

**CONSUMING CONNECTIONS: EXPERIENCES OF FOOD SYSTEMS DURING  
TIMES OF HOMELESSNESS IN PRINCE GEORGE, BRITISH COLUMBIA**

by

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## **ABSTRACT**

This research sought to explore the seasonal dimensions of food security for people experiencing homelessness in Prince George, BC and the effects of this on their health and well-being. Data were collected using a modified approach to community mapping, a focus group and semi-structured interviews. The results indicate that people have a wide variety of strategies that they employ to access food. There was a strong desire for more culturally appropriate food to be provided through charitable food aid and for participants to become more actively engaged in producing their own food. Physical environments, social environments and relationships were found to influence what food people consumed, and there were important seasonal trends in food availability and accessibility. A holistic approach that can accommodate complexity is necessary to improve food security and health, thus the promotion of Indigenous food systems and Indigenous food sovereignty are seen as important future directions.

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## **LIST OF ACRONYMS:**

**BC:** The Canadian province of British Columbia

**CFAI:** Community Food Action Initiative

**FNHA:** First Nations Health Authority

**FNFNES:** First Nations Food, Nutrition & Environment Study

**HEAL:** Healthy Eating and Active Living

**LGBTQ:** Lesbian, Gay, Bisexual, Transgender, Two-Spirit, Queer, Questioning etc.

**NH:** Northern Health

**OCAP:** Ownership, Control, Access and Possession

**PG:** Prince George

**PHSA:** Provincial Health Services Authority

**SAD:** Standard American Diet



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## CHAPTER 1: INTRODUCTION

A significant limitation to improving food security for people during times of homelessness is a poor understanding of food systems, by governments, health care providers, researchers and charities. Knowledge of homeless peoples' food acquisition strategies, and how homeless populations navigate seasonal and daily barriers to improving their food security and nutrition is limited, despite numerous interventions to reduce malnutrition in this population (Tarasuk, Dachner, Poland, & Gaetz, 2009). What is understood is that, as a consequence of homelessness, people are more limited in their ability to control their food supply, including what they can access, purchase, prepare, save, hunt, forage, grow, and, ultimately, consume.

This research took place in British Columbia's 'northern capital' of Prince George (PG) (See Section 3.3), a place with varied approaches to addressing food security issues and a large homeless population. The city has a total population of approximately 71 974 people (Statistics Canada, 2015) and in 2010, 361 individuals were counted in a one day census of the homeless population (Kutzer & Ameyaw, 2010). However, estimates of the number of people who are homeless in PG are as high as 1050 (The Stone Soup Project, 2010).

It is necessary to consult people with lived experiences of homelessness to better understand the severity and consequences of food insecurity, and the extent of their access and utilization of the food system. Understanding the acquisition strategies, and the means through which food is available, are important because they influence behaviours, including high-risk behaviours (Tarasuk et al., 2009). As the most visible and recognized elements of the homeless food system are charitable organizations, the different ways in which people who are homeless obtain food outside of charity may be overlooked.



The meaning surrounding eating and preparing food differs culturally, but, regardless of context, food is "vital to community health and well-being" (Riches, 1999, p. 203). Martin explains that "the goal of food and eating within many Aboriginal<sup>1</sup> communities is to provide a means to express culture, uphold cultural traditions, and strengthen cultural knowledge about the world" (Martin, 2012, p. 211). Martin's identification of cultural importance of food for Indigenous communities is especially important within this study.

Northern British Columbia is a place where, prior to colonization<sup>2</sup>, First Nations people practiced a nomadic lifestyle, and moved their camps on a seasonal basis, in part to avoid depleting food supplies in an area. Noting that the majority of people experiencing homelessness in Prince George are of a First Nations background (Prince George Community Partners Addressing Homelessness, 2003), this cultural element provides insight into potential food use and preference, self-provisioning, and receiving gifts of food, which influence food security<sup>3</sup> and food citizenship<sup>4</sup>.

Practicing one's culture is an important component of well-being. The Westernization of Indigenous diets has had severe health consequences and there are increasing calls for Indigenous people to become food sovereign<sup>5</sup> in order to decolonize food systems. Access to

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<sup>1</sup> Aboriginal: In the Canadian Constitution refers to First Nations, Métis, and Inuit peoples (Government of Canada, 2013)

<sup>2</sup> Colonialism: "A process that includes geographic incursion, socio-cultural dislocation, the establishment of external political control and economic dispossession, the provision of low-level social services and ultimately, the creation of ideological formulations around race and skin colour that position the colonizer at a higher evolution level than the colonized" (Kelm, 1998, p. xviii)

<sup>3</sup> Food security: "When all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life" (Food and Agriculture Organization of the United Nations, 2006, paragraph 1)

<sup>4</sup> Food citizenship: "is defined as the practice of engaging in food-related behaviours that support, rather than threaten, the development of a democratic, socially and economically just, and environmentally sustainable food system" (Wilkins, 2005, p. 269).

<sup>5</sup> Food sovereignty: "is the right of peoples to healthy and culturally appropriate food produced through ecologically sound and sustainable methods, and their right to define their own food and agricultural systems" (La Via Campesina, 2007, para. 3)



culturally appropriate food will help to reduce the health inequities faced by people who are homeless.

### **1.1 Research Goals, Questions and Specific Objectives**

The goals of this research are to address the deficiency of knowledge about the food systems of homeless people, and to improve understandings of how local food systems impact the health and well-being of homeless persons. These goals will be achieved by engaging with people experiencing homelessness in PG to learn about the environmental, social and cultural dimensions of food (in)security. The seasonal element of food access is an area of particular interest within this study because it had not been previously studied in relation to homelessness. The aim of this research is to identify a potential strategy to improve the health and well-being of homeless populations in northern BC through increased awareness and understanding of participants' experiences and desires regarding food availability, access and use.

The questions and objectives which guided this research are;

Research Questions:

- I:** What are the experiences with food security of people who are homeless in Prince George, and what are the perceived effects of these experiences on their health and well-being?
- II:** Does the food system and food security of homeless people differ throughout the year? What accounts for the similarities or differences?
- III:** In regards to the food system, what do people experiencing homelessness see as positive, and what changes do people desire? What does this suggest in terms of programming and policy development?

To answer the research questions this study was designed to meet the following objectives:

- 1. To complete a review of literature on food politics and social-ecological systems as they relate to health and well-being for people who are homeless.
- 2. To describe the food system of homeless people in Prince George throughout the year including temporal variability.



- 3. To investigate the availability, access and utilization of different kinds of foods and food services by homeless people in Prince George, including self-provisioning of food.
- 4. To describe the connections among food, health and well-being that homeless people in Prince George identify within their lives.
- 5. To determine the social, cultural and environmental factors that influence the food system of homeless people in Prince George.

The research objectives were achieved through a four-part project details of which are provided in Chapter 4 (See Chapter 4, Table 1). The first phase included a literature review, relationship building, obtaining letters of support and Research Ethics approval (See Appendix A and Appendix B). The second phase included participant recruitment (See Appendix C), modified community mapping and semi-structured interviews (See Appendices D-H). In the third phase the interviews were transcribed and participants were contacted to review their individual transcript. Analysis and coding took place, and a series of thesis drafts were written. Participants contributed to the development of a results dissemination plan and decided that creating a book using their quotations and community maps would be appropriate (See Appendix I). The final phase involved the book distribution to participants, the thesis defence, and results dissemination. Critical social theory has been used to theoretically inform this research. This research also draws on literature concerning homelessness, food issues, health, and the connections to physical, social and cultural environments. These different areas are each important for understanding the complexity of food systems for homeless individuals.

For the purpose of this research, the food system of people experiencing homelessness includes all food and food products that are available for purchase, distributed, prepared and consumed, during periods of homelessness. Food security and food citizenship activities both



influence, and are shaped by the overall food system, and are moderated by social and physical environments. The term food system was chosen because of the importance of conceptualizing food as being created within a dynamic system from field to fork, and the promotion of local food systems within food sovereignty frameworks. Within my research I examine the food system rather than employ a dietary recall in order to include everything the participants identify in their food system, regardless of when they have consumed it. For example, participants may identify salmon as a particularly important food source, but may rarely have access to it. This differs from a dietary recall, which is limited temporally and may not reflect changes over time, the personal significance of food, or how food was obtained.

The term foodscape is also applicable within this research and can be used interchangeably with food system. Foodscapes are defined by King (2009) as, "the ways in which food is produced, purchased or obtained, prepared, and consumed, and the relationship between food and the individuals of the community"(p. 211). Foodscape studies of eating in out-of-home environments, such as schools, are increasingly investigating how the food provided affects both the individual and the environment (Mikkelsen, 2011). Mikkelsen (2011) writes that many contributors to the concept of foodscapes are working to bring power dynamics to the fore and challenge how food is produced and consumed. The term food environment, is used to refer to the food available for purchase in a given area, thus excluding food available through other means (Mikkelsen, 2011). Kelly, Flood and Yeatman (2011) propose that food environment measurement may not devote sufficient attention to the local context.

## **1.2 Motivation for the Research and Positionality of Researcher**

Describing my position and motivations as a researcher provides important context for the research, and also demonstrates respect and responsibility to the research process and



participants. My positionality is dually important because of the history of colonization and racism in the Canadian state and Western research traditions, and because my life circumstances shaped important aspects of the research process and contributed to the development of methodological implications. For two years, I lived in a low income neighbourhood with a highly stigmatized reputation where many of the research participants frequently visited or lived. Further ethnographic insights regarding this experience are included in Chapter 4.

My interest in food related issues has arisen from my own choice to follow a vegan diet and my concern with the industrialization and corporatization of the global food system. I was the first person in my immediate family to earn a university degree and my undergraduate education was in international development and environmental science. I have worked in silviculture, organic agriculture and with marginalized populations. I recognize that I am an outsider to the study region and that I have the privileged position of researcher on this project. Research traditions have been Eurocentric and colonial, and as a person of European ancestry, I acknowledge this history and took efforts to avoid reproduction of this. As a woman, I have been mindful of how gender performance shapes interactions and perceptions. My positionality influenced not only what individuals chose to share with me, but also how I interpreted it.

I have previously undertaken research on food security with Bolivian street youth. This experience shaped my current ideas surrounding homelessness. Living and working with the youth for a year, I came to see the social elements of food consumption, and how these were a determinant for food choice within their sub-culture. There are similarities between the Bolivian and northern British Columbian context, including a history of colonization, and associated Westernization of traditional diets. As a result of different cultural and individual factors, it



became clear to me that it is important for people to assess their own level of food security, to articulate their food system and to become engaged food citizens.

This thesis began with an overview of the study's research questions and objectives, which are followed by a statement of researcher positionality, a literature review in Chapter 2 and a description of the study context in Chapter 3. The literature review is centred on homelessness, food politics and the connections between ecological, social and cultural environments and health. The methodology and methods sections follow, in Chapter 4, where the role of critical social theory as a lens is introduced, with an explanation of how case study research and ethnography were drawn on to inform the research. Following this, the modified approach to community mapping is explained. The methodology is then connected to the methods of participant observation, focus group and semi-structured interviews. Chapter 5, the findings and discussion, presents the food system, the effects on health and well-being, and the role of social, cultural and environmental forces in influencing the food system of the participants. Chapter 5 positions the findings in relationship to the literature, and in particular in regards to Indigenous food systems. The thesis ends with Chapter 6, the conclusion, which includes a summary of the research, limitations and recommendations.

## **CHAPTER 2: LITERATURE REVIEW**

Building on the introduction in Chapter 1, this chapter provides a review of the primary areas of literature that were drawn on to inform the research development. In this chapter, I examine in greater depth the connections among homelessness, food politics, health, and the physical, social, and cultural environments that people occupy.

### **2.1 Health, Homelessness and Food Systems**

This section includes an overview of the core concepts of health, homelessness and food systems. It begins with an introduction to the social determinants of health and empowerment which are important topics for understanding health as influenced by system dynamics.

#### **2.1.1 Health**

Increasingly in the Western world, the concept of health is viewed in a more holistic manner. In 1986, The Ottawa Charter of Health Promotion established health as "a positive concept emphasizing social and personal resources, as well as physical capacities" (World Health Organization, 1986, p. 2) with a set of necessary prerequisite resources which are required to favour health. Rather than regard health as simply the absence of disease, health is seen as a combination of the physical, mental and social well-being of a person (WHO, 2012). This vision is more akin to the holistic manner in which Indigenous ideologies envision health (Martin Hill, 2003; Métis Centre, National Aboriginal Health Organization, 2008; Rootman & O'Neill, 2012).

The social determinants of health are broadly defined as the conditions under which people live, work, grow and play (World Health Organization (WHO), 2010). According to the Public Health Agency of Canada (2011), the following are 12 key determinants of health: income and social status; social support networks; education and literacy; employment/working conditions; social environments; physical environments; personal health practices and coping



skills; healthy child development; biology and genetic endowment; health services; gender; and culture. Health inequities arise from unfair advantages or disadvantages in society (O'Neill, Rootman, Dupéré, & Pederson, 2012). As evident in this list of 12 factors noted above, people experiencing homelessness may face multiple barriers to health equity. Reducing health inequities is a primary focus of the field of health promotion (WHO, 1986). Three key concepts in health promotion which are important for this research are empowerment, the social determinants of health and calls for a socioecological approach to health (Rootman & O'Neill, 2012; World Health Organization (WHO), 1986).

In addition to considering social determinants of health, and the socioecological approach advocated since the Ottawa Charter of 1986, this research draws from the developing field of ecosystems approaches to health (ecohealth). Ecohealth emphasizes a holistic approach to health and is a beneficial lens through which to approach complex problems, by examining the interconnections among health, ecosystems and society.

As Parkes (2010) explains "[e]cohealth is based on the recognition of ecosystems as life-supporting foundations for health and well-being, building on long-standing knowledge of the links between health, community, environment and economy, and the overlaps between health and sustainability" (p. 3). Ecohealth has roots in development, public and environmental health (Charron, 2012), and thus is well suited to discussions of health, environment and food. Parkes explains that ecohealth is especially applicable "in communities facing rapid social and ecological change where concerns regarding health, environment and inequities are intensified"(p. 3). Such is the case in northern BC, where the lands being developed are Indigenous territories and Aboriginal communities are often severely impacted, regardless of what each First Nation in the region's individual stance on development is. Ecohealth emphasizes



integration, application and engagement in research and practice and confronts challenges with diversity, emergence and resilience (Parkes, 2010). Ecohealth approaches explicitly draw attention to the importance of ecosystems within settings (Parkes & Horwitz, 2009). Parkes and Horwitz (2009) are critical of how socioecological approaches often neglect the multitude of processes that occur in ecosystems, despite an emphasis on being place based. Therefore, within this research ecohealth has influenced my consideration of the seasonal processes of climate, animal migration and plant growth, in addition to social, seasonal and cultural considerations from holidays to hunting cycles.

An ecohealth approach is valuable when working with issues related to food politics because the principles of ecohealth, as described by Charron (2012), of systems thinking, transdisciplinarity, sustainability, gender equity, social equity, participation, and knowledge-to-action, are designed to deal with complexity which is inherent in issues related to food production, distribution and consumption. Ecohealth considers both the environmental and social aspects of sustainability (Charron, 2012), which makes it especially well suited to addressing the social and physical components of the food system.

### ***2.1.2 Homelessness***

Housing is a social determinant of health, yet rates of homelessness are increasing in the wealthy, industrialized nation of Canada (Porter, 2004). Estimates of the number of Canadians who are homeless are in the tens of thousands (Hwang, 2001). However it is unknown precisely how many people are homeless because estimates are dependent on the number of people who access services (Hwang, 2001). For instance, it is suspected that in Toronto, Ontario, up to 75% of homeless youth do not access overnight shelters (Hwang, 2001). This suggests despite the existence of services for people who are homeless, people may not always choose to, or be able



to, access these services. For example, in their study, Dachner and Tarasuk (2002) found that it was not uncommon for people who are homeless to have to choose between which services they would access each day. It is important to investigate the factors that can influence service access and use when evaluating and designing programming, and to ensure that people with lived experiences of homelessness are represented in research. Respecting people with experiences of homelessness means including them in decision making processes, on research teams, and in policy development for food security issues (Elliot, Jayatilaka, Brown, Varley & Corbett, 2012).

Homelessness exists in different forms. People who are living in precarious housing situations, perhaps with friends or family, or in unsafe living conditions, are considered to be under-housed and in danger of losing their housing (Hwang, 2001). Those who are sleeping in the streets or staying in shelters are considered the absolute homeless (Hwang, 2001). The absolute homeless are often more visible than the under-housed and this is the group with whom the majority of studies on homelessness and health have occurred (Hwang, 2001). Kutzer and Ameyaw (2010) report that 27% of respondents in the Prince George Homeless Count experience absolute homelessness.

The length of time and frequency of homelessness one experiences is further classified as cyclical, chronic or temporary (Grant, 2011). Cyclic homelessness is a condition where an individual moves between periods of being homeless and housed. Chronic homelessness is long-term homelessness. The participant inclusion criteria of this research included people who had experienced any form of homelessness for longer than 6 months in PG.

In the Western world, single men tend to make up the majority of people within homeless populations. In Vancouver, 70% of the homeless population falls into this category (Hwang, 2001). This is important to note because gender, sexuality and relationship status are determinants



of health which influence peoples' experiences and needs, and which exist on a spectrum that defies simply binary classification. The Toronto Aboriginal Support Services Council (2014) reports that among Aboriginal people, those who are at the greatest risk for homelessness are sexually and gender diverse or two-spirited people<sup>6</sup>. Homeless Indigenous youth participants who identify as LGBTQ (Lesbian, Gay, Bisexual, Transgender, Two-Spirit, Queer, etc.) explained how they had difficulties in the Toronto shelter system because of their sexual/gender identity and oftentimes felt safer and less stigmatized sleeping on the streets (Toronto Aboriginal Support Services Council, 2014). Benzies, Rutherford, Walsh, Nelson and Rook (2008) argue that homelessness may be connected to other social determinants, including lack of education, mental illness, addiction, poverty and high unemployment rates.

The history of colonization and the racism that exists within Canadian society has led to higher rates of homelessness among Indigenous populations. In British Columbia, government actions led to the destruction of subsistence lifestyles, which necessitated greater dependence on the state (Alfred, 2009). The state subsequently focused services in larger centres to increase both migration to urban areas and settled lifestyles (Alfred, 2009). Acknowledgement of this history of colonization is necessary when considering current services for the homeless. Across Canada, people of Aboriginal descent are often overrepresented in homeless populations. For example, Toronto's homeless population has 10 times more Aboriginal people than the proportion within the general population (Hwang, 2001).

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<sup>6</sup> Two-Spirit: "Historically the term is based on a person's inclination toward certain roles, responsibilities and behaviours seen as traditionally male or female. It is not based upon one's choice of sexual partners or gender preferences as these are Western concepts. It is a gift that, in a lot of cases, was thought to be discoverable at childhood.[...]the Two-Spirit role was one to be celebrated because of the ability to see and fulfill male and female perspectives and responsibilities. Importantly today, Two-Spirit encompasses the spiritual component of Indigenous identities" (Toronto Aboriginal Support Services Council, 2014, p. 3).



Aboriginal identity should influence food aid for homeless people, as among the recommendations made by Indigenous scholar, Taiaiake Alfred (2009), for overcoming colonization, and simultaneously improving physical and mental health, is a return to a traditional diet. Allan and Sakamoto (2014) specifically recommend that decolonizing services should focus on gender and also that "Aboriginal women accessing services would be recognized as helpers" (p. 80). Consultation with people experiencing homelessness both honours their lived experiences and demonstrates respect.

