dietary preference and needs in Seeley’s Bay.

Users of both food banks noted accessibility issues as both are located in basements with steep stairs in and out. This points, again, to the multitude of health issues faced by the population that regularly uses the food bank but also to the government offloading charitable food to municipal communities who are unable to keep up with societal demands such as modernization of facilities.

As a result of their financial situations participants expressed a number of resourceful strategies to keeping food on the table. For all participants this meant portion control, careful shopping, and for the single mothers we spoke to it meant restricting their own diets in order to save food for children. Sometimes it meant being creative with different ingredients or ways of acquiring certain items (misshapen rack, sharing). However, while resourcefulness helped stretch the available food, it could not compensate for sheer lack of income to buy adequate groceries to suit dietary needs or dietary preferences.
Participants did not feel dignified in their food practices, having to consume foods they otherwise would not choose.

Social isolation proved a major theme in discussions of food insecurity and poverty more broadly. Participants spoke about living without any luxuries, constantly feeling judged, and the daily stigma they face in being poor. It was here where family support, or lack thereof, clearly made a difference. Similarly, for many participants, their pet played a very important role in curbing the felt isolation. The descriptions of family support highlights the isolation of participants without it and their increased struggle to feed themselves.

Scraping by proved to be the norm among participants. The food bank served to fill the gaps for a number of participants but for those with special dietary requirements or inability to get to and from, the food bank was not seen as an option. Living without luxuries came up again and again… participants noted having to sell TVs, disconnect internet service, having to tell their children ‘no’ when they asked for certain foods, among many other cutbacks. One participant stated that the radio was her sole source of entertainment, adding that she sometimes borrowed CDs from the library. Living in poverty exacerbated social isolation for these people. It seemed to disconnect them from what mainstream society understands as the real world and the sense of belonging that comes with having enough money to contribute to societal norms.

Focus groups proved to be a beneficial research method in that participants found it helpful and supportive to hear other’s stories and seemed to benefit from sharing practical
strategies. Participants seemed to feel supported in hearing shared struggles of others in a safe space. Focus groups generated discussion and allowed me to hear a variety of experiences per each topic of discussion. This made for a more thorough representation of the daily struggles of the low-income population in Gananoque and area. At the same time, a limitation of using focus groups as the primary mode of data collection was the tendency of particular individuals to dominate discussion. This may have inhibited some people from sharing as openly as they would have otherwise. The single one-on-one interview I conducted had a very different dynamic in that the participant was only speaking to me about their experience. This participant expressed that they felt more comfortable disclosing their vulnerability in this setting – in private where she could be more transparent and not have to worry about others in the community knowing her truth, suggesting the shame that many low-income people feel about their situations.
Chapter 6
Discussion and Conclusion

Although my project was conducted at the municipal level in relation to a community-based programming approach to food security, the evidence suggests that action is required by all levels of government in order to alleviate the issue of food insecurity in Canada.

The provincial governments in this country, for example, are tasked with setting minimum wages, determining social assistance levels, among other policy areas that impact household food insecurity (Tarasuk & Vogt, 2009, p.184). These were all priority areas of concern for participants in my study.

Federal governments are responsible for taxation, income transfers to the provinces, and leading the way in terms of social policy and income security. Under Justin Trudeau’s newly elected Liberals, we have been promised change in a number of key areas that can work to alleviate poverty and food insecurity.

I think it is the role of municipal governments to ensure that the voices of the marginalized are being heard and fairly represented at the federal level where there is potential for greater impact in terms of policy implementation and financial transfers. As Sophie, age 65, explained so clearly: “Come and live in my shoes and I’ll let you know when you can go back. It’s open ended. This fear we have, we live with, it’s not going
away. There’s no light at the end of the tunnel… you come, you live in low income housing, you live with our debts, with our income.” With the support from the municipal level, a more local understanding of the context and factors at play, Sophie and other participants could help federal leaders to more fully comprehend the problem.

