



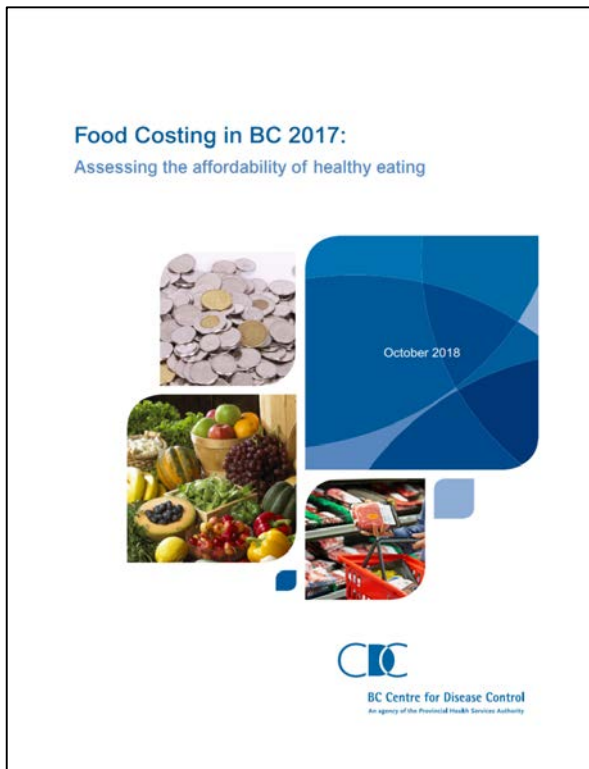
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Shifting the discourse on household food insecurity: Reflections on navigating the complexities of food security

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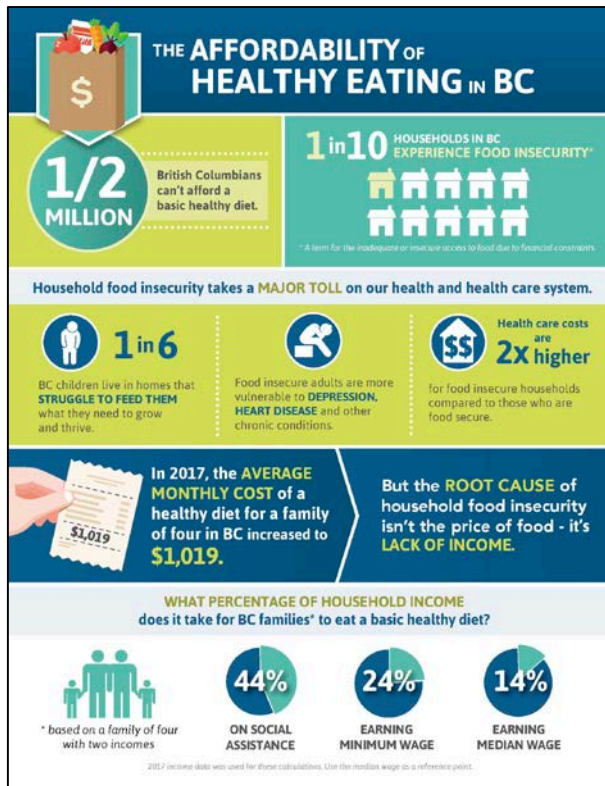
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Food Costing in BC



“The purpose of this report is to provide data to assess food affordability – the amount of income required for individuals and families to eat a nutritionally adequate diet.”

Food Costing Dissemination Project



- Knowledge brokering approach
- Internal audiences:
 - Food security teams, leadership (e.g. MHOs, managers), communications
- External audiences
 - Community food security, poverty reduction, local media, local government

Sample key messages

The root cause of household food insecurity isn't the price of food – it's lack of income.

Rising costs of an adequately healthy diet have the biggest impact on those who have the hardest time affording healthy food due to inadequate income.

Policies to improve household income are the most effective way to lower household food insecurity.

Food Costing Dissemination Evaluation Project

- Purpose
- Three areas of focus
 - Report reach
 - Key message uptake and priority outcomes
 - Project implementation

Food Costing Dissemination Evaluation Project

- Outcome, process and developmental evaluation
- Various data collection tools
 - Social media analytics, surveys, activity tracking form, most significant change stories, evaluation working group



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Agreement and uptake of key messages

Key facilitators

“There was good uptake in communities where they already have food security in their strategic plan or where the timing was good for assisting with current conversations on the topic.” (Evaluation Working Group member)

“Local media were very interested when the key messages were framed in the context of our local community and issues associated with living in the north.” (Evaluation Working Group member)

“The way the report connected household food insecurity to health care costs and health outcomes helped me to share it with community groups as they could relate the data to funding applications. The tables and images in the report make the data easily digestible.” (Survey respondent, Public Health Dietitian)

Key barriers

“...the income message does not align with Indigenous food sovereignty. The Report speaks from a colonial and capitalist perspective, while First Nations need access to their land. Their food network was based on trade ... not money. How do we bring this in?” (Evaluation Working Group member)

“Quite simply, our organization doesn’t see a role for public health in advocacy.” (Evaluation Working Group member)

Key barriers

“It is hard to support some of the framing when no clear levers within our control are also named” (Survey respondent, Medical Health Officer)



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Collaboration and engagement

Key facilitators

“I am hearing many thank-yous from colleagues who are using this resource as an ‘excuse’ to be in touch with community stakeholders; it’s an opportunity to strengthen relationships for doing this work.” (Evaluation Working Group Member)

“My relationship with the ... health network and the food network has been strengthened through this work. It feels like we have started to get some momentum going around how to be effective poverty reduction advocates.” (Survey respondent, Public Health Dietitian)

Key barriers

“Staff are limited in our advocacy for income-based solutions in a local government context -- but elected officials could advocate well through UBCM, etc. [The health authority] should be driving this from an advocacy standpoint alongside agencies at the Province.” (Survey respondent, Local Government)

However, our biggest barrier to doing more around poverty reduction is financial (ability to pay a staff member to do this work more than we already are) and trying to shift the understanding of our board of directors from a charitable model to a poverty justice model.” (Survey respondent - Community Food Security)



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Reflections

Key reflections

“...using stories to get at the nuances is really helpful. Person driven stories are as useful as hard data in capturing the complexity of household food insecurity in the north and building relationships to act.” (Evaluation Working Group member)

“I’ve learned about the complexity of reframing a message and the importance of always being mindful about what the message means in different contexts...” (Evaluation Working Group member)

What's next

“Wicked problems cannot be defined until a solution has been proposed.” (National Collaborating Centre for Healthy Public Policy, 2013)

“The collective understanding of an issue; it is created by including the personal, the local and the strategic, as well as specialized contributions to knowledge” (Browne et al., 2010, p. 4)

“Conversations are when policy change starts.” (Evaluation Working Group member)

References

- National Collaborating Centre for Healthy Public Policy. Wicked problems and public policy [Internet]. National Collaborating Centre for Healthy Public Policy; 2013 [cited 2019 Nov 5]. Available from: http://www.ncchpp.ca/docs/WickedProblems_FactSheet_NCCHPP.pdf
- Browne VA, Harris JA, Russell JY. Tackling wicked problems through the transdisciplinary imagination. London: Earthscan; 2010.



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Questions

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