Allan and Sakamoto (2014) also explain how colonization sought to destroy the role of Aboriginal women who were powerful, central to, and respected within their communities. It is argued that today this manifests as blame on Aboriginal women for "elevated rates of mental and social distress unfolding in their communities while simultaneously ignoring historical, social, and environmental factors" (Tait, 2009, p. 1970). Allen and Sakamoto (2014) explain how current discourses of homelessness and service design continue to reinforce this message while negative experiences of care "could compound personal and societal experiences of colonization and racism" (Allan & Sakamoto, 2014, p. 72). On the other hand, accessibility can be enhanced through care that is genuine and accepting (Allan & Sakamoto, 2014, p. 72) and homeless Aboriginal women were found to actively help and support one another.

### ***2.1.3 Food Systems***

Food and agriculture policy is presently heavily influenced by powerful corporations and lobbyists, such as the Dairy Farmers of Canada (The Lobby Monitor, 2013; Vongdouangchah, 2013). While the UN Special Rapporteur on the Right to Food, Olivier De Schutter (2012), has suggested that Canada could promote access to healthy, sustainably produced foods, he



acknowledges that approaches such as institutional 'buy local'<sup>7</sup> practices could contravene free trade agreements. However, similar approaches have been taken, where school boards connected school feeding programs directly with local agricultural producers (Block et al., 2008). Initiatives such as this can improve macro-level food environments by favouring small scale, local, sustainable producers.

Healthy community food systems are sustainable for humans and the environment. There is debate over the role of food charity<sup>8</sup> in moving towards this goal. The form that aid is often provided in is not sustainable for the consumer, the environment, or the charity itself. There is a growing recognition that simply providing emergency food aid not only fails to address the structural aspects of food insecurity and homelessness, but it can contribute to worse long-term health outcomes for those reliant on food assistance (Rock, 2006). Some argue that the provisioning of food charity reinforces dominant power relationships within society because those in positions of power choose what is provided as aid, how, when, with what frequency, and if the recipient is deserving of aid (Curtain & Heldke, 1992; Tarasuk, 2001).

However, individual control over food choice and supply is not a panacea because food choice is largely shaped by societal pressures and forces. In much of the world, agriculture has become industrial<sup>9</sup> and the population is undergoing a nutrition transition (Marmot, 2007). People are eating more processed food which is higher in calories and fat, while being lower in nutrients, with resultant health impacts (Marmot, 2007). As the Ontario Healthy Communities

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<sup>7</sup> Institutional 'Buy Local' practices: "Due to the reach, influence and extent of procurement and the measurable economic difference of buying local, many argue that focusing more procurement dollars on local companies is a good strategy for economic development. The rationale is that more money kept in a local economy provides more jobs, tax dollars and wealth to support other businesses" (Duffy & Pringle, 2013, p. 7)

<sup>8</sup> food aid and food charity are used interchangeably in this thesis.

<sup>9</sup> Industrial agriculture: "the system of chemically intensive food production developed in the decades after World War II, featuring enormous single-crop farms and animal production facilities" (Union of Concerned Scientists, n.d. para. 1)



coalition found, "An unhealthy diet is less often a matter of personal choice and more often a function of social and economic inequalities" (2006, p. 3). Restructuring food systems is very important because "[a]ccess to good, affordable food makes more difference to what people eat than health education" (Wilkinson & Marmot, 2003, p. 26).

#### ***2.1.4 Homelessness, Food and Health***

Homelessness exacerbates strain on health and well-being, and people who are homeless face barriers in physical, social and cultural environments that other citizens do not experience. When people who are homeless become unwell their ability to access medical services can be limited (Hwang, 2001). Individuals who are homeless have poorer health outcomes than the general population, including higher rates of illness and mortality (Hwang, 2001). Similarly, when a person has limited food access, or can only access food of inadequate quality, it leads to poor health and well-being outcomes. In turn, poor health inhibits a person's ability to navigate social and environmental challenges to acquire appropriate and sufficient food. Improving food security and food citizenship for people experiencing homelessness can contribute to better health outcomes through the prevention of illness and increased feelings of well-being, while addressing determinants of health and empowering people.

The factors that shape an individual's nutritional needs are complex and varied but homelessness likely increases caloric and nutrient requirements due to high levels of physical activity, insufficient amounts of sleep, and exposure to extreme temperatures which are typical experiences of people experiencing homelessness (Darmon, 2009). Rates of substance use are high among homeless populations which is significant because substance use decreases micronutrient availability and body mass index (Darmon, 2009; Sealand, Haugan, Eriksen, Smehaugen, Wandel, Bohmer & Oshaug, 2008).



Current tools for measuring, and understanding, food security in the context of street life, are insufficient (Holland, Kennedy & Hwang, 2011). Research has indicated that homeless populations have high levels of food insecurity and malnutrition (Ali, Shahab, Ushijima, & de Muynck, 2004; Antoniadis & Tarasuk, 1998; Hamlin, Mercier, & Bédard, 2006; Holland et al., 2011; Hwang, 2001; Tarasuk et al., 2009). This affects physical health as well as mental and social well-being, and negatively impacts self-efficacy and behavioral capability (Miewald & Centre for Sustainable Community Development, 2009). Food and health are connected in countless ways, but with marginalized populations, there is a tendency to reduce the complexity of this relationship to a focus on either nutrition or hunger.

Food aid, which focuses exclusively on nutrition, may exclude other important components of health, such as cultural elements (Darmon, 2009). Food charity, which focuses on the provision of the most nutritious foods to the neglect of other elements associated with eating, is reminiscent of the biomedical justification of improving health status that has often been used to rationalize colonial policies (Nelson, 2012). Therefore food charity should be critically examined as an approach, to understand the motivations and culturally engrained preconceptions that it envelopes.

There are cultural and social elements embedded in both preparing food and eating food with others. Riches (1999) refers to these as "integrating forces" (p. 206) within a society. These cultural and social elements are an important aspect of the mental health benefits which come from food. Preparing one's own food can also provide an individual with a sense of pride and autonomy. The unique politics and economics of the street influence consumption of food by homeless people. A better understanding of the food systems of the homeless, including the role of trading and sharing food, is crucial when planning food charity to avoid potentially serious



health consequences. Yet often there is little consultation with homeless people in regards to their needs and desires when developing food policy (Health Promotion Research Centre, 2005). Approaching the well-being of homeless individuals from a more holistic standpoint would be advantageous to improving their food security.

Some methods of food acquisition by homeless individuals remain invisible through informal channels, such as receiving food from family or friends, or by self-provisioning. Although they may have other means of procuring food, many homeless people do rely heavily on charitable food donations (Miewald & McCann, 2014; Tarasuk, Poland, Gaetz, Booth, & Dachner, 2008). However, the homeless are also limited in what they can access in this realm. Charitable food sources can be difficult to access depending on physical distance or operational times. Often aid organizations establish unique eligibility criteria regarding who may receive their meals (Miewald & McCann, 2014; Tarasuk et al., 2008). Therefore access to food charity may depend on willingness to attend religious services, fitting within a certain age group, or may be based on merit that has been predetermined by the provider (Dachner & Tarasuk, 2002). Setting conditions to receive assistance is problematic because it impacts the individual's right to food.

Charitable food providers are trying to meet the need for food with limited resources and voluntary labour. Although homeless populations are not homogenous groups, and nutritional needs vary between individuals, there is usually only a single meal option offered. This is problematic because it does not allow for consideration of taste preferences, ethical, religious, or health related restrictions in diets (McEntee & Naumova, 2012). This system exhibits an oversimplification of the complexities between food, health and well-being. As mentioned there

is a tendency to reduce food security to hunger, rather than recognize the concept is a "key determinant of health"(Foster, Keller, McKee, & Ostry, 2011).

## **2.2 Food Security and Food Politics**

Increased food security leads to improvements in the quality of one's health and well-being. The concept of individual food security, described in Chapter 1, can also be conceived of at a collective level as community food security, which is defined as "when all community residents obtain a safe, personally acceptable, nutritious diet through a sustainable food system that maximizes healthy choices, community self-reliance, and equal access for everyone" (Dietitians of Canada, 2007, p. 1). Following this definition, community food security means that:

The ability to acquire food is assured; Food is obtained in a manner that upholds human dignity; Food is sufficient in quality and quantity to sustain healthy growth and development, and to prevent illness and disease; Food is produced, processed, and distributed in a manner that does not compromise the land, air, or water for future generations (Community Nutritionists Council of BC, 2004, p. 3).

The British Columbia government endorses the FAO definition of food security described in Chapter 1 (Foster et al., 2011), while the community food security definition above has been advocated by BC's Provincial Health Services Authority (PHSA, 2015) (See Chapter 3).

According to the definitions above, having food that meets an individual's ethical, moral and religious food preferences is a legitimate component of food security. McEntee and Naumova (2012) found that, because of a lack of understanding of food insecurity, a common attitude that exists is that people in need should simply be grateful for any food they are given through food charity. This attitude suggests that a person's needs or preferences are insignificant, which may be damaging to a homeless individual's sense of self and emotional or mental well-being.



In contrast to food security, food insecurity is "defined as limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways" (Tarasuk, 2001, p. 487). Lack of financial resources is often cited as a primary reason for food insecurity (Cook, 2008; Gorton, Bullen, & Mhurchu, 2010; Pedersen & Bocskei, 2011; Webber & Dollahite, 2008).

Aid agencies that are providing food are often non-governmental, have limited resources, and are frequently dependent on the industrial food system and corporations for donations (Lundahl & Wicks, 2010; Riches, 1999). Corporate donations are often of food-like products, which are overstocked or near expiration and considered 'waste product' by the donors (Lundahl & Wicks, 2010; McEntee & Naumova, 2012). Thus charities often have little influence over the nutrition and quality of the meal, which impacts the health of those consuming the food. In the American context, corporations are rewarded for providing donations via tax incentives and reduced waste disposal fees, while improving their corporate image as socially and environmentally responsible (McEntee & Naumova, 2012; Tarasuk, 2001). When donating food, ensuring optimal nutrition or cultural appropriateness for people in need may not be considered as important as eliminating products, which are near expiry or are overstocked, from store shelves (McEntee & Naumova, 2012). As one author writes about private emergency food aid in the form of food banks, aid is disassociated from what the clients require in that the amount and kind of assistance received is "driven not by their needs for food so much as by food policies and practices designed to maintain operations in the face of a limited, highly variable, and largely uncontrollable supply of food donations" (Tarasuk & Eakin, 2003, p. 1511). Current food safety regulations regarding donations often necessitate that the food citizens donate has been produced, and purchased, within a framework of industrial agriculture and corporate control.



However, there are exceptions to this, and increasingly organizations are encouraging gardeners to grow produce to donate to charitable meal programs (Loving Spoonful, 2014).

Nevertheless, this general environment promotes the consumption of a homogenized Standard American Diet (SAD), and displaces traditional diets and the associated cultural, lifestyle and spiritual elements. This approach to meal planning has serious ramifications as it influences lifelong food choices in which people become more familiar with a particular food and are more likely to continue consuming it, even when they become independent of food charity (McEntee & Naumova, 2012).

Charitable food provisioning systems may have broader negative consequences, because they create dependence on an unsustainable system and develop a paternalistic attitude towards the homeless. As recipients of food charity, people are usually not actively engaged in this component of their food system (Tarasuk, 2001). This is a lost opportunity for skills building, creativity, social interaction, nutrition education, and cultural and spiritual well-being.

Melanie Rock (2006) describes how a taskforce on hunger and social development in Montréal developed a list of foods that should be rejected by food charities as donations, and provided a rationale for the exclusion of each food on the list. Charities sometimes appeal for certain foods that are in high demand, but they can also explicitly refuse others, which would force corporations to reconsider their policies around food donation. The list developed by the taskforce considers the influence of food products on personal factors of the recipients, such as future purchase patterns and the development of food skills and cooking abilities (Rock, 2006).

### ***2.2.1 The Right to Food***

The number of Canadians who access private emergency food aid is growing. In March 2010, over 95 000 people received food from BC food banks, which are non-governmental



services (Foster et al, 2011). In Canada, and many other countries, feeding the 'hungry' is often through Private Emergency Food Systems (PEFS) (McEntee & Naumova, 2012). According to the United Nations, all people have a Right to Food (United Nations, 2013). The right to food is enshrined in the Universal Declaration of Human Rights in article 25 (United Nations, 2013) as well as the International Covenant on Economic, Social and Cultural Rights. Canada has signed and ratified the declaration and the covenant (Riches, 2002). This right exists at all times and is not dependent on an individual first becoming housed. The right to food is important to understand because it provides the justification for criticism of the inadequacies of food charity. It is the federal government's responsibility to ensure this right is met for people unable to meet their own needs (Riches, 2002). States must respect, protect, facilitate and provide the right to food (Office of the High Commissioner for Human Rights, n.d.). As the right to food and the evolving conceptualization of health both include personal elements, such as culture, simply providing food that is nutritionally sufficient for survival is not sufficient from a right to food or a health perspective. However, if homeless people were found to be food secure, then the Canadian government would have little obligation to intervene in this area.

According to the UN Special Rapporteur on the Right to Food, Canada has generally made sufficient efforts in protecting the right to food internationally, but not domestically (De Schutter, 2012). The right to food has not been added to the Canadian Charter of Rights and Freedoms and First Nations people are particularly vulnerable to food insecurity (De Schutter, 2012). Ensuring the right to food for people within the Canadian state serves as a form of primary prevention for a vast number of ailments including diseases frequently experienced by homeless individuals. Some of the primary diseases associated with food insecurity include:



malnutrition, obesity, type 2 diabetes, HIV infection and poor mental health (Gorton et al., 2010; Tarasuk, 2001).

Scholars in support of the right to food argue that consumers have only limited amounts of power, which is based on their ability to choose not to buy certain foods and to purchase others instead (Welsh & MacRae, 1998). In this scenario, one can see how homeless individuals have less power, as they may be unwelcome in certain establishments, or lack the ability to purchase or transport goods. If they are receiving food aid, they may have the option to eat or to go hungry. However, there are people within organizations who are working to take advantage of the potential for empowerment. An example of a place using innovative and locally adapted approaches to homelessness and food issues is the Homeless Garden Project in California (2010). While Hanlon, Rosenberg, and Clasby (2007) describe voluntary service providers as having the capacity to be responsive to need because of their grassroots nature, funding challenges have been described as leading to competition between organizations that are attempting to access the same pool of financial resources. Hanlon et al. (2007) also go on to describe the concept of insidious rationing among organizations who lack capacity to meet demand. Hanlon et al. (2007) describe how some volunteers at these organizations may choose not to advertise their organization's services and instead selectively provide services to people they choose. Thus those who benefit do so largely due to chance, or social connections. Actions such as these can further infringe on the right to food.

Although humans have a right to food, there is a "marked relationship between social inequality and food (quantity, quality, type of food consumed, style of its consumption)" (Riches, 1999, p. 206). This social inequality leads to increased health inequities experienced by people who are homeless. As human rights are not granted on the basis of wealth, power or privilege,



the right to food, and with it the responsibility of food citizenship, must be extended to all members of society including the homeless.

### **2.2.2 Food Citizenship**

Welsh and MacRae (1998) argue that the anti-hunger movement aims to empower consumers, but does not move beyond consumer to citizenship, which has rights and responsibilities. As they put it, "[f]ood citizenship suggests both belonging and participating, at all levels of the relationship" (p. 241). The concept of citizenship is relevant to people who are homeless because they are often excluded from other forms of participation as members within society. Food is an important realm in which to challenge disempowerment and marginalization because:

Food, like no other commodity, allows for a political awakening, as it touches our lives in so many ways. Food citizenship draws on and helps nurture authentic relationships. It has the potential to generate active citizenship, rather than the trivialized notion of citizenship that Saul (1995, p. 168) describes, in which our involvement is reduced to "isolated act[s] of voting and ... voluntary activities (Welsh & MacRae, 1998, p. 241).

Food citizenship advocates choosing foods that are produced in a sustainable, ethical manner (Wilkins, 2005). A passive eater may be unconcerned and unaware of how, by whom, and under what conditions their food is grown, processed, and transported. Through food citizenship, social justice and the environmental sustainability of food systems can be improved (Welsh & MacRae, 1998). The concept of food citizenship strives to transform consumers, with little power, to participants in the food system (Wilkins, 2005). This happens when consumers engage in dialogue regarding their food, and either produce their own food or use their financial resources to support practices and businesses that further their ideals (Wilkins, 2005).

While the term food citizenship may sound unrealistic for people experiencing homelessness, the actions proposed for food citizenship are scalable to be suitable for the



individual and the context in which they live (Wilkins, 2012). People have a responsibility to make food choices which are sustainable (Wilkins, 2005), but they must be encouraged in making responsible decisions through the establishment of a supportive environment (Horwitz & Finlayson, 2011). Food citizenship actions are more healthy and sustainable for individuals, communities, and environments (Wilkins, 2012).

A study by Webber and Dollahite (2008) demonstrated that concerns about food quality, production, and farming practices were common among low-income heads of household. Many participants expressed concerns over genetically modified organisms, pesticides, chemical inputs, antibiotics and hormones in their food, but were unable to afford organic produce (Webber & Dollahite, 2008). Webber and Dollahite (2008) also noted that, although these low-income people have personal experiences with inequity, and would presumably not want to perpetuate inequity, they are unable to afford products that were certified fair-trade, organic or that uphold their ideals about agricultural animal welfare. Often times, products of this nature were not available for purchase where the participants shopped (Webber & Dollahite, 2008).

However most participants in the Webber and Dollahite (2008) study were not particularly concerned with where their food was produced. Some people did mention the importance of supporting local farmers, and the negative social, cultural and economic consequences of 'big box' stores. Participants described local food as tasting better and being fresher, which were desired traits (Webber & Dollahite, 2008).

Participants in the Webber and Dollahite (2008) research also obtained food informally through "gardening, animal husbandry, foraging and hunting, and bartering activities" (p. 196) and were found to rely on bartering and networking more than middle class families did. This research explored the role of these informal food networks to develop a more comprehensive



understanding of the food systems of homeless individuals, as previous research has primarily explored food availability through charity.

With rights come responsibilities and it is important for homeless individuals to be active in their food system, to have a voice and defend their rights. Obviously, this is challenging because the homeless are afforded little power within society. However, there are peoples' movements around the world which aim to take control of food systems and reclaim food sovereignty, whereas increasing corporate control erodes these concepts (Riches, 1999). International movements such as La Via Campesina, unite marginalized peoples, peasants and small scale agriculturalists to reclaim their food systems.

### ***2.2.3 Food Justice***

In the Western context, people involved in the food movement tend to be middle class Caucasians (Alkon & Agyeman, 2011). However, as the Weber and Dollahite study demonstrates this is not to suggest that other groups are not concerned about food issues. In BC there are many groups that are working specifically for Indigenous food systems, including the Indigenous Food Sovereignty working group, and the Vancouver Island and Coastal Communities Indigenous Food Network. Indigenous food sovereignty has also been examined by food policy groups such as Food Secure Canada (Food Secure Canada, 2013).

Demanding food justice benefits both marginalized producers and consumers. Food justice is:

Increasingly substantiated by racial and income-based exclusion, food justice operates to prioritize just production, distribution, and access to food within the communities being impacted. This is the focus of the food justice movement, though environmental and economic benefits often result from these efforts as well (McEntee & Naumova, 2012, p. 237).

The food justice movement is driven by the people, is holistic and place based, and it resists the commoditisation of food (Barndt, 2012). Furthermore, "by linking low-income and



minority populations with alternative modes of food production and consumption, advocates prioritize human well-being above profit and alongside democratic and social justice values" (McEntee & Naumova, 2012, p. 237). Quality of food is a component of food justice (McEntee & Naumova, 2012).