The reality is that, as it stands, Canadian municipal governments do not have the time or money or decision-making power to create true change beyond supporting community programming and representing the voices of its constituents at the provincial and federal levels. Thus, it is clear that addressing food insecurity will require a culture shift at the local level. Government representation must understand the complexities of the policy issues such as this from all perspectives. This then must be followed by policy and action from all levels of government. Further to that, hearing the lived experiences of people who are food insecure opens the doors to variation in what it is people truly need to alleviate food insecurity. Revealing the invisible layer of work associated with food insecurity, and poverty in general, is integral to the redevelopment of social programs and policies to meet the needs of those living on low-incomes. While it always comes down to money, a variety of accounts will paint a fuller picture as to where this money is needed most. If people had enough money, food insecurity would not be a concern.

As it stands, community groups do invaluable work to alleviate poverty, making up for the gap in provincial and federal funding. It should be emphasized that while these groups do their best, it is not within their remit to increase household incomes. While this study boasted limitations in that it is just one example of impact of poverty and food
insecurity in a rural Canadian community, it rests on a foundation of ample evidence to support this as an urgent public health problem. What is really needed is action to increase incomes for people living on low-incomes.
Chapter 7

Recommendations for the Gananoque and Area Food Access Network

This information will serve to complete Objective 1 as outlined by the Gananoque and Area Food Access Network - to gather input from those in the Gananoque community who are currently food insecure or have experienced food insecurity – and facilitate their moving forward with their goals to enhance food literacy skills and food security for residents of Gananoque and area. To the extent that GAFAN is able to act on the results of this research, it has the potential to impact those living in poverty in this community. It may also have implications for enhancing food security in other rural Canadian communities. I presented my findings to a group of stakeholders, including my GAFAN Advisory Committee on June 1, 2016 at the Christ United Church in Gananoque, ON. This sparked further discussion on how to move forward with using these results as part of the larger project. As one participant said,

I’m low income and I sit at home and I don’t work a government job and I could tell you ways that you could change, for a better place for people for us, because we’ve lived it. We’ve lived down at the bottom of the barrel where we’ve had nothing, we’ve pulled ourselves back up,” (Jasmine).

Based on analysis of the data collected, a number of recommendations have emerged from the project. Some recommendations are implied by the information offered by participants; others are direct wishes of participants.
7.1 Direct Recommendations from Participants

Food banks:
- Incorporate more fresh fruits and vegetables into the food provided by the Gananoque Food Bank
- Better incorporate special dietary needs into food bank process
- Find a larger more accessible food bank space
- Transparency in Gananoque Food Bank process so patrons know where their food comes from, how it is being allocated, have choice in what they acquire, labels on bulk food bank items
- To the extent possible, allow a second visit per household per month

Grocery stores:
- Entice Giant Tiger or another discount store to open in Gananoque
- Acquire less expensive misshapen fruits and vegetables in grocery stores and markets
- Package food, such as meat, in smaller packages

Community:
- Develop a community garden\(^4\)
- Develop a community kitchen program
- Develop a cookbook for low income budgets with recipes containing protein and other nutrients

\(^4\) This has already happened. A community garden was successfully launched in Summer 2016.
- Develop childcare spaces that are operated municipally or provincially, safe and legally licensed to watch children and provide for them

_Salvation Army:_

- Post a sign pointing to the Salvation Army from King St.
- Operate the Salvation Army Café five days per week
- Serve meals sensitive to the high rates of diabetes among patrons
- Ensure a more reliable elevator at the Salvation Army
- Better organize dates surrounding Good Food Box so it aligned with the days social assistance money was allocated

_Transportation:_

- Develop a delivery system for grocery stores and the food bank
- Develop organized and subsidized transportation to Brockville and/or Kingston; useful for medical appointments, grocery shopping, socializing

_Social assistance:_

- Increase social assistance rates to cover basic costs of living and index them to the cost of living.
7.2 Implied Recommendations Derived from Participants’ Comments

- Development of a dog park in Gananoque. It was clear that a number of participants relied on their pets for a sense of belonging and feeling loved. This recommendation could help build a sense of community around pets to mitigate social isolation.