The level of attention to specific group or individual food needs and health equity can be evaluated using Patychuk's (2011) continuum of health equity of healthy eating and food security. The continuum builds on the themes of critical social theory but specifically considers the linkages between food security and health equity. In this framework, actions are evaluated and range from universalism/colour blindness to diversity/cultural competency to anti-racism/anti-oppression. A component of food security is ensuring that minority groups have access to appropriate food. Examples of an anti-oppressive approach to food are:

recogni[tion] that racism functions as a barrier to community self-determination and self-sufficiency and question white-dominated food initiatives. Reduce food strategies' dependence on corporate food industry donations that do not meet the need for nutritious culturally appropriate food" (Patychuk, 2011, p. 41).

Increasing access to country foods, for Indigenous people who want them, improves food justice because, as one Elder cited in Elliot et al.'s study explains, "Traditional foods should not be a privilege (for the wealthy), it should be available for all!" (Elliott et al., 2012, p. 6). However, Patychuk's schema is limited in that it does not explicitly promote the involvement of people who would be the recipients of food aid in the proposed actions.

#### ***2.2.4 Food Sovereignty***

The concept of food sovereignty is based on a premise of environmental and social sustainability, including women's rights (Grey & Patel, 2014; Wittman 2011). Increasing food sovereignty leads to improved interactions between humans, animals and environment, and this naturally leads to a challenge in the prevailing siloed thinking about these different aspects of



food systems. The movement towards food sovereignty requires community involvement as a component of the holistic food system. Food sovereignty is a concept that "focuses on the right of peoples and governments to determine their own agriculture systems, food markets, environments, and modes of production. Food sovereignty is a radical alternative to corporate-led, neo-liberal, industrial agriculture" (Koç, Sumner, & Winson, 2012, p. 385) and is usually associated with small-scale farming and localized production. Working within a food sovereignty framework would include a set of stakeholders who are much different than the stakeholders who control the current food supply in Canada. An increase in food sovereignty would mean that the current large scale corporate stakeholders would lose power, influence, and profit. Food sovereignty would not necessarily occur with the achievement of food security, but a food sovereign place should also be food secure. Food sovereignty would also lead to a more egalitarian distribution in power and control over the food system, and more local knowledge and involvement in food production. Despite these promising benefits, the current English language research on food sovereignty and health equity is minimal (Weiler, Hergesheimer, Brisbois, Wittman, Yassi, & Spiegel, 2014).

Food sovereignty is rooted in place, so in a food sovereign scenario people would be reliably able to access local food. Food is not just available in a place, but is also of a place. There is a connection between what is available and where one is. While homeless people are often confined to one area of a city, the food that is available to them is neither reliable in supply nor is it likely to be a product of the place, due to the neoliberal policies that see corporately controlled food donated to charities.

The principle of sustainability is closely linked to food politics. Healthy social-ecological systems depend on the sustainability of the food supply and vice versa (Declaration of Nyéléni,



2007). It could be argued that sustainability is the driving force behind food sovereignty because food sovereignty is seeking long-term solutions to food requirements, which foster well-being and independence in communities, preserve genetic diversity in plant species, and protect the health of the environment (Declaration of Nyéléni, 2007). According to the Declaration of Nyéléni, food sovereignty is focused on the entirety of the social-ecological system. Rather than being reductive, each component, whether that be climate, food growth, food preparation or consumption patterns, is valued as contributing to the whole (Declaration of Nyéléni, 2007). The systems thinking of food sovereignty is in contrast to how emergency food aid provisioning for people during times of homelessness often operates, where the significance is placed on hunger or nutrition. However, homelessness, hunger and poor nutrition are all indicators that a system is not functioning properly rather than being isolated issues.

### ***2.2.5 Indigenous Food Sovereignty***

Indigenous food sovereignty is described by the Indigenous Food Systems Network as:

a specific policy approach to addressing the underlying issues impacting Indigenous peoples and our ability to respond to our own needs for healthy, culturally adapted Indigenous foods. Community mobilization and the maintenance of multi-millennial cultural harvesting strategies and practices provide a basis for forming and influencing policy driven by practice (para. 1, n.d).

Inherent in this definition are four key principles of Indigenous food sovereignty. These are: sacred or spiritual, participatory, self-determined, and policy related (Indigenous Food Systems Network, n.d.). Colonial control was exerted by banning important cultural events such as the potlatch, among other practices connected to food. This ban is a form of symbolic violence, because it positioned European food cultures as inherently better. As McIlwraith (2012) writes, food cultures that involved foraging were considered impoverished by colonizers.



Indigenous food sovereignty is a valuable concept because it is a means of decolonization and it sheds light on the health inequities faced by Indigenous people. Morrison (2011) says that Indigenous food sovereignty "provides a restorative framework for a coordinated, cross-sectoral approach to policy reform in forestry, fisheries, rangeland, environmental conservation, health, agriculture as well as rural and community development" (p. 101). Grey and Patel (2014) argue that Indigenous food sovereignty cannot be disconnected from larger "cultural, social, and political resurgence" amongst Indigenous people (p.3). However, Miewald and McCann (2014) suggest that initiatives to make the city or food systems more environmentally friendly are at times conflated with increasing social justice, so it is necessary to be aware of the distinctions.

The Indigenous food sovereignty model proposed by Elliott et al. (2012) posits that there are overarching solutions that will lead to increasing traditional food access. The solutions offered are empowerment, knowledge renewal, and renewal of family and community relationships.

Based on Elliott et al.'s proposals, Indigenous food systems offer an ecological orientation to fostering both environmental and social determinants of health, noting that, "Indigenous food systems include all land, soil, water, air, plants and animals as well as Indigenous knowledge, wisdom and values. These food systems are maintained through our active participation in cultural harvesting strategies and practices in the fields, forests and waterways which represent the most intimate way in which we interact with our environment" (2012, p. 98).

Dawn Morrison writes that, "Indigenous cultures are shaped by our unique relationship to the land and food systems within our respective traditional territories" (2011, p. 97). She goes on to explain that "the underlying principles of Indigenous food sovereignty are based on our



responsibilities to uphold our distinct cultures and relationships to the land and food systems." (2011, p. 97). Furthermore, "for mental health, biological and nutritional mechanisms may be inseparable from the cultural and social aspects of traditional lifestyles" (Earle, 2013, p. 4). For example, the Whapmagoostui Cree concept most closely related to 'health' necessitates the ability to engage in land based activities, including hunting, having shelter and eating appropriate food (Grey & Patel, 2014).

Research that examined food security on a First Nations reservation in northern BC found that the community members had a strong desire for nutrition education programs which were reflective of their Nation's worldview and not based on Western knowledge systems (Tobin, French, & Hanlon, 2010). Indeed, Patychuk et al. (2011) stress that Aboriginal self-determination is a necessary part of health promotion. Promoting and working from a framework of Indigenous food sovereignty is challenging. However, culture is a social determinant of health and adequately addressing social determinants of health requires recognition of levels of complexity in ecosystems and social systems (Webb et al., 2010).

There are many small changes that can be readily implemented to begin the process of decolonizing food systems. Aboriginal food cultures have successfully been incorporated into large scale food provision in the Kahnawake Schools Diabetes Prevention Project and the Sandy Lake Health and Diabetes Project (Elliott et al., 2012). Indeed, Northern Health addresses the benefits of institutions serving traditional food and acknowledges that, "There are important social, cultural and environmental dimensions to all stages of the food chain and each has the potential to support or undermine individual, community and cultural health" (Northern Health, 2012, p.11) and that "[l]ocal food and food systems can also promote diverse health functions. Participation in food procurement and preparation can serve as a premise for sharing, celebrating



and maintaining traditions, and strengthening social networks and promoting awareness of individual roles and responsibilities in the community" (Northern Health, 2012, p. 12).

## **2.3 Food Systems as a Context for Health and Well-being**

In public health, and especially health promotion, settings are "the place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and well-being" (WHO, 1998, p.19). Prince George is the setting for this research and local factors specific to the city and region uniquely shape the food system and participants' lives. This setting is discussed in terms of social, cultural and environmental context in Chapter Three. Ecological models for health promotion take settings into account and examine the influence of the entire system on health, including culture, structure and history (Poland & Dooris, 2010). These settings can then be used to understand health distribution trends and intervention effectiveness (Poland & Dooris, 2010). Poland and Dooris recommend fostering sustainable healthy settings by building on assets to promote change, being place-based, taking into account 'whole systems' while recognizing individual contributions, and "connect[ing] lived experience to that of others and to the practices, structures that create and sustain inequity" (2010, p. 289).

Carter, Dubois and Tremblay, (2013) recently completed a review of literature surrounding place and food security. They determined that most studies are unable to incorporate the necessary amount of complexity to adequately examine the level of environmental influence on food security (Carter et al., 2013). However, research by Kirkpatrick and Tarasuk (2010) found that, for low-income families, the proximity from their place of residence to low-cost grocery stores, food banks and community gardens had no influence on their level of food security. These services were clustered in areas of low socioeconomic status, but the effect on

the population who actually accessed these services was unknown (Kirkpatrick & Tarasuk, 2010). Situational similarities exist in Prince George as there is clustering of food security related services in an area that is low-income and includes many shelters and other services for individuals who are homeless.

Informed by experience with other settings for health promotion, developing a settings-based approach to sustainable food systems (and moving towards food sovereignty) will require intervention on multiple levels. Story, Kaphingst, Robinson-O'Brien, and Glanz's, (2008) ecological framework of food choice (See Figure 1 below) offers one such approach. Story et al.'s (2008) framework addresses the social environment (and the physical environment to an extent) and attempts to explain different elements of food choice. However, the framework fails to emphasize the importance of the natural environment to food security, food justice and health.



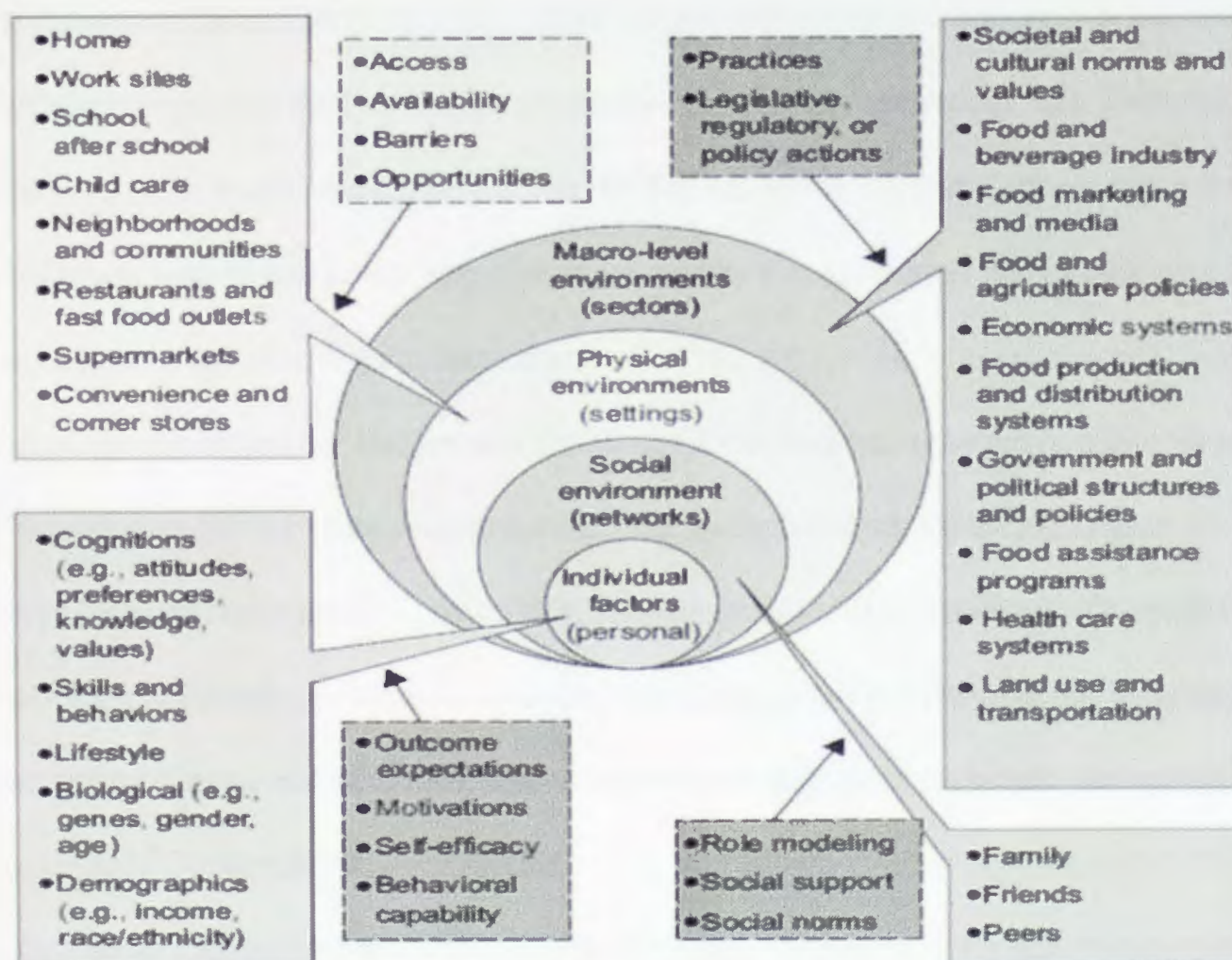


Figure 1: "An ecological framework depicting the multiple influences on what people eat" from Story et al., (2008, p. 23).

Ecological models have been criticised for not making the linkages between levels explicit, because they are difficult to test, and fail to emphasize which factors are the most influential for individuals (Winch, 2012). Furthermore, they may not accurately define systems for people who live outside the boundaries of the norm (Winch, 2012). Expanding on Story et al.'s model, and informed by an ecohealth and socioecological settings approach, this research considers the natural environment, and the ability to hunt, fish, and forage.

Seasonal dynamics within the food system are another example of the importance of the natural environment and the value of a combined social and ecological orientation to food systems. As will be expanded in Chapter 3, the variation between seasons is especially relevant in Prince George. Food security can be affected by seasonality in multiple ways. For example,



research indicates that in American states where people had higher heating costs in the winter, senior citizens were more likely to be food insecure because they redirected their financial resources for food towards heating costs (Nord & Kantor, 2006). As many people move between periods of being housed and being homeless, it is important to remember that people may have different costs associated with each situation.

A study conducted by Webber and Dollahite (2008) had participating households record data in the summer-fall and winter-early spring. The authors did not report significant differences between the seasons. They noted that participants were not enthusiastic about the notion of eating seasonally, but that households who participated in programs that provided them with coupons to farmers' markets were able to supplement their food purchases during the growing season (Webber & Dollahite, 2008).

Seasonality is also important because the physical environment has historically provided local First Nations in northern BC with adequate sustenance to meet their needs and theoretically could be a source for self-provisioning of food. Thus, bound by seasonal changes, food and lifestyle became intimately connected:

For Canada's Aboriginal peoples, hunting, fishing and gathering practices form an integral part of their culture. Not only is there a high dependence on food thus acquired to maintain their traditional and preferred diet, but also for many Aboriginal peoples the food procurement and distribution process is the way through which societal values, such as sharing, are transmitted (Robertson, 1991, p. 14–15)

Throughout time, the foods people consumed have been what they have been able to forage, fish, hunt, or grow on the land and water, immediately surrounding where they live, shaping the development of culture.

People often associate specific places with their identity, and this relationship is so important that it has been argued that place "can be seen as a centre of human meaning,



intentions and values" (Windsor & Mcvey, 2005, p. 147). Food is also representative of identity. This relationship is amplified between Indigenous cultures and the land. Survival historically depended on an intimate knowledge of the landscape and ecological processes of an area. Additionally, the spiritual importance of place cannot be overlooked. Relationships to place, homelessness and food are important to consider. When people are displaced they are no longer able to access traditional foods, or hunting or fishing grounds and they are often forced into more marginal areas. This injustice has consequences for food security and health equity.

Homeless populations may be considered displaced people (Murphy & Tobin, 2011), and this affects sense of self and belonging (Vandermark, 2007). As food is linked with place and culture, eating local, traditional foods, may help people feel a greater sense of connection to community and society. Vandermark (2007) states that, "external objects can extend the sense of self to the group, for example, ethnic foods" (p. 244). Connecting to one's culture is a manner through which people define identity and increase sense of self. Food is a common cultural good that people have an intimate relationship with as they consume it, and subsequently shape their bodies based on consumption practices. Access to land and the connection to food security is complex. For example, even people who actively garden may not be food secure, although they are producing food (Gorton et al., 2010). Indigenous people in the United States found that as access to land was gained, the preparation time required to prepare traditional food emerged as a barrier (Gorton et al., 2010).

## **2.4 Conclusion**

The review of the literature in this chapter has highlighted the complexity of the interrelationships among homelessness, food politics, health and environment. Studies which synthesize and integrate across these themes are needed to better understand the experiences that

people have with food systems during times of homelessness. The experiences and values of individuals who are homeless should also drive future research and, in particular, issues of power and control within society must be addressed. In Chapter Four, I will explain how the research methodology and design are used to achieve this goal, but first further context on the case study location of Prince George and the social, physical and environmental settings is provided in Chapter Three.



## **CHAPTER 3: STUDY CONTEXT**

Chapter Two contained a review of the literature as it related to homelessness, food politics and the roles of physical, social and cultural environments in health and well-being. This chapter provides pertinent contextual information regarding the different macro and micro level influences that shape the environments of people living in Prince George.

### **3.1 Food Security and Policy at the National, Provincial, and Regional Levels**

One tool for measuring food accessibility is the healthy food basket, introduced by Health Canada in the 1970s, to track the cost of healthy food over time (Dietitians of Canada, 2011). The basket is meant to be representative of an average diet according to Canada's food guide using only staple foods, so it is not adjusted to dietary preferences or special needs (Dietitians of Canada, 2011). The monthly cost of this basket for a single adult male aged 31-50 in BC is \$243.59, which is roughly half the amount of money that a single person without dependants would receive on social assistance (Dietitians of Canada, 2011). The cost of purchasing food would be higher for people experiencing homelessness, because without a place to live and cook they are unable to save money by purchasing in bulk, by refrigerating leftover food, or preparing food from scratch. When food is prohibitively expensive, people may compensate by purchasing lower quality foods and/or consume less food, consequently jeopardizing their health and well-being (Cook, 2008; The Stone Soup Project, 2010).

In Canada, a tenth of all households are considered food insecure (Cook, 2008; Pedersen & Bocskei, 2011). The homeless and people of Aboriginal descent are among the populations at highest risk for food insecurity (Pedersen & Bocskei, 2011). Among urban populations across the country, Aboriginal Canadians have a higher risk of hunger than non-Aboriginal people.

In BC, food security is a core component of public health (Foster et al., 2011) and the BC Ministry of Health regards it as necessary for a public health care system which is comprehensive (Pedersen & Bocskei, 2011). In 2004, the Public Health Association of BC advocated for a shift towards a focus on community food security which, is an increasingly popular replacement for charity and individual centred anti-hunger programming which have depoliticised hunger (Cook, 2008; Weiler et al., 2014). In BC, public health units are asked to add food security strategies to their regional health plans, leading to the development of programs that address both immediate needs and underlying issues contributing to food security (Cook, 2008).

Under the core food security program, the BC Ministry of Healthy Living and Sport created the Community Food Action Initiative (CFAI) (BC Food Security Gateway, 2011). The CFAI is a public health program designed to "increase food security at the population level with a focus on vulnerable populations, including children and low-income parents" (Cook, 2008, p. 13). There is an Aboriginal Health Initiative Program run by Vancouver Coastal Health which includes teaching people about accessing traditional food, and training in gardening (Cook, 2008). However, the initiative does not include programs specifically for individuals during times of homelessness. Although anecdotal evidence is positive, the program's ability to affect poverty related food security issues is considered minimal, but more research is needed (Cook, 2008).

Communities can find support for initiatives through CFAI or, in northern BC, through the Healthy Eating Active Living Network (HEAL). This includes financial support for projects being developed by community organizations (Northern Health, 2008). Food security related actions taken by public health agencies in BC have included: writing policy documents,



establishing community gardens, funding community based organizations working in food security and including explicit language of food security in official position papers. These actions encompass various levels within the ecological framework of food choice, so the approach seems to be appropriate to address multiple influences. Despite these efforts, the majority of emergency food security related initiatives are non-governmental and the demand for services is high. According to Hanlon et al. (2007), the provincial government is increasingly relying on the voluntary sector to provide social services to the population.

The recently established First Nations Health Authority (FNHA) has taken over the programming that was previously delivered by Health Canada's First Nations and Inuit Health Branch - Pacific Region. The FNHA has published a report entitled *Healthy Food Guidelines*, in which they advocate for Indigenous Food Sovereignty stating that it includes, "the elements of sacredness and self-determination" (Johnson, 2014, p. forward). In addition to the nutritional benefits of traditional foods, the FNHA promotes their consumption for physical activity and spiritual grounding, for community food security and for greater sustainability (Johnson, 2014), but also acknowledges that environmental changes have led to increased difficulty with their procurement (First Nations Health Authority, 2015).

The results of the First Nations Food, Nutrition and Environment Study (FNFNES) from BC indicated that most First Nations people on reserve wanted to consume more traditional food (Chan, Receveur, Sharp, Schwartz, Tikhonov, and Mimeault, 2011). In general, traditional foods are "high in animal protein, nutrient rich, and low in fat or high in marine sources of fat" (Earle, 2013, p. 2). A third of respondents in the FNFNES understood the health and nutrition aspects of traditional foods, with another 22% believing these foods to be safe and natural (Chan et al., 2011).



Consumption of traditional foods was found to be greatest in the summer with moose, salmon and deer being the most commonly eaten traditional foods reported by respondents (Chan et al., 2011). This contrasts with other local historical reflections, such as a report by a Lheidli T'enneh Elder, at a university event I attended, that June was traditionally a month of famine in their territory. On average, participants in the FNFNES in BC reported eating salmon once a week and moose and deer once every two weeks (Chan et al., 2011). The respondents also engaged in the following activities: fishing (35%), harvesting wild plants including berries (33%), and gardening (25%) (Chan et al., 2011). Other traditional foods consumed included; fish, berries, land mammals, beach foods, wild plants, mushrooms, birds and tree foods (Chan et al., 2011). When asked what the primary barriers preventing people from eating more traditional foods were, the participants reported primarily a lack of proper equipment and transportation (Chan et al., 2011).

### **3.2 Regional Context**

Vancouver and Victoria, which are among the largest and most populous cities in southern BC, are the primary locations where homelessness has been studied in British Columbia. There is, however, a different context in northern BC, and seasonal access to food differs in a northern climate. Furthermore, residents of northern BC have been found to have higher levels of food insecurity than southerners (BC Ministry of Health, 2011). For this research, northern BC communities are defined as those within the region of the Northern Health Authority (See Figure 2). Northern Health is one of five regional health authorities and it serves approximately 300 000 people (n.d.b.). The service area is approximately 600 000 kilometres square, which includes rural and remote communities, although the hub of operations is located in Prince George (Northern Health, n.d.b.).



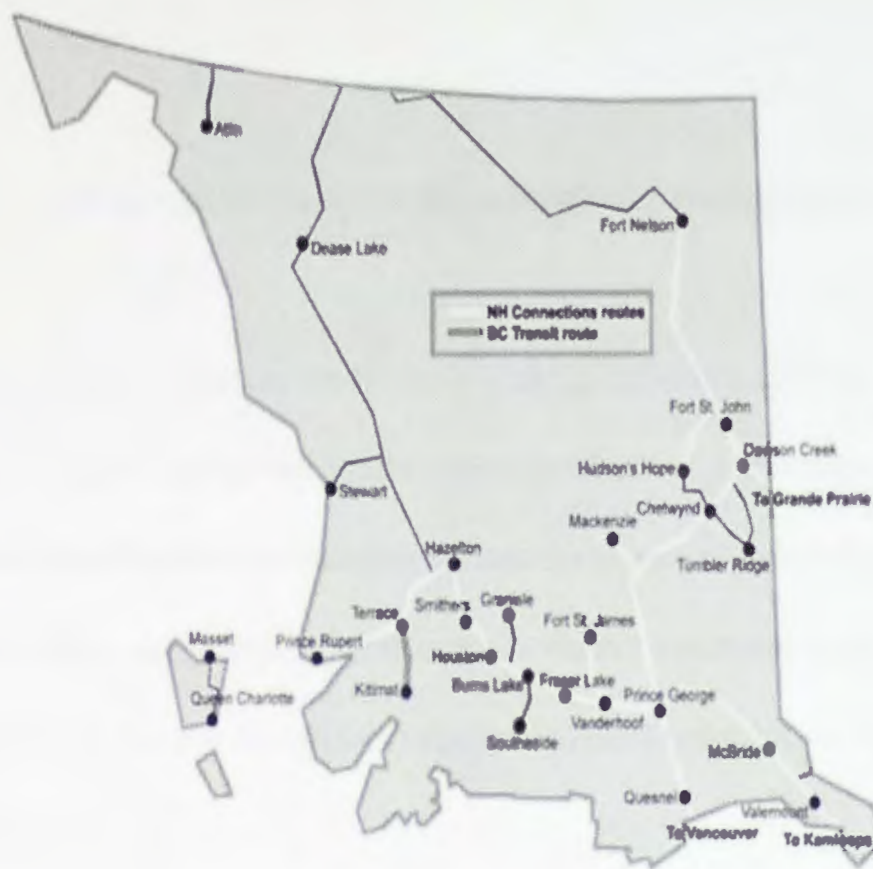


Figure 2: Northern Health Services Area. Adapted from (Northern Health, n.d.a)

In northern BC, seasonal changes are more significant to food supply than in urban areas in the south of the province. Due to a smaller population and being more remote, northern BC also has less connection to international food markets. In the north, there is a reduction in choices, more expensive and poorer quality of fresh food (The Stone Soup Project, 2010). Poor winter weather can delay shipments of produce leaving grocery stores shelves noticeably bare. Seasonal changes also include animal migrations and plant growth patterns. Seasonal effects on homeless populations, and homeless populations' responses to these affects, have been unexplored until now.

Research that examined food security on a reserve in northern BC found that the community members had a strong desire for nutrition education programs which were reflective of their worldview and not based on Western knowledge systems (Tobin et al., 2010). Culture is a social determinant of health and there is increasing recognition of its importance for health. For example, the Northern Health Position on Healthy Eating describes how healthy eating can

"contribute to skill development and support the practice and continuity of tradition and cultures" (2012, p. 1).

The Northern Health Position on Healthy Eating, reflects a holistic approach to food security, which is defined as including food access, food safety and sustainability (Northern Health, 2012a). Northern Health also recognizes that food security includes concerns about cultural acceptability (i.e., that the particular ways in which a cultural group obtains, prepares, distributes and consumes food is significant) and social justice for producers and consumers (Northern Health, 2012).

### **3.3 Prince George**

Due to its northern location, its status as a hub in the region, a growing 'food scene', and a large homeless population, Prince George provides a unique setting for this research. While food is readily available in PG, it is uncertain what food is actually available to people experiencing homelessness. As Webber and Dollahite explain, "[f]ood choice is influenced by the 'food context' (physical surroundings and social climate where food might be acquired)" (2008, p. 188). The centralized manner in which social services are provided today in Prince George is in contrast to how the First Nations in this area lived before contact with Europeans, when they moved their villages seasonally to avoid depleting resources in a single location.

#### **3.3.1 Physical Environment**

Prince George is located in the Fraser Basin in the montane cordillera ecozone (Chan et al., 2011). The summer is short but warm, while winters are long and snowy (BC Ministry of Forests, 1998). The city is surrounded by the forests of the sub-boreal spruce zone, and forestry has been a primary industry of the region, along with some beef and dairy farming (BC Ministry of Forests, 1998). In more recent years, there has been expansion of oil and natural gas



operations. Wildlife in the region include deer, moose, mountain goat, caribou, elk, cougars, wolves, foxes, bears, coyotes, sheep, otters, muskrat, raptors, songbirds, shorebirds and ptarmigan (British Columbia Ministry of Water, Land and Air Protection, n.d.). During the late summer, salmon spawn in the Fraser River (Carrier Sekani Tribal Council, 2011).

Within the city limits of Prince George, the food system includes a limited number of smaller independent groceries, several different supermarket chains, small farmers markets, and restaurants downtown and lining the main arterial roads. While many of these locations are accessible by public transit, the transit schedule is limited on evenings and weekends, when many routes run reduced operations, if at all.

### ***3.3.2 Cultural Environment***

Colonization and dramatic changes in lifestyle severely disrupted Aboriginal food sovereignty and had devastating effects on health and well-being. Prince George is located on Dakelh land (PG CPAH, 2003), and on land expropriated from the Lheidli T'enneh First Nation, at the confluence of the Fraser and Nechako Rivers. The total size of the Lheidli T'enneh's traditional territory is over 4.3 million hectares (TourismPG, 2011). However in 1911, the Lheidli T'enneh were forced off the site where the city now stands by the threat of destruction of their property through burning (TourismPG, 2011). Similar forced displacements have happened in other areas of northern BC as well. The experience of the Cheslatta T'en, whose land was flooded by construction of a dam, is another example of displacement in the northern BC area (Windsor & Mcvey, 2005).

The Dakelh peoples' traditional food system includes: salmon, whitefish, trout, deer, moose, duck, geese, berries, and a wide variety of plants. The Carrier Sekani Tribal Council

webpage describes how the seasonal changes in the food system are viewed in relationship to the changes in the Necha-Koh "the river in the distance" (CSTC, 2011):

Dak'et, "autumn", is when we travel to the Necha-Koh's many lakes. In Khit, "winter", we follow traplines for beaver and muskrat, and return to the lakes in spring, 'Olulh, for suckerfish and trout. Traditionally, we hunted ducks and geese in the Necha-Koh's marshes near Vanderhoof, now a sanctuary for migratory birds. Shin, "summer" is when the salmon arrive. This is our most important resource (CSTC, 2011, para. 5).

However, under the strong influence of the European colonizers, including fur traders, missionaries, and Indian agents, the lifestyle of the Dakelh people became more sedentary (CSTC, 2011).

### **3.3.3 Social Environment**

The city of Prince George has a population of 71 974 and 33 990 private dwellings (Statistics Canada, 2015). Approximately 11% of citizens in PG are of Aboriginal decent (Milligan & Statistics Canada, 2010) while, within the Northern Health service area overall, that share increases to 18% (Northern Health, 2012). The Aboriginal population of PG increased by 11% in the 5 years leading up to 2006 (Milligan & Statistics Canada, 2010). Within the census agglomeration of PG, 89% of people speak English as their first language (Statistics Canada, 2015). The majority of people in the Northern Health service area are employed in the resource and service sectors. Prince George has received national media attention in recent years because of Maclean's magazine's consistent ranking as one of Canada's most dangerous cities (Maclean's Magazine, 2012). As the largest city in northern BC, PG today is a place where people migrate to access services that are unavailable in smaller towns or on reserves. There are many social services available in PG, and high levels of stigma associated with certain neighbourhoods (Healy, Stuart, Capostinsky, Joyce, & Lucier, 2006).



Highway 16, known as the Highway of Tears, runs through Prince George. It is estimated that over 40 women or girls, many of whom were First Nations people, have gone missing or been murdered in this region (Carrier Sekani Family Services, 2015). This research took place during the spring and summer of 2014. During this time a trial was held in PG, and Cody Legebokoff was convicted of the first degree murders of three women and one girl, Natasha Montgomery, Cynthia Maas, Jill Stuchenko and Loren Donn Leslie (Fundal, 2014). Legebokoff received a life sentence (Fundal, 2014). In late 2014, charges were laid against another man, in two of the remaining unsolved murders, after the cases had been open for four decades (Carrier Sekani Family Services, 2015).

This aspect of the social and cultural context of PG is relevant to the research because of the ongoing and persistent violence that women experience, especially those who are Aboriginal, street involved, or living in poverty. This research took place during the time of the Legebokoff trial, and many people who are street involved have been, and continue to be impacted by, these cases. Warning signs are posted along Highway 16, but hitchhiking remains a daily reality for low income people, because there are few other options for travelling from reserves or remote locations, without a private vehicle.

As introduced in Chapter 1, there are hundreds of people who are experiencing homelessness in PG. During the course of this research, I spoke with people who said they had observed that more under housed/homeless people were migrating to PG to access services and speculated it was due to economic shifts in the northern region. Prince George has an array of services specifically for marginalized, homeless, and under-housed people. There are at least 10 agencies which provide private emergency food aid. (Prince George Community Assessment and Action Network, n.d.). Services range from weekday meals, to food hampers, to a soup bus. The



majority of these food service agencies and other services for people experiencing homelessness in PG are located in the downtown core. These emergency food services were assumed to be the primary places that homeless people could access food in the downtown neighbourhoods.

The PG Community Partners Addressing Homelessness report (2010) indicated that the majority of homeless people in Prince George receive income assistance (55%), or disability assistance (29%), and 22% earn money through collecting bottles. There is one large grocery store in downtown PG, although not everyone may have access to it. While it is central to the downtown core, other places such as convenience stores and fast food restaurants are closer to the areas of low income neighbourhoods. Food may also be purchased at dollar stores, restaurants, and at low cost through a cook training program. It is worth noting that many of the smaller stores selling food frequently change their regulations regarding bringing bags or backpacks into stores as theft prevention measures. These measures may impede access by homeless people who carry their belongings with them.

There seems to be burgeoning interest in local food in Prince George, as shown through the increased growth in local farmers markets (Connell & Dewar, 2012). There are many initiatives underway with the intention of improving food security. These range from community garden projects, farmers' markets, community kitchens, public lectures on growing, preserving and selling food, and campus food systems projects. For instance, the city of PG has incorporated food security issues into its Integrated Community Sustainability Planning Process (Picketts, 2012). Citizens have also demonstrated interest in emergency food aid provided in PG. For example, at the time of writing there were initiatives under development to reroute leftover food from UNBC to St. Vincent de Paul, and the pre-med club at the university also organizes monthly volunteer sessions at St. Vincent de Paul. The right to food is gaining recognition



through a movement to entrench the right to a clean, safe environment and food in a PG City Charter (PGPIRG, 2014). The annual "March Against Monsanto", which has taken place in PG for the past several years, is an example of a small scale effort towards food sovereignty. This research has been informed by studies and initiatives already underway. However, there is a continued need for projects to focus on homeless food security and food citizenship.

Kirkpatrick and Tarasuk, (2010) found that there was a positive association between low perception of social capital<sup>10</sup> and food security, but this relationship was mitigated by household socioeconomic factors. Homeless individuals in Prince George may not differ greatly in current socioeconomic levels, but there is potential for vastly different levels of social capital, which influence whether an individual is the recipient of a gift of food, or where they can access food.

Prince George is an expanding city with new housing developments located further from the downtown core. Larsen and Gilliland, (2008) have indicated that with the suburbanization of cities comes a loss of small grocery stores, food retailers and supermarkets in downtown areas. This can make access to food difficult for homeless populations and create a 'food desert'<sup>11</sup> or alternatively 'food swamps'<sup>12</sup> both of which are situations where access to healthier foods is limited, while unhealthy food options are easily accessible. Food access is further complicated as individuals who appear to be homeless may feel stigmatized when they attempt to shop in grocery stores.

Previous research indicated that people experiencing homelessness in PG have limited knowledge in regards to healthy food and food preparation (The Stone Soup Project, 2010). This

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<sup>10</sup> social capital: "noneconomic factors to explain the success of certain economic processes, [...] concepts such as trust, participation in civil society and social networks"(van Kemenade, 2002, p. 4).

<sup>11</sup> Food desert: A food environment which is void of fresh, healthy food options and is typically located in lower-income areas (Koç et al, 2012).

<sup>12</sup> Food swamp: A location where ease of access to unhealthy food, typified as being high in calories, sugar and sodium, is greater than to healthy food (Behrens & Simons, n.d).

lack of knowledge, combined with limited transit options, was found to lead to higher food costs for the homeless. Respondents found it easier to buy more expensive prepared foods at convenience stores than travel to grocery stores and try to determine what they could eat (The Stone Soup Project, 2010). When homeless persons in Prince George were consulted, in 2003, about what they would like people in positions of power to know about homelessness, several of the comments were related to food, specifically increasing produce and nutritious foods at food charities, including culturally appropriate food, providing less junk food, and having more food charity options for people who are intoxicated (PG CPAH, 2003).

### **3.4 Conclusion**

This chapter has provided the context of the research as the basis of a more integrated socioecological approach that reflects the ideas identified as priorities in the literature review (Chapter 2), including the social, physical and cultural environment as important to food security and food systems. Understanding the context of Prince George and northern BC is also important because of ongoing effects of colonization which are experienced today (De Leeuw, Cameron, & Greenwood, 2012). The next chapter outlines the methodology and the methods that were part of this research process, including the measures that were taken to facilitate participation of people experiencing homelessness.



## **CHAPTER 4: METHODOLOGY AND METHODS**

The previous three chapters introduced the rationale, primary themes, and context for the research. This chapter contains a description of the theoretical approach that influenced the choice of methods and the manner in which the research was conducted. Creswell (2013) defines a methodology as the process of research that is decided on given the philosophical assumptions of the researcher and their associated disciplines. It may be characterized by the use of inductive logic, is context specific, and uses an emerging design (Creswell, 2013). It is the way in which one goes about undertaking research (Dobson, 1999). The choice of theory is reflective of the researcher's philosophical assumptions and theory may be used as a lens to guide the research, so that it influences the questions that are asked, and the overall research design (Creswell, 2009).

The relative significance of theory is conceptualized in several ways and, although theory can be a useful guide in research, Dobson (1999) cautions that it should not be so strictly ascribed to that it prevents alternative interpretations from emerging within the study. Thus I have drawn on theory to inform my study, however my research design was flexible to allow for the emergence of alternative interpretations as they arose. In this section, I will begin with a brief overview of the overall research design, followed by a more detailed explanation of the theoretical perspectives I drew on and the methodologies that have informed the research. The section concludes with specific details regarding the methods used for data collection and analysis.

### **4.1 Overview of Research Design**

The primary focus of this research is on a group of people who are vulnerable and marginalized within society due to various social determinants including homelessness and racism. This study explores the issue of oppression within the food system and the health and



well-being consequences for people experiencing homelessness everyday lives. Thus, I have drawn on critical social theory for my theoretical perspective. Critical social theory is borne of critical reason, which from the time of the philosopher Kant, has come to be "aimed at a critique of existing society, with the goal of the emancipation of human beings from a variety of arbitrary and (collectively) self-imposed restrictions on their ability and capacity to flourish and express themselves equitably, freely, and authentically" (Carroll, 2012, p. 37).

Miewald and McCann (2014) explain that when food access has been the focus of geographical research in the past, it has often been quantitative and highly dependent on GIS mapping. The authors state that this approach alone is unable to address the complexity of the issue, therefore identifying a gap. This and their epistemology of social constructionism, has led them to utilize qualitative approaches themselves (Miewald & McCann, 2014).

In an effort to fill this gap in the literature, this research was likewise a qualitative endeavor. This study has been informed by the methodologies of case study research and ethnography. Prince George, British Columbia, as the geographically defined case study, serves as an instrumental case. Informed by these methodologies, the overall research design was focused on a modified approach to community mapping, in order to begin an exploration of major themes in a manner that was inclusive, and enabled the participants to influence the direction of the research. The data collected through this research were rich, qualitative data. Methods used to collect data were selected to ensure that the participants' reality was able to emerge through the findings. These methods included a focus group and one-on-one interviews; where participants were encouraged to self-describe points of relevance to them. The one-on-one interviews allowed for in depth discussion and elaboration of reoccurring themes that emerged in the larger group setting.