- Regular and scheduled transportation to Brockville or Kingston. This would be useful for medical appointments, grocery shopping, and socializing. Many participants expressed frustration that they have no affordable way to get to these larger urban centres.

- Ensuring information on resources and services is kept up online and generated in a Google search. Younger participants relied on the Internet to seek out information.

- Growing and maintaining transparency in the Gananoque Food Bank, such as making the intake process as open as possible. Consider allowing patrons to choose items on a points system similar to R.O.L.L. Aid Centre.

- Packaging food from the Gananoque Food Bank so it is easier to carry (lighter bags, boxes).

- Advertising when/where public internet access is available to patrons who don’t have it.

- Assessing Food Bank client needs and working to meet them, e.g. through a survey.
I met with my GAFAN Advisory Committee on May 30, 2016 to discuss the results of the project and prepare for the presentation. It is interesting to know that, unbeknownst to me, several of recommendations are already in place or are underway in Gananoque and area. This not only reaffirms the potential that lays within the community but also tells us that a greater focus needs to be put on information sharing and ensuring that constituents are aware of the resources available to them in the community.
Afterword

I believe it is important to share the work already underway by GAFAN and the greater Gananoque community in the aftermath of this research. It is also important to reflect on the impact of this research on me, as a student in the Master of Arts program with the School of Kinesiology & Health Studies.

As previously mentioned, Gananoque successfully implemented a community garden and had a fruitful growing season in summer 2016. The Gananoque Community Garden was opened Saturday, May 14, 2016 with both 5’ x 10’ and 10’ x 10’ plots available. At $20 per, the plots were immediately sold out. The fee was waived if requested. Seeds, tools, bedding plats, and water are all included in the price of the fee. One of the plots in the garden is designated for the Gananoque Food Bank. Local businesses Home Hardware as well as Thornbush Landscaping have also committed to donating the harvest from their plots to the food bank. Some gardeners even have rows they have designated for the food bank.

The Gananoque Food Bank is also working to accommodate special dietary needs more effectively in moving to a client choice model in the near future. This model would integrate education into the points system. The board also now recognizes the need for a more accessible, more centrally located location for the food bank and is actively seeking out options.
I will now add personal reflection by way of a post I wrote for my personal blog, www.bronzeandgoldblog.ca. It was written immediately after my first focus group. I can remember the drive home and the inability to turn my mind off of the subject of poverty and social injustice. Writing this piece was how I unpacked the emotional overload I felt and rings true even as I complete my formal writing.

*Sharing my perspective on poverty, by Madison Koekkoek*

Now 23, I’ve lived the charmed life and for that I thank my lucky stars every single day. I’m one of those people who spreads positivity and zest for life...from my shiny, untarnished perspective. This I recognize. For the past couple years, though, my academic life has been immersed in a subject that flipped me on my head. And for that I will be eternally grateful.

For my Masters thesis I conducted focus groups with low-income people and gathered a wealth of information on the barriers they face in having enough food from day to day. But what does that mean? I used a small town food bank and Salvation Army branch to recruit people who have trouble making ends meet from month to month. A few brave and resilient souls agreed to meet with me to share their stories of struggle, humiliation, and survival. In a country like Canada it’s so easy to think this doesn’t exist. It’s easy to think that we all live our comfortable middle class lifestyles and everything is great.

The research process has taken quite an emotional toll, I’ll admit. I find myself in constant confrontation with socialized norms and having to check myself over and over again: Why as a society do we take one instance of someone who abuses the social welfare system and generalize it to everybody else? The people I consulted spoke only of wanting to be honest, of wanting to help others, of wanting to be healthy, and wanting to be happy. These are not luxuries. Basic humanity doesn’t teach us to trample everybody else while we find our way. When did this stuff happen? When did we decide it was easier
to turn a blind eye to people who were suffering and came by it honestly? Why is it so easy for everyday Canadians to get stuck in the rut of social welfare and face an impossible battle to claw their way out?