The research was also supported by other data collection methods drawn from ethnography including participant observation and field notes (Crotty, 1998). Generating this additional data source also helped provide context specific information and to confirm and expand on data provided by the participants.

## **4.2 Critical Social Theory**

I have chosen to draw on critical social theory to inform the design of this study because of the societal marginalization of people who are homeless. The early origins of critical social theory are in the work of Karl Marx, and the German Frankfurt School during the 1930s. Critical social theory was later influenced by the philosopher Pablo Freire (Dickinson, 1999). Today, critical social theory is also seen to be highly relevant to the field of health promotion (Carroll, 2012). Critical social theory examines the individual, societal and historical factors of oppression. It proposes that a dominant group is able to determine the norms of a society and exert power in order to enforce these norms while devaluing the norms of the oppressed groups leading the oppressed to internalize the negative self-image that is created (Dickinson, 1999). Dickinson (1999) also proposes that the oppressed group can become empowered through mutual respect and collaborative action, and emancipated through critical self-reflection, conversation and action for change.

Individuals who are homeless tend to be both oppressed and excluded from participating as citizens within society. Decisions about many intimate details of their lives are often made for them. Control over food is of particular importance because of its connection to mental, social, cultural and physical health and well-being. Eating is a very intimate act and connects nutrition, infectious food borne disease, globalization, climate change and economics (Waltner-Toews, 2009). Freire proposes that the oppressed may internalize both ideas that the oppressors hold

about them, which are often negative stereotypes, as well as the desires of the oppressors and thus wish to become the oppressors themselves (Crotty, 1998). This is connected to diet because what one chooses to eat, is a way to demonstrate identity, and what is available to eat is also telling of the distribution of power throughout society.

Critical social theory is used to explore how power and oppression are manifested within society based on positionality ( Dickinson, 2009; Reeves, Albert, Kuper, & Hodges, 2008). The goal of research that uses critical social theory is to reveal the way people are oppressed and to develop ways to overcome this domination (Dickinson, 1999). Within this research, I draw on critical social theory to consider intersections of oppression, paternalism, freedom, class, gender and ethnicity in the framing, analysis and discussion of the study. Historical and ongoing processes of colonialism are relevant within Prince George, with their continued expression and the enduring consequences for Indigenous people.

#### ***4.2.1 A Note on Decolonizing Methodologies***

It is not uncommon for people who are homeless to be members of minority population(s), whether racial, or sexual, for example. It is important to be attentive to power dynamics, issues of access and control and to ensure fairness and reciprocity in research (Government of Canada, 2013). All participants in this research self-identified as having either First Nations (Status and Non-Status Indians) or Métis heritage but may or may not identify with a particular Indigenous community. It is important to acknowledge the significance of these dynamics because there is a long history of exploitative research that has taken place 'on' Indigenous peoples (Schnarch, 2004). Although I have not specifically used a decolonizing methodology, as a non-Indigenous researcher, I have taken steps to avoid reproducing an



exploitative relationship and have been informed by readings on decolonising methodology throughout the research process.

I draw on decolonising methodologies when considering the principles of ownership, control, access and possession (OCAP) (First Nations Centre, 2005; Schnarch, 2004), to ensure that the participants have greater control in the research process. For example, participants have ownership over the knowledge they shared and how they are credited; during the consent process they choose to be identified by a first name or by pseudonym. When citing their specific knowledge within the thesis and in any subsequent literature produced, participants are acknowledged by the name selected— actual or pseudonym. Where participants revealed information of a sensitive or potentially condemning nature, I used discretion with this approach and did not name participants.

Both critical and decolonising approaches are also relevant to—and often used in— food studies....and also 'food citizenship' where active involvement in the food system is favored over "passively consuming" (Welsh & MacRae, 1998). Community mapping is well suited to a critical social theory research perspective, because it recognizes that many research methods are facilitating the "reproduction of systems of class, race and gender oppression" (Crotty, 1998, p. 158), while a critical social theory perspective aims to challenge these systems.

### **4.3 Methodology**

Informed by the ideas of critical social theory introduced above, I will now introduce the methodologies of case study research and ethnography that have informed the design of the research and the choice of methods.

### ***4.3.1 Case Study Research***

Creswell describes a case study as when "the researcher explores in depth a program, an event, activity, process, or one or more individuals" (Creswell, 2009, p. 15). Yin argues that case study is the "preferred strategy when "how" or "why" questions are being posed [...] and when the focus is on a contemporary phenomenon within some real-life context" (1994, p.1). This case study research focused on the interplay of people experiencing homelessness in 2014 within the city of Prince George, BC. As such, the results were highly context specific (Creswell, 2013). This is why the primary themes from Chapter 2, of homelessness, food, and health were connected to the social, physical and cultural environments of PG in Chapter 3. Multiple forms of data collection were used to fully develop the case. In case study research, data may include records, interviews, observation and physical artifacts (Cresswell, 2013; Yin, 1994). This is consistent with the data collection outline of this research. The case study method has successfully been used with other health related research (Creswell, 2013). The choice of using a case study is most appropriate when there is little known about the phenomenon (Yin, 1994) and this is the situation with the seasonality of food systems, food security and food citizenship for homeless populations, and the subsequent effects on health.

Creswell (2013), explains how an instrumental case is one that has been selected in order to study a specific issue. The case is selected to illustrate the issue, but not because there is something unique about that specific case. Prince George is an instrumental case because the food systems of homeless populations have been understudied, especially in regards to seasonality in the north. Case study was chosen because it allowed for investigation of the multiple levels of influence in the lives of the homeless in relation to food choice, and required context specific in-depth analysis. This is necessary as otherwise one risks becoming blind to the



reality that "oppression has many faces, and concern for only one form of oppression at the expense of others can be counterproductive because of the connections between them" (Crotty, 1998, p. 158). In addition to these features of case-study research, the research has also been informed by ethnography.

#### 4.3.2 *Ethnographic Insights*

Ethnography is a form of research methodology wherein the researcher studies a cultural group through in-depth investigation in the field over a prolonged period of time. The purpose of this approach is to develop an understanding and description of the group under investigation (Creswell, 2009; Denscombe, 2007). It involves methods such as participant observation, interviews and field notes that immerse the researcher in the world of the group and encourage critical reflection and ongoing observation (Creswell, 2009). Ethnography values the study of everyday events and occurrences (Denscombe, 2007). As Denscombe (2007) describes modern, "[e]thnography generally prefers a *holistic approach* which stresses processes, relationships, connections and interdependency among the component parts" (p.62). Ethnographic research it is analytic, critical, can lead to theory development, or be used to test theories (Denscombe, 2007). This study was not an ethnography, rather I drew on ethnographic techniques such as participant observation in order to develop a more fulsome understanding of the participants' experiences with food during times of homelessness.

As mentioned in Chapter 1, I lived as a student for two years in PG. During the time I was a student in Prince George I was active in the community through both work and volunteering. I worked for the city as a lifeguard where I frequently interacted with low income and at risk populations. I volunteered, among other places, with the Prince George Native Friendship Centre in 2013, working in food related programming. In 2014, I volunteered with the

Fire Pit, which is a cultural resource centre, and a branch of Positive Living North, where lunches and snacks are served at no cost to participants.

The neighbourhood I lived in was low-income and highly stigmatized. According to 2006 Census data, the median income in the neighbourhood in which I lived was \$20 369 (\$25 913 males, \$15 934 females), the unemployment rate was 12.2% and 29% of people were not in the labour force (BC Stats, 2010). The turnover rate for dwellings was very high. Substance abuse, violence and crime were common, and my life was often directly impacted by these activities. Through this unintentional experience, I gained significant insight into the lives of people experiencing homelessness and poverty in Prince George.

The participants and their families were my neighbours. They lived in the apartment across the hall, and in the building across the street. It was not uncommon to encounter participants in my daily life, which was of great significance to this research. I often saw people who lived in my building attending charitable food programming where I volunteered and other neighbours explained their inability to access food aid for a variety of different reasons.

These are some ethnographic insights about the neighbourhood that informed my interpretation of events. The most common question I have had when discussing my research thus far, has been related to how I 'gained' trust and access to participants. Where and how I lived was a large contributing factor. My experiences provided invaluable insight into the realities of cyclic homelessness and poverty in Prince George. These local interactions and my previous experiences were incredibly advantageous when I engaged with people who were experiencing or had experiences of homelessness in Prince George.



#### **4.4 A Modified Community Mapping Approach**

As introduced in Section 4.1, this study focused on a modified community mapping approach to research, informed by case-study research and ethnographic approaches. Community mapping is linked with the specific data collection methods used in this research of focus group interviews, semi-structured interviews and participant observation. This section provides background to community mapping as an approach to sharing and exchanging community knowledge and describes key implications for research design.

The modern use of maps in health research is often attributed to John Snow in 1854 London, England as he mapped a cholera outbreak to locate the source of infection (Foster et al., 2011). When used within a health research context, maps showing health related subject matter have tended to focus on the detrimental aspects of place (Foster et al., 2011). Community mapping is a timely method because health policy makers are using health related maps with increased frequency; the visual nature of maps is an appealing way to quickly, and effectively, share information with audiences from a wide variety of backgrounds (Foster et al., 2011).

Where maps were once used by the colonizers to demonstrate elitism and dominion, they are now being used as tools of social justice (Lydon, 2003). Lydon (2003) describes how Indigenous people worldwide are presently using maps to define their territories and spaces of being and how "mapmaking has been a key foundation for the recovery of the cultural and economic power they lost over one hundred years of colonization" (2003, p.9).

While the maps themselves were not analyzed as data, they were used to help facilitate discussion in the focus group and the semi-structured interviews. The maps feature prominently in a results dissemination through the development of a book (See Appendix I). Community mapping was selected as one of the methods of data collection because it is considered



transparent, inclusive and empowering (Lydon, 2003; Miewald, Ibanez-Carrasco, & Turner, 2010; West End Food Co-op & Catalyst Centre, 2009). These are important qualities for research methods that correspond to the use of critical social theory. As community mapping shares the holistic and place based nature driving food justice, and because it is also positioned on principles of transparency, inclusion and empowerment, Barndt, (2012) suggests community mapping is an excellent tool for exploring food politics within a community.

Community mapping is an appropriate method to explore issues of place because it is "grounded theoretically in *place-based environmental education*" (Barndt, 2012, p. 73). Furthermore, it requires reflection to convey individual experiences. Vandermark suggests that, in storytelling, "reflexivity can be a healing and normalizing process in mental health care" (2007, p.245) with homeless individuals, and can help service providers to view clients in a new light. Creating maps is a form of storytelling which is representing human relationships with the environment. Vandermark (2007), goes on to say that "[e]ncouraging displaced persons to describe and consider their own experiences can promote a psychosocial transition back to a state of health and belonging" (p. 246).

The northern location and environment of Prince George, a relatively small sized city, affects food systems for everyone in the city but, as Winchester (2005) explains, even people living in close proximity to one another experience the same environment and events differently. Modified community mapping was used in this research to help highlight an otherwise invisible perspective of the food system.

Homeless people living in the same area may have shared experiences, creating a geographic and situational community. Community mapping has been successfully used with homeless groups to help make invisible components of their lives visible to the wider population



(Gutberlet, Tremblay, & Yates, 2007) because it reflects people's lived experiences (Amsden & VanWynsberghe, 2005).

Paradis (2000) argues that research with homeless participants, or on the subject of homelessness, is "especially political because it increasingly is used by governments to legitimize the very economic policies that cause homelessness" (p. 854). A narrow research focus may reinforce negative perceptions of people experiencing homeless, and lead to damaging policy development (Paradis, 2000). Therefore it is important that a researcher takes an approach to research that considers the complexity, and structural forces, that contribute to homelessness. The participants were encouraged to consider carefully what they would like to map, and how they could capitalize on the opportunity to express themselves, their concerns and needs, as desired.

Community mapping places participants as active members within the research, which both engages participants and helps them to maintain interest in the research activity. Community mapping has led to increased group cohesion, raised awareness of issues in the community and led to greater empowerment of participants (Blanchet-Cohen, Ragan, & Amsden, 2003; International Fund for Agricultural Development, 1999).

Community mapping and decolonizing methodologies are both designed to empower. (Barndt, 2012). Community mapping can be used to reduce "widespread sense of alienation, lack of voice, and dissatisfaction with community services" (Amsden & VanWynsberghe, 2005, p. 358). In some First Nations cultures of British Columbia, maps are considered an interface for different realms of existence, including the spiritual and physical (Blanchet-Cohen et al., 2003). The maps may "represent the relationships between spatial/physical elements, cultural values and abstract ideas" (Blanchet-Cohen et al., 2003, para. 6). Furthermore, various groups have

successfully used community mapping methods to map multiple components of different food systems (West End Food Co-op & Catalyst Centre, 2009). Overall, community mapping is seen as an appropriate method through which to catalyze a constructive dialogue with participants (Blanchet-Cohen et al., 2003). As a method, it is well suited to critical social theory because it transfers a greater degree of power to participants as it is less structured than an interview.

In their mapping work with children, Blanchet-Cohen et al. (2003) had groups of 15 to 20 participants. I felt that 15 or more people would be too many participants to be able to have a meaningful, inclusive and coherent discussion in the focus group so I established a maximum of 10 participants for the community mapping. Ten participants is generally the upper limit for focus groups (Patton, 2002).

During the community mapping the participants were asked to draw (or write) elements of their food systems. The modified community mapping used the questions of "what is?", "what could be?" and "what should be?" outlined in Valerie Brown's "Social Learning Spiral" for appreciative inquiry, in order to gain a richer sense of the food systems homeless people in Prince George use throughout the year and their effects on health and well-being (Brown, Harris, & Russell, 2010). The questions proposed by Brown were selected due to their relevance to exploring complex problems and their application in a range of work addressing health, environment and community concerns (Brown et al., 2010).

Participants began with two blank bristol boards and hand drew the maps. Therefore, the final products are personal, the creation process was accessible and each participant is able to identify their contribution. Hand drawing maps was practical and inclusive, because literacy or computer skills were not necessary to participate. The maps were not used as data, and therefore



are not included in the thesis. However, the maps were used as a point of reference during the research and helped to inform the interviews (See Appendix I).

People often find receiving food charity, such as through food banks, demeaning, (Tarasuk, 2001), and this can influence how people acquire food. The homeless have a variety of food procurement strategies beyond soup kitchens and food banks. It is important to consider these 'invisible' factors because they help shape the food system, though people may not be receptive to being asked about them directly. With community mapping, people can express themselves through art and decide what they would like to explicitly discuss, or to leave represented in visual form only.

#### **4.5 Research Process, Timeline and Phases**

Data collection points with the participants included the original meeting to discuss the project, community mapping and focus group exercise, then an individual or partnered interview depending on the interviewee preference (See Table 1). This was followed by transcript checking, book development and finally casual discussions about the research that occurred between May 1st and August 31st, 2014. Participants choose which elements of the research they would take part in, so some points of data collection have more participants than others.

The research process consisted of four phases (See Table 1). The first phase involved the completion of a literature review and defence of the thesis proposal. Following this I applied to the UNBC Research Ethics Board for ethics approval to begin the research. The UNBC REB made some suggestions for refinement and clarity of the study, and after a round of revisions I reapplied to the REB and was granted ethics approval (See Appendix B). Next was relationship building with community partners, who helped provide insight into the local context, and also assisted with promotion of the event among their program attendees (See Appendix A). The



second phase involved the community mapping, focus group and interviews. Then in the third phase the interviews were transcribed and participants were contacted to review their individual transcript and a draft of the book (See Table 1, phase 3; See Appendix I). Analysis and coding took place, and a series of thesis drafts were written.

Support was offered for participants with literacy challenges to review these documents, however no one made use of this assistance. Of the 11 people who participated in interviews, 6 reviewed their transcripts and 5 provided feedback, although only one person requested a change (a correction of a grammatical error). Two participants kept their transcripts after review. The other participants who reviewed their transcripts elected to return them to me for safekeeping. All of the participant reviewers described how unusual it was to read their speech as writing and some felt self-conscious about it. Overall participants were pleased with what they had said during the interview.

The fourth phase of the project involves the thesis defence, book distribution to participants and sharing the findings with local organizations, community partners and other homeless individuals (See Table 1). Based on input from the participants, a book was agreed upon as the best method. Participants will be given access to all final documents and media produced as a result of this research. The results will be published after the defence as research articles and will include recommendations to inform future food security programs and services (See Table 1).

Dissemination of results through conferences, community events, academic and popular publications, and policy forums has begun to occur and more is anticipated. At the time of writing I had presented the results at the Canadian Association for Food Studies 2014 Conference, the Indigenous Health and Well-being Initiative Fieldschool, 2014 and The 5<sup>th</sup>



biennial conference of the International Association for Ecology & Health. During the transcript checking and casual conversation participants were consulted on what they felt was most important to present at these events.

Table 1: *Overview of research phases, activities and participation*

Phase	Action and Method	Who is Involved*
<b>Phase 1: Summer-Fall 2013</b>		
1	Literature review and defence of Thesis Proposal, obtained letters of support.	JR,
1	Prior to the commencement of this research I sent letters of intent to the Lheidli T'enneh First Nation notifying them I was going to be conducting research in their traditional territory. Letters were also sent to the First Nations Health Authority, Carrier-Sekani Family Services and the Prince George Native Friendship Centre (Appendix A).	JR
1	Received UNBC REB approval, certificate number E2013.1211.120.00 Relationship Building (Appendix B)	JR, local aid organizations
<b>Phase 2: Spring 2014</b>		
2	Began regular volunteering with local food provider.	JR
2	Ask organizations to recommend potential participants.	JR, local aid organizations
2	Participant Recruitment -Meet individually with potential participants (Appendix C). Snowball sampling as needed. Participant Observation begins.	JR, Participants
2	Community Mapping and Focus Group (Appendices D, E, F, G, H). Participant Observation.	JR, Participants, Research Assistants
2	Semi-structured interviews (Appendices D, E, F, G, H). Participant Observation.	Participants
	Presentation at the Canadian Association for Food Studies.	JR - convenience consult w/ some participants during interviews
<b>Phase 3: Summer 2014-Summer 2015</b>		
3	Transcription and Coding.	JR
3	Preliminary Analysis, Consult about book development. Consultation with Participants about Results Dissemination (Feedback Session).	JR, Participants
	Presentation at Conferences.	JR
3	Member Checking (n=5). January 2015 - update to two participants in person.	Participants,
3	Analysis and Write-up.	JR
3	Finalisation of Drafts.	JR
<b>Phase 4: Fall 2015</b>		
4	Distribution of Participant Book (See Appendix I).	JR, Participants
4	Thesis defence.	JR
4	Results Dissemination.	JR with/without Participants
* Note: Input from the Thesis Supervisor and Committee Members was received at regular points throughout this process		



## 4.6 Sampling Strategy and Recruitment

Participation in the project was open to individuals who were 19 years of age or older, and had experienced at least six months of homelessness in PG within the previous five years. Participants had a range of experiences of homelessness from absolute to hidden homelessness, and different levels of involvement with 'street life'. Participation was entirely voluntary and participants were aware they could withdraw at any time from the research.

Upon receiving approval from the UNBC Ethics Review Board, I began participant recruitment through purposive sampling via community organizations that work on a regular basis with homeless individuals and had become familiar with this research during the initial scoping phase (See Table 1). While the organizations were supportive of the research and posted recruitment posters, no participants were suggested. I placed recruitment posters throughout the downtown area, in public spaces, at specific organizations and also more broadly in surrounding neighbourhoods. Several participants were recruited through the posters and each of those individuals recruited others to participate as well. Snowball sampling became the primary method of recruitment. Snowball sampling was ideal because it relies on social networks as opposed to technology. This is suitable to the context of street life, because people who are homeless tend to have limited access to technology but they often have well developed social networks (Bar-on, 1997; Makiwane, Tamasane, & Schneider, 2010). There was a lot of interest from people within the 48 hours before the community mapping event, and unfortunately several people were turned away once capacity was met.