As a working girl I understand the feeling of seeing half of your paycheque taken away. I get the feeling of waking up in the morning and wishing you could stay in bed but knowing your life depends on that daily grind so you get up anyway. I get the feelings of anger when you drive through your small town and see the “porch dwellers” sitting on the front step dragging on cigarettes, waiting to collect a cheque that comes from your hard earned tax dollars. I don’t think for one minute those are unjustified emotions. I think this is why my education has been so emotionally taxing - the constant pull of understanding both sides of the coin. Which is why I share this with everyone today.

We all love a good heart wrenching story as it shares its way around social media. We can all see the great in giving a homeless man a haircut or a hot meal or paying for the person’s coffee in the line behind us. But what is it that makes us so adamant that certain people are and certain people aren’t deserving of the same quality of life? Or at least an equal shot at it? And that might just be the key.

Our grandparents came here with nothing and worked their way to the top, you hear that over and over again. But what was different at that time was a sense of community which is largely lost today. At that time people came together, be it through the church or otherwise, to help one another. A new family immigrated from the Netherlands? Someone offered them a job on their farm, someone stepped up to teach them English, someone was always around the corner if they were short a cup of sugar or needed a dime to mail a letter. In today’s world we have no idea who our neighbour is, we lock ourselves inside our air conditioned, technology equipped homes to entertain ourselves in isolation. We sit behind screens and feel a false sense of social cohesion.
But what if tomorrow comes and you lose your job, you get diagnosed with a chronic and debilitating disease, your partner leaves you, or your house burns down? Life is fragile. What if you find yourself on the other side of the fence, because the majority of the people living in poverty today will tell you, it can happen with the flick of a switch. They had “normal” lives before they found themselves using the food bank or going without. Have a little faith in people and know that people don’t want to be lazy. People are inherently good. But more importantly, know how lucky you are each and every morning to wake up with a purpose and the health, ability, and opportunity to go out and earn a proud living.

Just something to think about as we ignore the homeless man, sitting cross-legged on the street. What was his life before he wound up there asking you for spare change? Did he simply make poor choices (as we’ve been taught to assume and can sometimes be true) or did he face incredible challenges in his childhood? Maybe he served our country and has now returned with unbearable mental health issues and a lack of support? The problems are so much deeper than the grips of a drug addiction. We are all given a different shot at this game of life - all equipped with different social supports, coping mechanisms, and emotional capacities.

I will forever be grateful for the opportunity I had to learn from people who were at their most vulnerable. I truly learned the value of a dollar, what it can represent, the value of food so many of us take for granted, and the value of life. It gave me perspective that I will forever carry with me. Compassion. Perspective. Appreciation. And most of all 20-something drive - to spread a message and spark conversation...To ameliorate the lives of not just struggling Canadians but ultimately, all of us.

Love always,

Mad
References


health care costs. *Canadian Medical Association Journal.*


doi:10.3945/jn.113.178483


Appendix A: Recruitment Poster

Gananoque and Area Food Access Network

Have you, or do you currently, struggle to put enough food on the table?

When:
- Friday, March 11, 2016 1:00pm
  Salvation Army Café
  120 Garden Street
  Gananoque
- Saturday, March 12, 2016 10:00am
  LGL District Health Unit
  375 William Street South
  Gananoque
- Tuesday, March 15, 2016 9:00am
  R.O.L.L. Aid Centre
  116 Bay Street
  Seeley’s Bay

What: Focus Groups on living with food insecurity

Why: To hear from those with the lived experience of food insecurity (18+) to determine where the barriers to services and the gaps in services lay

We would love to hear from you!

Refreshments will be served. Transportation provided.

Participants will be compensated for their time with a $25 grocery gift card.