Upon making initial contact with the potential participants, I arranged a date and time to meet with them to discuss the project. I met participants in parks, offices of service providers, and at their accommodations. As a safety precaution, my partner at the time, was aware of when



I anticipated returning from each meeting. This flexibility in meeting locations was important to accommodate mobility issues and to be minimally disruptive to people's daily routines. Some potential participants brought other people they had recruited to the meeting. These initial meetings each took approximately one hour (see Table 1, Phase 2). Potential participants were provided with project information sheets and a consent form for the community mapping and focus group, semi-structured interviews, and feedback session (See Appendices D and E).

I read the project information sheet and the consent form out loud to participants unless they asked to read it on their own (See Appendix D and Appendix E). The ethical implications of this research were explained and the potential participants had the opportunity to ask questions and provide suggestions. This enabled me to gauge their interest in participation, which was helpful to gain a sense of who would be present for the mapping. I explained the community mapping procedure, semi-structured interviews, feedback session and plans for the development of a final product. Many participants stated they had participated in research projects before so they were familiar with the procedures we were going through. If the individual decided to participate in the project, and they met the eligibility criteria, I provided the participant with the date, time and location of the community mapping event.

Honoraria were provided to community mapping participants in the form of \$20 worth of gift cards to a nearby grocery store. Another \$10 gift card to the same grocery store was provided for the interview, and again if they reviewed their transcript. Gift cards, including for food, have been used before as a form of compensation in research with homeless populations (Benzies et al., 2008; Breuner, Barry, & Kemper, 1998).

Keeping with the theme of the research, food was provided at the community mapping and also during the semi-structured interviews for those who wanted it. Efforts were made to



ensure there was variety in the food provided at the mapping and focus group for the duration of the event. This strategy was taken so that people could eat when they were hungry, and so those with allergies or special dietary needs would be able to join the group in the meals, and to acknowledge that people have their own tastes and preferences regarding food.

#### **4.7 Data Collection**

Data from the community mapping sessions were collected through participant observation, recorded in field notes, as well as audio recordings of group discussions, and the focus group. The Research Assistants assisted the participants with their needs throughout the day, set-up for the lunchtime meal, and participated in the mapping activity (See Appendix G and Appendix H). The data collected from the semi-structured interviews was primarily verbal, as recorded by the digital recorder (See Appendix F). I supplemented this with field notes of non-verbal data including body language. Participant observation occurred immediately before the community mapping, during the set-up time, semi-structured interviews, and initial meeting to screen participants. The actions and discussions that occurred both before and after the primary data collection events were a rich source of data. During the data collection period I collected local news stories and publications which were related to the themes of homelessness, food systems and health, this helped to provide a better sense of context for the other forms of data (See Chapter 3).

##### **4.7.1 Participant Observation**

Participant observation is an important component of ethnography because it involves research in the field (Denscombe, 2007). In this study, data gathered through participant observation are supplementary to the primary data that were collected through the community mapping/focus groups and semi-structured interviews. Complementary data is additional



descriptive data collected outside the primary data collection mechanisms (Kearns, 2005). In addition to observation that occurred during engagement with participants, I also used uncontrolled observation in public places. Ethnographic insights were garnered from the two years I lived in my apartment near a stigmatized area of downtown PG and my time spent volunteering in Prince George. This method is favourable in ethnographic research because if it is covert, it is not disruptive to the natural setting and should not alter behaviour of people under observation (Denscombe, 2007). Theoretically the situation under observation should be one which would occur naturally regardless of the researcher's presence (Denscombe, 2007).

When actively seeking to collect data, I acted as both a complete observer and an observer-as-participant at times (Kearns, 2005). As a complete observer I physically placed myself in a public location where I felt I was likely to witness a phenomenon of interest, and I placed myself in a location where my presence was minimally disruptive to others around me (Denscombe, 2007). This occurred during walks through the downtown core and while attending community events. While I was volunteering with aid organizations, my position as observer-as-participant was overt by discussing my research plans with others (Denscombe, 2007).

The data from participant observation was recorded in field notes, which are detailed and descriptive (Patton, 2002). I took field notes after events or interactions I witnessed that were significant to the research themes during my time as a complete observer and also an observer-as-participant. Recording notes during observation is recognized as potential downside of observer-as-participant work as the researcher may be unable to record sufficient notes because it may interfere with their role as a participant (Yin, 1994).

Both Yin (1994) and Denscombe (2007) describe how participant observation is a way in which the researcher's bias can be introduced into the research, because when the researcher



interprets the phenomena they observe, they may draw from their personal experiences to explain what they are witnessing and selectively remember phenomena they deem to be significant. In order to help focus the observation, I paid particular attention to phenomena that were linked to the themes of the research as outlined in the literature review, as well as emergent themes that arose during the community mapping and semi-structured interviews. I have been overt about my biases by describing my positionality (Refer to Chapter 1).

#### ***4.7.2 Focus Groups with Community Mapping Participants***

According to Patton, focus groups generally involve "bringing together people of similar backgrounds and experiences to participate in a group interview about major issues that affect them" (2002, p. 236). Focus groups are a distinct form of interview, where participants are able to listen and react to the comments of other group members. Individuals are encouraged to reflect upon their own ideas, and although each participant's ideas may be influenced by others participating in the focus group, convergence of ideas and opinions is not a goal of the focus group (Patton, 2002). As the facilitator, I ensured that all participants had a fair opportunity to speak during the focus group that followed directly after the community mapping process (Patton, 2002).

The focus group discussion was centred upon what had been mapped and why (See Table 1; Appendices D, E, and H)<sup>13</sup>. This is consistent with Cameron's observation that focus groups are a useful tool for data collection because "the multiple meanings that people attribute to places, relationships, processes, and events are expressed and negotiated, thereby providing important insights into the practice of knowledge production" (2005, p. 117). Indeed, the

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<sup>13</sup> Within the Information Sheet and Consent Form the focus groups are referred to as 'group sharing' for participant ease of understanding.



information participants shared was sometimes contradictory and it varied greatly between individuals.

A focus group following the mapping exercise provided participants with an opportunity to reflect on the themes they and other participants chose to visually represent in their community maps, and to provide input on the research process, the Research Assistants also took part in this conversation, and had the same role as the participants (See Appendix G and Appendix H). The maps that participants created were used to guide the interviews to ensure that the participants' perspectives depicted in their artistic creation remained central to the inquiry process. The combined techniques of focus groups (directly after the community mapping) and semi-structured interviews (in the weeks and months that followed) provided greater insight than a single form of data collection due to the dynamics in each scenario (larger group vs. individual or paired interviews).

#### ***4.7.3 Semi-structured Interviews***

The use of interviews is consistent with both case study and ethnographic research methods. Interviews can be a good method to demonstrate value and respect for the participant's experiences and opinions because they allow for greater depth and nuance than other forms of data collection, due to the open-ended questions and flexible design (Dunn, 2005) (See Appendix F). There were a total of 11 interview participants, of whom 9 participated in the community mapping while the remaining 2 only participated in interviews (See Table 1). The tenth mapping participant consistently expressed interest in participating in an interview, and we scheduled several times to meet. However they cancelled due to unanticipated life events, and the interview was not conducted (See Appendix H).

The one-on-one, semi-structured interviews were conducted in a location of each participant's choice. My original goal was to conduct the interviews within one week after the community mapping event, in order to reduce attrition (Cameron, 2007). However, while some interviews were conducted within that timeframe, it took 4 months to complete interviews with all participants. As most participants had created maps, they had engaged with the issues in advance of the interviews. The semi-structured interviews were recorded with a digital recorder and I took handwritten notes on key points and non-verbal data (Dunn, 2005). I chose to use the semi-structured interview technique to allow for flexibility in the interview progression depending on the answers provided by the interviewee (Dunn, 2005). I had an interview guide but, if participants had created a map then the map was used as a discussion starting point. The interviewees knew they were able to raise topics outside of the specific line of questioning (Dunn, 2005).

#### **4.8 Data Transcription and Analysis**

Thematic analysis is described as a "method for identifying, analysing, and reporting patterns (themes) within data. It minimally organizes and describes your data set in (rich) detail" (Braun & Clark, 2006, p. 80). I selected this method of analysis because it is a flexible, iterative process that is commonly used in qualitative studies (Braun & Clarke, 2006). Using thematic analysis would allow me to begin analysis of the data set from the interviews and community mapping while the research was ongoing, and to cross reference the emerging codes and themes with my field-notes and participant observation to check for consistency (Braun & Clarke, 2006; Patton, 2002).

I transcribed the focus group and interviews data sets verbatim. Personally transcribing the recordings allowed me to become familiar with the data (Dunn, 2005). Transcripts were



numbered with a key so that participant names were not included on the transcript. As some interviews were group or partnered interviews, I decided to provide each individual a transcript with only the parts that they had spoken. If it was necessary for context or flow, then the statements of other speaker(s) were paraphrased or left in if they were very short and non-identifying. After transcript checking, I read the transcripts multiple times to becoming immersed in the data (Patton, 2002). I read first at the surface level and then reread for deeper meanings, in both instances making notes as I moved along. I also read and reread my field-notes and made notes of details that began to resonate with the emerging themes from the initial stages of the transcript analysis.

As I read through the transcripts, I coded the data by hand, highlighting phrases and marking codes in the margins of the text. Many phrases received multiple codes because of their complexity (Braun & Clarke, 2002). Once I had finished coding the transcripts, I used a word processor to group all similarly coded passages together. I reread all of the passages under each code and refined the codes for consistency and integrity of the code. Once I was satisfied with the codes, I could see clearly emerging patterns and I began to group them together as possible themes. The validity of these themes were strengthened when I compared them to the existing literature of homelessness and food access. I then selected quotes that I felt were the most demonstrative of the theme. I once again referred to my field-notes to assess whether the themes I had identified within the transcripts of the community mapping and interviews, aligned with the observations I had recorded. This process is consistent with the phases of thematic analysis outlined by Braun and Clarke (2002).

There were two kinds of codes that emerged within the data: descriptive and analytic. Descriptive codes are understood at the surface level, whereas analytic codes are underlying and



require interpretation, which have emerged through data analysis (Cope, 2005). Coding is important not only for theme identification but because it reduces the amount of raw data one must work with and to begin to organize the data (Cope, 2005). In their study focused on maps produced by children about environmental change, Blanchet-Cohen et al. (2003) found that when a theme had a dearth of data, it was potentially representative of the feelings of the participants. This was the case with the code of corruption after the community mapping. During the interviews, it emerged strongly as a major concern of the participants, but initially only 1 person spoke about it in the community mapping. Strauss and Corbin, (1990) recommend searching for four different kinds of themes in the data: conditions, interactions among actors, strategies and tactics, and outcomes.

The theoretical orientation of critical social theory also shaped my interpretation of the data by looking at experiences of power. I also searched for potential themes related to key areas of the literature, while remaining flexible to allow participant generated themes to emerge. My experiences of participant observation and field notes influenced my analysis and interpretation. Although this research has been primarily inductive, there were deductive elements particularly as related to the gap in the literature on homelessness, food systems and health as discussed in the literature review. Finally, I took note of any outliers, which are themes that stand out as different from the rest, and attempted to determine how they relate to the larger body of data, if possible.

Once the coding and theme identification were complete, I examined the consistency of the results compared to the existing literature and then looked for ways in which the results were able to add to the literature to help reduce the gap in knowledge (Patton, 2002). I noted that there was resonance with patterns and themes that arose from the participant observation and field-



notes. I considered the usefulness of the results on a practical level, by policy makers and aid organizations (Patton, 2002). The maps were not used for analysis in the thesis but were used in the development of a book, in coordination with the participants, for results dissemination.

#### **4.9 Research Rigour**

Once the transcription was complete, participants were provided the opportunity to review and verify transcripts from the group session they participated in as well as the semi-structured interview (See Table 1). Informed by the field-notes and participant observation, the emerging results from the community mapping/focus group and semi-structured interviews were summarized as a set of themes. The participants were asked to share their ideas for refinement of the research themes (Sudsawad, 2012). Comments elicited through respondent validation were clarifying and influenced the data analysis (Mays & Pope, 2000).

The five participants who provided feedback on the transcripts also provided feedback on the development of a book to be used as a form of results development and a keepsake for the participants. They were pleased to see their quotes and images from the maps in the book draft, and were happy with the acknowledgement page where participants were listed - with their chosen name as contributors. This is also justified based on conversations with the participants throughout the research process and what was agreed upon in the consent form. A draft of the book with photos, maps, quotes and explanations was shown to the participants. The book will be printed and distributed to participants in fall 2015 (Refer to Table 1). The book has been designed to be interesting, relevant and accessible to other homeless persons and to organizations. The participants generally agreed with the primary themes proposed for the book but also wanted a more positive portrayal of everyday life. Participants contributed suggestions about aesthetic presentation, planned to create more drawings and discussed where the book

should be distributed once it is printed. One particularly enthusiastic participant contacted me multiple times with ideas for developing a story (See Appendix I).

#### **4.10 Ethical Considerations**

I received ethics approval from the UNBC Research Ethics Board in April of 2014 (See Appendix B) and it was renewed in the spring of 2015. Shortly after receiving ethics approval from UNBC, I began the process of recruiting participants for the research.

Participants should receive direct benefit from participation in research. The participants reported having 'a lot of fun', enjoying the food, and feeling pleased they were able to contribute to the project they saw as a worthwhile cause. The mapping and book development were an opportunity for people to creatively express their experiences. The research process and final dissemination of the results should serve as a platform for the participants to have their voices heard by audiences that they are not usually able to communicate with as equals because of power imbalances within society (Paradis, 2000). Participants will also receive their own copies of the book, and people spoke with excitement of being able to show their friends or families. These documents, especially the book, which is highly visual with photos and quotes displayed prominently, may help to dispel negative stereotypes that influence how other individuals interact with people who are homeless because of the personal and compelling nature of the information provided.

Written informed consent was obtained and none of the participants expressed a preference for verbal consent. At the community mapping workshops the importance of respecting the privacy of other participants by not sharing personal information from the workshop and focus group was discussed. However, all participants were informed that



anonymity during the community mapping could not be guaranteed, due to the group nature of the setting.

If the participants had wished to withdraw from the research, they had the option of contacting the community organizations who knew of the research and asking the organization to contact me on their behalf, in order to formally withdraw from the research. Participants were also welcome to contact me directly.

The research data will remain in a locked drawer in the laboratory of my supervisor, Dr. Parkes, at the University of Northern British Columbia. Original data will only be shared between the principal investigator and the supervisor (See Appendix D and Appendix E). In the summer of 2014, I presented the initial findings of the research to my thesis committee based on preliminary data analysis.

As discussed in Section 4.2.1, I have taken steps to build relationships in this research based on reciprocity and respect, and drawn from decolonizing methodologies to guide me. Participants retain ownership over their ideas, knowledge and the artwork they created. The maps will remain in the locked cabinet until 5 years after the date of the community mapping, at which point any maps that have not been requested by their creators will be destroyed. Thus far two participants requested their maps be returned to them and they were. Out of respect for the participants, the participants have been identified in this thesis by a name of their choice, rather than my creating pseudonyms (For further details See 4.2.1).

## CHAPTER 5: FINDINGS AND DISCUSSION

The participant transcripts from the community mapping and interviews were analysed and compared to the themes that emerged within the field notes and through participant observation (See Chapter 4). The aggregated findings indicated that homelessness provides a unique lens through which food systems can be experienced and understood. This chapter is structured to present the research findings and discuss these in relation to relevant areas of the literature at the end of each section. The chapter begins with an overview of the participant demographics, including the nature and length of homelessness each participant experienced. These demographics had an important influence on the interpretation of the findings.

The findings are then presented in relation to the main research themes of food security, health and wellbeing (Section 5.2); food, relationships and homelessness (Section 5.3); and food, physical environments and relationships (Section 5.4). Within each of these themes, seasonality and Indigenous food systems emerged as important subthemes. The themes are complex and interconnected because they exist as components of a food *system*.

### 5.1 Participant Demographics

There were 12 research participants. There were 9 people who participated in both the community mapping and interview, there was 1 person who only participated in the community mapping and 2 people who only participated in the interview (Table 2). Twice as many women as men participated overall (8:4). In particular, participant age, gender and culture were important influences on the interpretation of the findings.



Table 2: *Participant demographics for the different primary data collection methods*

	<u>Number of Participants</u> *	<u>Gender</u>	<u>Age Range</u>	<u>Cultural Background</u>
<b>Community Mapping</b>	10	8 women  2 men	40-65 years	All identified as having Indigenous ancestry.  The majority of participants were First Nations (Status and Non-Status Indians), 1 participant identified them self as Métis, and 1 participant had mixed European and Indigenous heritage
<b>Interviews</b>	11	7 women  4 men	40-65 years + 20-30 year old	
* There was a total of 12 participants There were 9 people who participated in the community mapping and interview There was 1 person who only participated in the community mapping There were 2 people who only participated in the interview.				

The majority of participants were middle aged people between 40-65 years of age, with adult children, while some had grandchildren and great-grandchildren. Participants were primarily from nearby First Nations reservations or small towns, although several had lived as far away as Vancouver, the prairies, and the United States of America. Some participants had moved to Prince George for work, or to access services, while others arrived by chance. The majority of participants have experienced long-term cyclic homelessness, commonly spanning decades as shown in Table 3. Among the participants who were homeless for the first time, their experiences have been long-term (2 years).

Table 3: *Length and type of homelessness experienced by participants*

<u>Participant</u>	<u>Years Homeless</u>	<u>Nature of Homelessness</u>	<u>Participated In</u>
1	Unknown	Unknown	Community mapping (CM)
2	"Couple years"	Cyclic	CM and Interview
3	"Six months the first time"	Cyclic	CM and Interview
4	2	Cyclic	CM and Interview
5	2	First time, long term	CM and Interview
6	2	First time, long term	CM and Interview
7	4	Cyclic	CM and Interview
8	4	Cyclic	CM and Interview
9	14	Cyclic	CM and Interview
10	"My entire life", 5 out of the last 10 years	Cyclic	Interview
11	"Entire life", last 27 years in PG	Chronic	CM and Interview
12	"Entire life", last 14 years in PG	Chronic	Interview

According to definitions of homelessness described in Chapter 2, 64% of the participants were in situations of absolute homelessness during this study. Participants were living, or had lived in, shelters, single rented rooms, hostels, motels, apartments, with family or camped outdoors. Participants had also experienced extended periods of time when they were hospitalized or incarcerated. All participants identified limited financial resources as a serious issue in their lives. Four participants reported they received social assistance, four disclosed they were on disability and four stated that they made money through binning. Other reported sources of income include volunteer work (n=1), working odd jobs and seasonal work (n=3). Some participants reported multiple sources of income. Participants' previous occupations have included various positions in the food industry and retail, as heavy equipment operators, a medic, general labourers, and a hunting guide. One participant was retired. Participants described their daily lives as busy, with work, volunteering, classes or appointments.



## *Discussion*

Data from the 2006 Canadian census indicated that there was a high level of housing instability among the Indigenous population of Prince George, and this population has incomes that were significantly lower than for non-Indigenous citizens (BC Stats, 2010). The participant demographics reflect these trends. The sources of income that the participants in this research reported are similar to the sources of income reported during the 2010 Prince George Homeless Count (CPAH, 2010). However, the share of participants in the homeless count who were classified as absolute homeless was much lower, at 27% (CPAH, 2010). As mentioned in Chapter 2, Indigenous people are generally overrepresented in homeless populations and the participant demographics suggest the same is true in Prince George, where only 11% of the overall population is Indigenous (Milligan, 2006).

## **5.2 Northern Exposure: Food Security, Health and Well-being while Homeless**

This section presents the unique strategies and barriers related to food availability and access that are faced by people during times of homelessness. This is not an exhaustive list of food services offered in Prince George, but is reflective of the experiences of those who participated in the study. Despite the availability of food access pathways, the participants in this research were found to be highly food insecure. Food quantity, quality and cultural appropriateness were central concerns held by the participants. Furthermore the participants are living with health conditions that are exacerbated by poor diet, and in turn face increased barriers to food security because of these health challenges.

### ***5.2.1 Food Availability and Access - "We get food every day, every which way!"***

Initial descriptions of the availability of food for people experiencing homelessness in PG were varied. While volunteering and when I chatted with people about my research, a common



refrain I heard was that 'You can't starve in Prince George!'. However, this quip belies many of the challenges that are associated with food access. Even among participants who initially stated they had no difficulty obtaining food in PG, when I asked more specific questions, they subsequently revealed issues with both food quantity and quality, and participants described that their food access and food supply were unreliable. Despite the initial illusion of food availability, participants reported frequent hunger, not having food that was culturally or nutritionally appropriate, and having to resort to methods of acquiring food that are stigmatized and unsafe. Some participants connected unreliability in a food supply to a constant need on their part 'scramble' for resources, thus inhibiting them from improving their situation. One participant explained, "We get food every day, every which way!" (Kathleen, Interview) which, hints at the reality, that participants employ a wide variety of strategies in order to acquire food. While volunteering with a food provider I came to learn that people would attempt to circumvent hunger by attending multiple lunches that were staggered at different times throughout the afternoon. Others engaged in daily binning to earn money, and a single day without binning resulted in hunger. Inconsistent food access and frequent hunger meant that severe food insecurity was normalized for the participants and a great deal of time and effort were devoted to accessing any food that was available.

Participants identified a variety of issues that make access to food challenging, including physical barriers such as transportation, the hours of operation of service providers, shelter, and lack of financial resources. Other participants described how they went to food providers because they were hungry even though they were concerned about physical violence from other patrons that could befall them while there. All of these other challenges impact access and use of food and affect health and well-being in a negative manner. It is important to be aware of the reality



that food insecurity is not the only challenge that people experiencing homelessness must contend with on a daily basis, but that it is interconnected with all other aspects of life. However, food insecurity makes dealing with other challenges more difficult.

Analysis of the descriptions of food access uncovered several characteristics of the mechanisms of food acquisition. Characteristics of food availability and access pathways are introduced in this section, in relation to the following characteristics: *formal* and *informal*; *intentional* and *non-intentional*; *food focused* and *non-food focused*; *desirable* and *undesirable*. Further details about these themes are then presented in relation to a depiction of how these themes relate to each other and the pathways between them, followed by a discussion of these findings.

The first characteristic is *formal* food access, which I have defined as access to food through service providers regardless of their programming mandate. This is considered *formal* access because the number of meals served would be tracked to report to funders or to estimate budgetary needs. The food that is provided *formally* should also be prepared in a manner that conforms to FOODSAFE regulations and would be required to meet other provincial and federal regulations regarding processing, storage and distribution. This is in contrast to *informal* food access which is unregulated such as eating discarded food out of garbage bins.

*Formal* food provision services that were accessed by participants include: a food bank, soup kitchens and bread lines, drop in meal centres, community centres, homeless shelters and cultural centres. *Formal* food charity options may require that the person seeking food is registered with the providing organization, or food provision may be based on the recipient's gender, health, income, age or number of dependent children in the recipient's care.

Participants also procure food through *informal* and independent means. Some people



grew food in community gardens, while others fished. People purchased food when they were able to. Other methods of *informal* food access include gifts of food through friends, family, and strangers, binning, stealing, being given leftover food from restaurants, pan handling, and eating wild or cultivated foods that are available in publicly accessible locations throughout the city, such as gardens and berry bushes. One participant's experience demonstrated several of these informal mechanisms connected to traditional food access. At first the participant explained how she had lost regular access to moose meat, since her brother, a hunter, had passed away. However, during an extended stay in the hospital, another relative had brought her moose meat and salmon which 'kept me going for a month'. Later, although she was living on a very limited income, she put \$200 into the butchering of a moose with the understanding that some of the meat would be shared with her. This was a significant financial strain, demonstrating the importance of moose as a food source for this participant, and for her family.

One pair of participants explained that people will save and share food with their friends and partners, but that trade in food was limited. However, the *informal* food economy has risks as participants knew of situations where people would engage in sexual intercourse in order to obtain food, or where stolen meat was being sold on the underground market. Informal food access pathways appear to be more seasonally dependant because of the variability in wild food availability. Informal work, such as binning, is also quite different depending on the season as Dean-"O" explains; "People think that it's the summertime and I don't have to worry about the bottles being frozen or anything like that, eh. But in the summertime's a different cup of tea, you've got to worry about the things going rotten, and you've got to worry about the bees, everything after the sugar, eh" (Community Mapping).



I have used the term *food focused* to describe an organization or event where the *raison d'être* is providing food to people in need, such as a food bank. Whereas the category of *non-food focused* includes events or programs that happen to provide food, but where the primary rationale behind the programming is not food provision. In these instances, food may be provided as an incentive for attendance, or as part of a celebration. Examples of this form of access include attending classes but leaving once the break time meal is served. The term *intentional food access* means that the individual actively sought out food, whereas *non-intentional access* could include coming across wild foods, or gifts of food from strangers while panhandling or binning.

*Desirable* food access is access to food in a manner that is not an affront to the dignity of the person seeking food nor will it cause them harm. *Undesirable* food access is food procurement through means which a person would not choose if they had other options. This includes theft of food. *Desirable* methods of food access are more likely to contribute to food security compared to undesirable food access<sup>14</sup>. *Desirable* means of food access include gardening, hunting, fishing and gathering foods. These were things that enabled the participants to be actively involved in food production or preparation. Participants reported absent but *desirable* ways of informally accessing food from their home communities at potlatches, or after a hunt, as they had accessed food in the past. Participants also mentioned *desiring* access to and use of non-food related traditional plants. While several people were seasonally gardening, harvesting berries when available, or occasionally fishing, the rest of the *desirable* activities were noticeably absent from the current food system described by the participants. This was partly due to limitations of the urban environment in which participants live.

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<sup>14</sup> It should be noted that the term *desirable* is relative. Theoretically any food charity would be *undesirable* because a food secure (and sovereign) population would not require food charity.

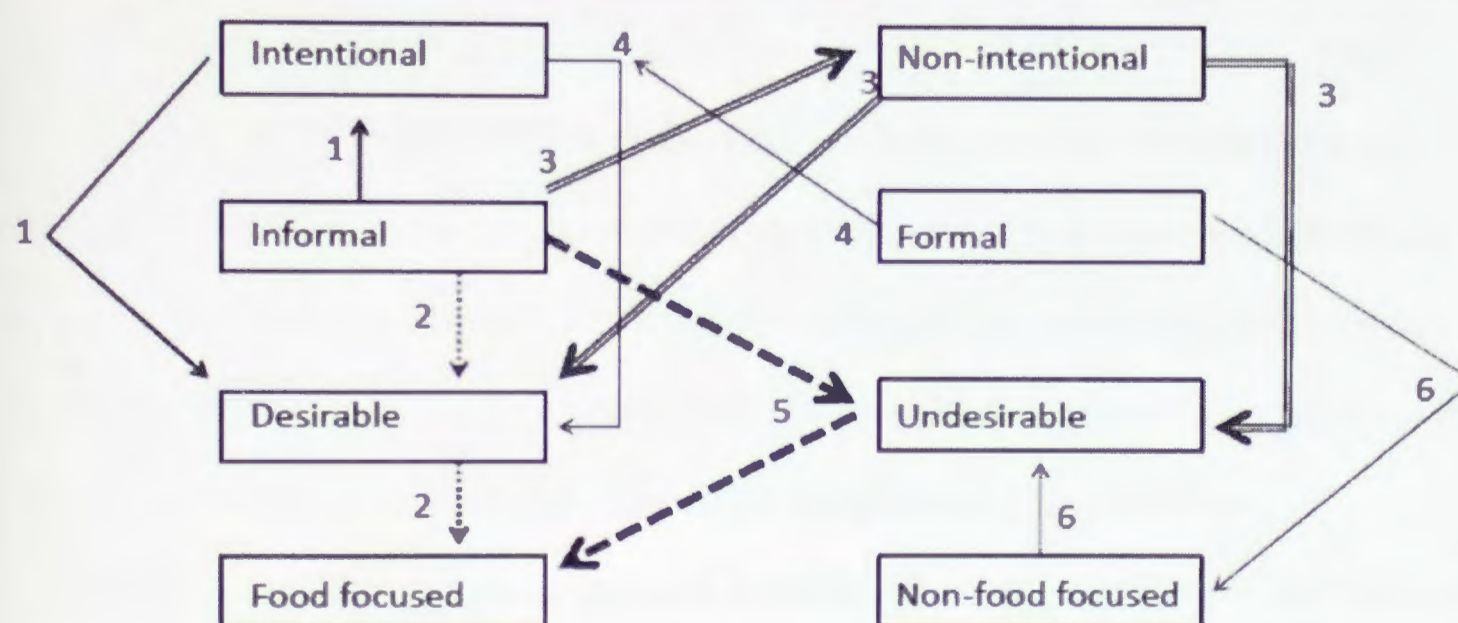
The limitations on food access when living in the urban environment are exemplified by the experiences of a couple who camped outside of the city limits during the summer. While they had experience hunting, trapping, netting fish, cooking and gardening, within the confines of the urban area, on municipal land, they were largely prevented from engaging in these activities. Thus, in order to access food within the city, they changed their behaviour. This couple binned for bottles and cans to return for the deposit and then purchased prepared foods for the day, or they went to service providers for a meal. Although they identified abundant food sources and food storage options in the natural environment outside of the city, they were unable to make use of them, even though they were sleeping 'rough'. As the majority of the participants had grown up growing, hunting or fishing food, circumstances similar to these, were not unique.

The findings presented above demonstrate and exemplify characteristics of food access used by participants. These characteristics can be organized into contrasting pairs of *formal* or *informal*, *food focused* or *not food focused*, *intentional* or *non-intentional*, and finally *desirable* or *non-desirable*. This provides the basis to consider how pathways of food access arise from the relationships among these features.

A schematic was developed to represent the pathways through which participants were able to access food (Figure 3). This schematic extends conceptualizations of how people access food during times of homelessness to a more nuanced representation that takes into account multiple aspects of food access. Each pathway was mapped to an example of a food access.



**Figure 3:** Features of Participants' food availability and access pathways in Prince George



**Legend:**

Pathway Number	Participant example of food access method
1	Family member sharing moose meat with participant
2	Gardening
3	Gifts of food from strangers
4	Attending cooking demonstrations or community kitchens
5	Theft
6	Non-food related skills training sessions

Seasonality is a distinct and important feature of this study that is woven throughout the findings and importantly moderates the food access pathways. The *desire* for, and use, of country foods which have specific windows of availability throughout the year is an example of the importance of seasonality to food security. However, in regards to food access, the participants unanimously agreed that summer was the easiest time of the year to be able to obtain food. In the summer, participants described being able to support themselves more easily though seasonal work or camping. Participants described a range of factors that made them more vulnerable in the winter and impact food access, including transportation, safety, finding indoor housing and heavier loads while binning. Food provision was found to be more crucial in the winter and

several food service providers offer additional meal services or extended hours, although this was not mentioned by the participants during the community mapping or interviews which took place in the spring and summer.

Mamie explained how different times of the year are appropriate for different food related activities, "Back home you could go hunting and stuff [...] In the summer, like this, we make dry meat"(Mamie, Interview). Three participants mentioned seasonally accessing either moose meat, caribou, deer sausages or pepperoni through another local service provider, but it was not a regular or reliable source of food, which was distressing for participants.

Cultural practices may create 'seasonal' dynamics, for example holidays in the Christian calendar are recognized and celebrated by many charities. As one participant explains this influences food access because "Almost every one of these generous places present us with beautiful Easter, Thanksgiving, Christmas and Halloween dinners and gifts. I love them all for all their help." (Sharon, Community Mapping). However, many of these services are also closed on holidays and hold the large meals in advance of the holiday, limiting access and unintentionally promoting unhealthy food eating patterns of binging then potentially fasting. There may be changes in donations from corporations after holidays, or increased donations from the public around Christmas. Lisa noticed shifts in produce availability, and increased use of canned and frozen food in the winter around holidays;

Yeah, definitely a lot less salads. Yeah, we're able to get a lot of lettuce in the summer time. Um, but I think with the, the amount of donations they have, they also do the Christmas hampers. I think that might take a lot of product away from the meal production, to go into the boxes, so it is definitely something, whether it actually affects it or not, I'm not sure. But it definitely gets spread thin. And then after Christmas, people that were donating so much with their rosy feeling before Christmas are like, 'oh, I did my part' and then the cupboards are bare. (Lisa, Interview)



Recently a farmer's market coupon program has run in the summer, which one participant mentioned having participated in and being very pleased with the experience. The PG participants were enthusiastic about eating seasonally.

### *Discussion*

The findings regarding food access and navigating the socially created environment of food charity provide new insights regarding several key themes in Chapter 2 (especially 2.1.2, 2.2.0). The means of access to food described by the participants do not meet the requirements for food security as defined in Chapter 2 because access methods and the food available is not always safe, acceptable, and nutritious, nor is the quality and quantity sufficient (See 5.2.2). These results add to the robust body of literature that has found that people who are homeless are food insecure (Ali et al., 2004; Antoniadis & Tarasuk, 1998; Dachner & Tarasuk, 2002; Darmon, 2009; Hamlin, Mercier, & Bédard; 2006; Miewald & McCann, 2014; Tarasuk, Dachner, Poland, & Gaetz, 2009).

The findings also reinforce themes reported by Kirkpartrick and Tarasuk (2009), whose research with housed, low-income participants found that people lived in a "'hand to mouth' existence, characterized by the use of a wide diversity of strategies to obtain small amounts of food for immediate consumption" (2009, p. 1440). Miewald and McCann (2014) and Tarasuk et al. (2009) found that, although food charity was heavily relied on by their participants, access was limited by lack of proper identification or failure to meet eligibility requirements, so participants made use of alternative strategies of food provisioning including purchasing food and binning. Miewald and McCann, whose work was based in Vancouver, had a participant report that they "can't starve", words that were echoed by a Prince George participant, despite food access difficulties in both locations. While this research supports these earlier findings, it does not necessarily mean that the locations are the same or that the skills required to survive in

each place are transferable. Indeed, one woman who had been homeless in both cities had vastly different experiences with food access in each location, as reported by Teresa Mallam in the PG Free Press (Mallam, March 28, 2014).

A number of studies suggest that local organizations intentionally provide food at their programming to avoid participant dropout, or to help participants manage the hunger that prevented their ability to participate and learn (Miewald & McCann, 2014; The Stone Soup Project, 2010). In this study, the participants' use of training programs for food which follows the pathway of *formal, non-food focused, undesirable* (See Figure 3 and Table 4) extends past research by confirming programmers' suspicions that food provision was tied to attendance at non-food focused programming (Stone Soup, 2010).

Theft of food follows the Figure 3 pathway of *informal, undesirable, food focused* access. Theft and panhandling rates were mentioned less often as mechanisms of obtaining food in this research than in the study by Tarasuk et al. (2009). This could be a result of the small size of Prince George, where such activity would draw greater negative attention to an individual, and where participants are more at risk if they disclose this behaviour.

Recent research by Holland, Kennedy and Hwang (2011) suggested that, when evaluating food security of homeless people, references to purchasing food should be removed from the measurement tool because of the high use of charitable food services. Given the results of this research, it would seem unwise to remove this entirely because, although purchasing food was a less common strategy for procuring food, it was still used by participants. Indeed the results of the study, resonate with the findings of Darmon (2009) where homeless participants were found to purchase up to 15% of their daily consumed kilocalories.



Although Darmon (2009) suggests that, in France, lack of money is the primary reason that homeless people go hungry, the findings of this research suggest that oversimplifies the complexity of forces that contribute to, or are involved with, ameliorating hunger. For participants in this research, even those with the financial capacity to purchase food, factors such as the ability to prepare, store or transport food were important, strengthening earlier findings from PG (The Stone Soup Project, 2010).

Previous research by Webber and Dollahite (2008) found that informal economies among the poor existed in the form of bartering. Participants in this research mentioned networks for sharing food and traditional First Nations sharing systems, which both operate outside of the *formal* capitalist system. These networks, and the trading of food, were *desirable* but infrequently used. The results in regards to *informal* wild food procurement are similar to studies that examined how low-income, rural people were making use of the *informal* food economy, including engaging in gardening, foraging, and hunting (Buck-Mcfaden, 2015; Webber & Dollahite, 2008).

Story et al. (2008) suggest that the food and eating environments of a person likely have greater influence on what they eat than individual factors such as knowledge, skills and motivation. These findings are supported by what participants in this research described. Story et al. (2008) explain that, "Individual behaviour to make healthy choices can occur only in a supportive environment with accessible and affordable healthy food choices" (p. 245). Income is sufficiently low for participants that it greatly restricts what they are able to purchase, and the environment of food providers is not supportive to the extent that is needed. Thus participants invest a lot of time and energy accessing food in ways that are expected of homeless people in urban settings, even if they are less desirable (i.e. hunting is yielded to binning or panhandling).



The Chan et al.'s (2011) study of traditional food consumption found Aboriginal people on reserve in BC were consuming traditional foods but wanted to be consuming more.

Participants in this research expressed a strong unmet desire to access traditional foods. Urban Aboriginal people often lack access to traditional foods in general because of the cost, distances and potential disconnection from family and community (Chan et al., 2011; Elliott et al., 2012). The findings extends Chan et al.'s (2008) work by suggesting that the desire for wild food does not abate when people move from reserves to the city, but that access precipitously decreases while homeless. The findings also support the work of Story et al. (2008) that points to income, race and ethnicity as important influences in food choice.

That many desirable means of obtaining food were mentioned but rarely practiced suggests not only a loss of culture in daily life, but also a dramatic difference between participants' current and ideal diets. When any people are engaging, even informally, in the monetary economy in order to support themselves, the amount of time available for maintenance of other skills decreases. So although the couple who was binning were also avid hunters and fishers, they may lose these cultural skills through lack of use.

In this study eating seasonally was framed differently than it would be for an average urban consumer and was more connected to fish and animal migration and the associated tasks and traditions that follow. This research suggests that the ways in which people obtain food may be connected to geographical location, whereas culture may influence which foods are desirable. Seasonality is generally overlooked in other studies relating to homelessness and food access but, as the findings suggest, it is a strong influence on participant lives. For example participants in this study engage in fishing or berry picking although this was not found in Vancouver, another city with a high percentage of Aboriginal people within the homeless population (Miewald &



McCann, 2014). Vancouver is a very large urban centre so these activities may be less feasible, or people living in that region may have had less experience with these ways of obtaining food prior to becoming homeless and the temperate climate would have different seasonal traditions.

The utility of Figure 3 is that it demonstrates how not all food aid may necessarily be undesirable, that charitable food is not only from soup kitchens and that there are different dimensions of access to food that resist simple classification. The community mapping, interviews and participant observation revealed a complex food system that is influenced by both social and physical environments which are elaborated on in the sections that follow. The availability of healthy and appropriate food is discussed in the next sections.

### ***5.2.2 Food Quantity, Food Quality and Health - "It's less nutritious, but it's more filling"***

The previous section discussed how participants described accessing food, while briefly touching on issues related to quality and quantity of food as well. In this section, the findings and discussion are oriented to issues of food quantity, food quality and health. As discussed in Chapter 2, food security is a determinant of health.