Questions? Contact Madison Koekkoek at mk@quensu.ca

Approved by Queen’s General Research Ethics Board, 2016
Appendix B: Focus Group Structure Guidelines

1. **Introduction and Guidelines**
   - Introduce myself and accompanying moderator, our role in focus group
   - Introduce topic, purpose of the research, what the findings will be used for, and how participants were selected
     - Distribute LOI, consent form and give overview of each so everyone will be properly informed (confidentiality, point of research)
     - State that the work has been approved by the Queen’s Ethics Board
     - Discuss how the groups will work (one speaks at a time for sake of recorder, respect of others at the table, speak to each other)
     - Let participants know they are free to withdraw from focus group at any time

2. **Individual introductions of participants**
   - Ask participants to identify self using their first name only, discuss background if they wish

3. **Opening topic**
   - *What gets in the way of you and the people in your household getting healthy food on the table on a day-to-day basis?*

4. **Discussion**
   - How Participants manage given they may not always have access to healthy foods
     - where do you shop
     - how often do you shop
     - what are your money saving strategies
     - what do you buy
     - do you have an interest in gardening as a strategy? Elaborate on why or why not
     - do you have an interest in cooking classes as a strategy? Elaborate on why or why not
   - Participant’s awareness of current programs and services and their preferred and usual ways of getting that information
     - what services could be better/how could they work better together?
     - what are the barriers to using the services as they are now? (physical or otherwise)
   - Participant’s thoughts on gaps in services or, in other words, their outstanding needs when it comes to accessing healthy food
     - what kinds of things would help?
     - what would help your access right now, given that your income can’t be changed?
     - how can you be better supported or educated regarding services?

5. **End of discussion**
   - Signal end of discussion is nearing at 80-minute mark
- State final points and give opportunity to ask clarifying questions
- Discuss what will happen next in research process
- Distribute written survey to yield demographic data, with option to decline
- Offer to help with reading it or filling it out, in order to accommodate numeracy or literacy problems
- Thank for participation and repeat that contact information is listed on the bottom of the LOI
Appendix C: Written Survey

Questionnaire

Please answer the following questions in the space provided by circling or ticking the most appropriate option. You may answer all, some, or none of the questions below.

Please note that your name will in no way be affiliated with the responses put forth on this survey. The data will be used for informational purposes only to further understand the context in which the study occurs.

**Gender:** (please circle)

<table>
<thead>
<tr>
<th>Female</th>
<th>Male</th>
<th>Other</th>
<th>Unspecified</th>
</tr>
</thead>
</table>

**Age:** ____________

**Education completed:** (please tick)

- [ ] Elementary
- [ ] Some highschool
- [ ] Highschool
- [ ] College
- [ ] University
- [ ] Post-graduate

**How many adults live in your household (including yourself):** __________

If yes, Are other adults contributing financially to the household? __________

**Do you have children?** (Please circle)  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, how many children live in your household: __________

If yes, are your children:

- [ ] Below the age of 15
- [ ] Over the age of 15
- [ ] Both

**Do you have access to a car?** (Please circle)  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Do you own your home?** (Please circle)  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
What is the source of income in the household? (Tick all that apply)

- Full-time work
- Part-time work
- Casual Work
- Workers Compensation
- Ontario Works
- ODSP
- Employment Insurance
- Other

Does someone in your household require special food? (ie. Allergies, health concerns, etc)

- Yes
- No
Appendix D: LOI and Consent

LETTER OF INFORMATION / CONSENT

What do Low-Income Households in Gananoque and Area Need to Improve Access to Food?

Principal Investigator: Madison Koekkoek
School of Kinesiology and Health Studies
28 Division Street
Queen’s University Kingston, ON
K7L 3N6
0mk@queensu.ca
613-794-1334

Co-Investigators: Dr Elaine Power
School of Kinesiology and Health Studies
Queen’s University

Purpose of the Study

You are invited to take part in this study about improving food access for low-income people in Gananoque and area. We are working to identify the gaps in services for low-income people who may be food insecure.

What will happen during the study?

You will be invited to participate in a focus group with 6-8 other people who currently experience food insecurity in Gananoque and area. The focus group meeting will last approximately 90 minutes. You will be asked about your experiences with not having enough food, how you manage the challenge associated with this, the barriers you face in having enough food, and what would help to make this less of a problem. We will ask you how you think services might be improved, and what other services would help you. We will also ask you for information about your age, gender, education, and life experiences including sources of income. We will ask you about experiences you have had with other food banks or food programs. We will be taking notes and audio-recording the meeting with your permission. The focus group will be held at one of three locations: 375 William Street, Gananoque; the Salvation Army Gananoque (120 Garden Street); R.O.L.L. Aid Centre (116 Bay Street, Seeley’s Bay).

Are there any risks to participating in this study?
There will be minimal risks to you while taking part in this study. Your participation in this study or anything you say during the focus group will not affect the services you receive from social assistance, your Old Age Pension, the Gananoque Food Bank, etc. You may feel uncomfortable talking about your experiences with food insecurity and your management techniques. You may also find it uncomfortable talking about your income or your life experiences.

You do not need to answer questions that you do not want to answer or that make you feel uncomfortable and you can withdraw (stop taking part) at any time. I describe below the steps I am taking to protect your privacy.

If you feel sad, angry or upset after the focus group and would like to speak with someone about it, you may contact any of the researchers, speak with the spiritual counsellor on site, or you may wish to phone any of the numbers below:

**Leeds & Grenville Mental Health (Brockville)**
- Open access days, various locations
- Toll free 1-866-499-8445
- Crisis line, 24/7 1-866-281-2911
  - Counsellors
  - Self-referral

**Frontenac Community Mental Health & Addictions**
- Toll free 1-866-616-6005
- Crisis Line 613 544 4229
- Walk-in services

**Mental Health Crisis Line (Brockville General)**
- 613-345-4600

**Are there any benefits to doing this study?**

Though it is not the purpose of the study, you may find it helpful to hear of others’ experiences and you may learn new information about food programs and other resources in Gananoque and area.

Our goal is to gather information about lived experiences with food insecurity in order to move forward with a project entitled which will work to ensure equitable access to nutritious food across Gananoque and area. In the longer term, we hope that this will decrease local levels of food insecurity and that food programs in Gananoque and area may change to better suit the needs of people experiencing food insecurity. We also hope the research will help draw attention to the limitations of food programs in meeting the basic needs of low-income people.
Payment or Honorarium

You will receive a giftcard for groceries for participating in this study in appreciation of your time and for sharing what you know. You will receive the $25.00 giftcard at the beginning of the focus group. Refreshments will be provided. Transportation will be provided as needed.

Who will know what I said or did in the study?

We will do our best to ensure that others do not know what you said in the focus group. We will ask all members of the focus group not to identify who was in the group and not to repeat what specific people said. We cannot guarantee that they will do so. We will not publish your name in any of the reports or presentations that come out of this study.

We will not tell any government officials what you said.

What if I change my mind about being in the study?

Your participation in this study is completely voluntary or up to you. If you decide to be part of the study, you can decide to stop (withdraw) at any time, even after signing the consent form or part-way through the study. If you decide to withdraw, there will be no consequences to you. If you decide you do not want to participate, any data you have provided will be destroyed unless you tell us otherwise. Your decision whether or not to be part of the study will not affect your access to services.

Information about the Study Results

We expect to have this study completed by approximately June 2016. A summary of the results will be available to all participants. If you would like to receive the summary, please provide contact information below.

I will also be presenting my findings to participants and their guests, inviting the GAFAN group and the Gananoque and area community to attend. I also aim to present my findings to members of local government.

Questions about the Study

Any questions about study participation may be directed to me, Madison Koekkoek at Omk@queensu.ca.
Any ethical concerns about the study may be directed to the Chair of the General Research Ethics Board at chair.GREB@queensu.ca or 613-533-6081.

This study has been granted clearance according to the recommended principles of Canadian ethics guidelines, and Queen's policies.
CONSENT

I have read the information presented in the information letter about a study being conducted by Madison Koekkoek of The School of Kinesiology and Health Studies at Queen’s University. I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested. I understand that if I agree to participate in this study, I may withdraw from the study at any time. I have been given a copy of this form. I agree to participate in the study.

Signature: ______________________________________

Name of Participant (Printed) ___________________________________

Date: ________________________________

1. I agree that the interview can be audio recorded. (Please circle)
   □ Yes
   □ No

2. I would like a copy of the summary of results. (Please tick)
   □ Yes. I prefer to be contacted at (phone or email) ________________
   □ No