The participants primarily felt that the food they were provided through food aid worsened their health outcomes and their health influenced what they were able to access and eat. Participants identified a variety of health conditions including: missing teeth, back injury, chronic pain, pre-diabetes, lactose intolerance, gluten allergy, heart disease, and rheumatoid arthritis, as impacting their lives. Alcohol use was common and several people highlighted it as a serious personal issue. Substance use was also common, however people more frequently spoke about the substance use of others as opposed their own.

Health conditions, certain medications and missing teeth made it very challenging to eat, and this was a source of anxiety while eating in the common lunchrooms. These factors deterred



participants from accessing food aid when it had to be eaten where served. To gain an exception to the rule of eating in place may require that people reveal their personal medical history.

Participants described being provided food while incarcerated, hospitalized, or while receiving treatment at rehabilitation centres. Generally, the food provided at institutions was regarded as superior in quality compared to food served by charities. However quantity was insufficient, although supplemental food could be purchased by those with financial resources. Thus participants preferred to eat the more filling meals available as charitable food, although participants considered these meals less healthy. However, even when attending charitable meal programs, quantity of food was a concern of participants who had to employ strategies in order to eat enough. For example, "They feed you there, but you can't get seconds and you're still hungry. So you still have to go out somewhere else and get some food" (Mamie, Interview).

One participant explained how "The food, that, that they feed you in the shelters that get, gets a person sick. And, I mean for life, you know, like ah, ... Yeah, like it stays in your body for life, after they feed you that, kinda poison stuff" (James, Interview). The foods most often provided at charitable food programs are foods made of simple carbohydrates, including bread, muffins, doughnuts and cookies. Monotony was of great concern to the participants and participants were concerned with the effects on their physical health. Lisa explained how: "There's always bread around, but you can only eat so much bread before your pancreas gives out!" (Lisa, Community Mapping). Anne noted that at one of the places she attends there are frequently celebrations that include, "cake, stuff like that. And they had an open house, it's hot dogs and cake again" (Anne, Interview). While the organizers may be able to go home to cook a balanced meal, many of the participants rely on events of this nature for complete meals.



Some participants try to actively avoid eating less nutritious foods but also found it hard to resist. On the other hand Zack explained, "I don't get enough good food, so I'm not going to replace it with bad food just to feel full, right?" (Zack, Interview). Two participants discussed how this has changed their perceptions and they now consider access to healthy food a "treat". The participants who reported more variety in diet were those who were able to access food banks or hampers, "So you're not making the same old thing all the time" (Anne, Interview) and those who had space to store and prepare their food.

The food that is provided through food aid contains many common allergens and/or ingredients that may trigger food sensitivities. A physician recommended to one participant that she eliminate gluten and dairy from her diet. In following this advice, she can no longer eat most of the meals served at charities. Another participant explained that although she was lactose intolerant, she would eat the food provided even though it would make her ill, temporarily decreasing health and mobility, because it reduced hunger and tasted good. Consumption of food was impacted for several participants who reported not eating during times of increased substance use. Although they may not have felt hunger they still experience consequences including malnutrition, which makes the food they do consume particularly significant, and emphasizes the necessity of healthy food being served in emergency food aid.

When Anne was asked about sources of protein in food charity she explained, "Oh, the food bank does that, chickpeas, stuff like that. [...] Ah, except nobody likes chickpeas" (Anne, Interview). In terms of access there is "No meat. Not even mystery meat, you know those canned stuff. I'm so desperate sometimes I'd eat that... The only one, that ah, provides a pound of hamburger is the centre" (Anne, Interview). The centrality of quality meat to a good meal was

repeated by many of the participants, and Anne felt her medical concerns were exacerbated by lack of meat in her diet.

The participants showed a strong preference for more culturally appropriate food and food related activities to be available to them. Sharon "wish[ed] there was wild meat and outdoor activities and barbeques" (Sharon, Community Mapping). When asked about the availability of traditional foods through food charity, participants explained how some places provided enough flour on a regular basis to make bannock<sup>15</sup>. However, for the most part traditional food access was infrequent and often by chance. Participants acknowledge that traditional food is less readily available compared to food produced as part of the industrial agriculture system. The times that traditional foods were available were a prominent highlight.

At other times, the foods people found desirable were available through aid organizations but regulations around serving the food prevented access. For example, when there were leftovers at one location, the oldest leftovers were served first, even if someone requested a different leftover dish. Participants saw this as problematic, and many people identified taste preferences and health concerns as reasons why a lot of food was wasted.

Several participants acknowledged that the food provided was often corporate donations, which explained why some foods were available and not others. Participants were wary of the motivations behind corporate donations to charity explaining, "they donate for a tax write-off and they get it all back. And it's like..they're the only ones winning, man" (Melody, Community Mapping).

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<sup>15</sup> Bannock: "is a traditional pan-fried bread adopted into the Native North American cuisine in the eighteenth century from the Scottish fur traders' "griddle scones."" (Watts & Watts, 2011, p. 130)



Concerns about food safety further influenced perceptions of risk to physical health.

Some participant concerns were minor, such as covering food or providing serving utensils, while others were more serious. When we met for her interview Mamie explained;

We went there for breakfast, they had mush, they had toast, but the toast had mould. But they still give it out. He found mould on his toast. No mould on mine, lucky (*laughs*). But why feed old bread, old mouldy bread to street people? God knows how they cook, what they cook it, or if they even wash their hands. Stuff like that, you don't know (Mamie, Interview).

Food poisoning was a danger that participants either risked or went hungry. As Kathleen explained:

Yeah, cause its, ah, they serve back the bad meat with, and uh, when it's green. And you know, then when people are drunk they don't care what they eat, they eat it anyway. [...]I'm like, 'that's gross don't eat that!' but they are hungry, right" (Kathleen, Interview).

Other participants saved sandwiches throughout the week, to eat over the weekend when food access was diminished.

These findings are synthesized in Table 4, which shows the health conditions that were mentioned by participants as influencing their ability to access or eat certain foods, as well as the conditions participants perceive to be caused by the food they are eating. Not having enough food, being allergic or intolerant of the food that is available, or the memories associated with certain foods (e.g., residential school diets) can all exacerbate the strain on mental health.

Table 4: *Participant experienced health conditions and the connections to emergency food aid as identified by participants*

Challenges & Conditions	Influenced by Food Consumption	Influencing Food Consumption	Influencing Access to Food	Influenced by Access to Food
Physical Health	Hunger Obesity Diabetes Hypertension Premature death Malnutrition Food Poisoning & Safety Allergies	HIV/AIDS Substance Dependence  Trouble chewing/swallowing  Food sensitivities/allergies	Danger Enemies Risk of falling Too heavy to carry Chronic pain	Weight
Mental Health	Negative Body Image Anxiety Monotony –boredom, lack of appetite Connection/Disconnection to community Extreme weight fluctuations Anorexia	Substance Dependence Mental Health Concerns -depression led to overeating junk food Spirituality/Religion -influence where people will go/eat Stigma and Embarrassment	Social anxiety Social stigma Friendship	Poor perception of diet Perception that all health challenges are related to lack of access

As Table 4 shows, for the participants there is a direct link between food and physical and mental health. The vast majority of participants were concerned with the impact of the food they were provided on their long term health and well-being. In one participant's view, the homeless were only fed enough to survive, nothing more.

### *Discussion*

The findings revealed food quantity, food quality and food justice issues, including that people did not always have the capacity to make informed choices about what they were consuming, or to consume healthy food. This injustice is common throughout the North American food system where there are marked differences in healthfulness of foods that are marketed and consumed by upper class consumers compared to foods that are marketed towards



and often consumed by lower class consumers (Ohri-Vachaspati et al., 2014). On the other hand, the assessment by some participants that the places that fed the best quality meals did not provide enough quantity support Darmon's (2009) assumption that caloric needs may not be met through food charity, even if the food provided is otherwise nutritionally sufficient. Eikenberry and Smith (2005) found that discrepancies in quality between food providers can be severe, and this seems to be supported by the descriptions participants in this research gave of meals provided while incarcerated, hospitalized or accessing charity. Antionades and Tarasuk (1998) found the food homeless people are able to access is only available in relatively small amounts, so the food provided may not be sufficient to quell feelings of hunger (Antoniadis & Tarasuk, 1998; Tarasuk et al., 2009b). This is supported by the widespread reports of hunger by participants in this study. This could inadvertently reinforce the legitimacy of serving poorer quality food to people experiencing homelessness, because participants equate feeling full with eating "better" meals.

While institutionalized, being provided nutritious food is an aspect of the government responsibility for the right to food, but it is not adequate if the portions are insufficient. Given the proportion of incarcerated people who are Aboriginal is much higher than among the general population and Aboriginal people also tend to have fewer financial resources to purchase supplementary food, this is a food justice issue. This situation is worth noting because of the historical abuse of the human rights of Aboriginal people, for example through the withholding food from First Nations peoples during famine which was used as a tactic for "clearing the plains" and colonization (Daschuk, 2013).

Patychuk et al. (2011) argue anti-racist food provision is a health equity issue, and also that Aboriginal people in Canada face systemic racism. Diabetes and obesity occur at high rates



in Aboriginal populations and are connected to the nutrition transition from traditional diets and lifestyles to Western diets and more sedentary lifestyles (Earle, 2013). It is important to consider participant concerns around an overabundance of refined simple carbohydrates from the perspective of the Westernization of Indigenous diets, and the necessity for food providers to provide foods that are culturally appropriate. Of particular concern are the "five white sins: flour, salt, sugar, alcohol and lard" (Elliott et al., 2012, p. 5). These foods were staples of the early colonizers' and today's Standard American Diet (SAD). As the participants report, many of these foods are the most readily available to people on the street. Miewald et al. (2010) worked with a homeless population that was similarly composed of primarily Aboriginal homeless people and this research extends their work by suggesting that not only nutrition should be considered but nutrition within a framework of cultural appropriateness of food aid.

Anxiety around food and healthy eating is described as "ontological insecurity among post industrial eaters" (Dixon et al., 2007, p. i124) due to "decline of traditional culinary cultures based on seasonality, locality and self sufficiency" (2007, p. i124) and competing health information. Participants in this research were concerned about gaining access to specific foods which were primarily seasonal, traditional foods, and decreased access to flour based food products. Participant dietary preferences may have been influenced by dietary trends including gluten free eating. Several participants were particularly concerned about consuming bread. An emphasis on whole foods, such as traditional foods can provide the consistent dietary information and connection to culture that can help alleviate these concerns.

The findings highlight the dilemma that, even if charitable food programming was nutritionally complete according to Western nutrition recommendations, it may not be appropriate from the context of healthy traditional Aboriginal diets because of the emphasis in



Western nutrition on low animal fat, fruits and vegetables in diets (Earle, 2013). Traditional diets are thought to provide a protective health effect for Aboriginal people who consume them (Damman, Eide & Kuhnlein, 2008). Participants sense that these foods would support their health. These concerns about autonomy and health are symptomatic of food injustice and are also among the rationale for Indigenous food sovereignty (Grey & Patel, 2014).

Food preferences are important elements of food security. For Anne this meant she is willing to compromise on quality of meat rather than eat vegetarian meals. While, as a vegan, I viewed the provision of chickpeas as a positive thing, it is clearly dependant on culture and experience and, according to Anne's comment, appreciation of beans and legumes is not common among the people she knows. From a food security perspective, the foods available need to be culturally appropriate and other research has found having an element of choice was very important to people receiving food aid (Eikenberry & Smith, 2005). As Dixon et al. explain, "unequal access to the available dietary diversity, calories and gastronomically satisfying eating experience leads to nutrition inequalities and diet related health inequity" (2007 p.1118). The desire for culturally appropriate food and the relative lack of availability, combined with the availability of only a single food option at charitable food programming, is what Patychuk et al. (2011) describe as universalism and colour blindness.

The participants saw the food they were provided in the form of food aid as negatively impacting their long-term health. Indeed the least costly food available through the industrial food system is often poor quality, high in saturated fats and refined carbohydrates, and contains fewer vitamins and minerals (Damman, 2008). It is often this poor quality food that is served through food charity (Lindberg, Whelan, Lawrence, Gold, & Friel, 2015) and this leads to poor health outcomes. Like participants in the study by Miewald et al. (2010), PG participants also



report being served spoiled food. Participants consider this disrespectful and is dangerous for immune compromised individuals such as those with HIV or AIDS (Miewald et al., 2010). Yet, people who are highly food insecure may eat food that makes them unwell to avoid hunger.

The findings in this Prince George study reinforce established ideas that food insecurity is experienced not only in relation to food quantity but also quality (Community Nutritionists Council of BC, 2004). The importance of food quality was evident in many of the ways in which food consumption influenced physical and mental health (Table 4). The tensions that arose in this study between food quantity and quality echo Miewald and McCann's (2014) finding that complaints about quality of food are often also accompanied by expression of gratefulness. The participants are provided emergency food which temporarily deals with one aspect of food insecurity – hunger - but does not address the other aspects of food security and is thus not taking a holistic approach to health as discussed in Section 2.1.1. Lack of food security adds to the other compounding determinants of health faced by participants - homelessness, gender, and Aboriginal status. These findings support the findings that inequality may have a greater role in unhealthy diets than personal choice (Ontario Healthy Communities Coalition, 2004) which is important for understanding the dynamics at play within the entire food system.

The desires expressed by participants have been long-standing issues among people experiencing homelessness in PG (CPAH, 2003). Dowler and O'Connor (2012) explain that emphasis on individual food choices in neoliberal societies obscures societal problems with food and the necessity of states to address violations of the right to food. An attitude that a person should choose not to eat a food if it is unhealthy for them, but not providing different food to facilitate a more appropriate choice, is a way that dominant society places blame on the less powerful to legitimize negative health consequences (Dickinson, 1999).



As participants suspect, and other authors have concluded, the rationale behind making donations includes building a positive corporate image (McEntee & Naumova, 2012; Tarasuk, 2001). The majority of participants' experiences with accessing food through charitable assistance in PG, do resonate with previous research that has found food charity to be disempowering (Hassanein, 2003), especially within the context of the current corporate agri-food system, which Hassanein (2003) describes as being symptomatic of overall issues of societal organization and power structures. The donated foods often consumed by the participants are frequently grown as monocultures to maximize production and economic benefit for large corporations. It has been commonly found that food aid tends to lack fresh produce (Darmon, 2009; Miewald & Centre for Sustainable Community Development, 2009). Participants are concerned that, because homeless people are less respected within society, they may be provided with food that is lower quality than would be served to people with higher status within society. These sentiments support the observations that low income and racialized people tend to have poorer access to healthy food than White and wealthier individuals (Patychuk, 2011).

McEntee and Naumova (2012) theorize that what one becomes accustomed to eating as food aid is also what they will continue to eat afterwards because of familiarity. Several people chose Tim Horton's as the location for their interview. However, contradictorily many people expressed disdain with the abundance of Tim Horton's leftovers at food charity, citing health concerns. This contradiction between desires and actions reinforces the importance of changing what foods are available as food aid. Many participants describe how they eat based on availability; that is, when unhealthy food choices are readily available they can be difficult to avoid. This lends support for Story et al.'s (2008) explanation that presenting healthy food



prepared in an accessible manner has been shown to influence consumption, as does removing the presence of unhealthy food.

The findings of this research support Tarasuk and Eakin's (2003) concerns that private emergency food aid in the form of food banks is "disassociated from clients' needs" (p. 1511). Tarasuk and Eakin (2003) explain that the amount and kind of assistance the homeless receive is "driven not by their needs for food so much as by food policies and practices designed to maintain operations in the face of a limited, highly variable, and largely uncontrollable supply of food donations" (p. 1511). Consumers who donate food may feel empowered to help, but regulations around donations often necessitate that consumers donate food that has been produced and purchased within a framework of industrial agriculture and corporate control.

### **5.3 Food Fight: Homelessness and Relationships across Social Strata**

Analysis of the transcripts and field-notes (See Chapter 4) indicated participants experienced distinct patterns in relationships both with the non-homeless, including the general public and staff at service providers, and with other people experiencing homelessness. These relationships were significant in connection to food access for the participants. According to participants, personality conflicts and abuse of power were factors that prevented or impeded access to food including charitable food programs. On the other hand, access to food was enhanced by caring relationships, generosity, and a sense of being respected. The next sections present findings and discussion on the social relationships of participants with experience of homelessness and how they are able to influence food access.

#### ***5.3.1 Relationships with Non-homeless People- "It's kinda the whole continuum of the homeless and poor stature in life"***

Relationships with non-homeless people frequently factored into discussions of food access with the participants. People who work at service providers, as well as the general public



to a lesser extent, often serve as gatekeepers to food access for the participants. The participants felt acutely aware of a power differential between the non-homeless and themselves. The participants describe negatively experiencing this power differential as discrimination, including contradictorily needing to behave and appear in certain ways, in order to fill a role in society and be deemed 'worthy' of charitable assistance. Participants are further distressed by what they view as corruption within both governments and charitable services. However, despite the primarily negative experiences, many participants shared stories of unexpected kindness from non-homeless people, who have attempted to augment the participants' food access.

Participants primarily believed they were discriminated against because they were visibly homeless, although issues surrounding racism were raised by a few of the participants. One participant felt that Indigenous people's lives are less valued, and that it is expected that Indigenous people will experience negative outcomes. As Kathleen explained, "They don't give a shit, they just laugh, 'Oh, another brown down' " (Kathleen, Interview). Participants frequently felt they were negatively judged by non-homeless people when they were attempting to access food, through panhandling, binning or at charities.

The power of the non-homeless is used to modify the behaviours of the homeless and restrict or enable access to food. Society exerts power to limit behaviours that they find unappealing. To the general public, binning may be perceived as a nuisance behaviour, while to binners it is a survival tactic. Mamie and Dean-"O" recognize that locking dumpsters is an active attempt to restrict access to resources, and it forces them out of the downtown area. Locking dumpsters was particularly distressing for the participants because they felt they were doing environmentally friendly work of community benefit, and it makes it difficult for binners to support themselves. People experiencing homelessness are also excluded by the non-homeless



when they are seen as an undesirable presence. Mamie explains this occurs when homeless people are gathered together:

You stand outside their store, they think you're doing something so they ask you to move along. And that makes me really angry [...] That's why I say we're like cattle. Street people are like that. Yeah, you sit one spot, you sit anywhere even on the grass and you get harassed you got to move along to the next spot. Cops will stop by you and tell you to move to another spot (Mamie, Interview).

This is especially difficult for the participants because they have very limited transportation options and they need to remain close to the services they access (See 5.4.2).

As a general rule, Zack believed the public would treat people who were homeless well, so long as people who were homeless exhibited the traits or behaviours that the public found acceptable. When he is panhandling on the street corners, Zack is meticulous in what he wears because, as he explains, when he is dressed nicely, it looks like he is 'going somewhere in life', but when he is not dressed neatly, people think their money cannot, or should not, help him anyway. Anne found there were limitations to this and that people can also discriminate if they think people who are homeless are dressed too well. If a homeless person acts the part, they are deemed 'worthy' and they are given food. At the same time, participants described thinking that when the general public helps the homeless, they do so in order to feel better about themselves. For Lisa, help from the general public was something she thought was dependent on cultural factors that influence giving around holidays. She explained that people felt good when they donated food around Christmas and they think that is sufficient to address the problem of hunger. However, after Christmas, Lisa reported the food availability decreases.

Overall, the participants found that it was difficult to predict the outcomes of interactions with members of the general public, so most participants acted cautiously, enabling the non-homeless to retain more power in the relationship. Zack explained how he would sometimes panhandle on the street corners and would be given food by members of the public. He would



insist they choose what to buy because it is their money, but this usually meant he would end up eating "Like a bagel, or coffee, or just something regular" (*laughs*). Zack learned to surrender his decision making because he had a negative experience when he honestly expressed his desire for cigarettes and was told:

'Well I was going to give you this \$50 dollar card but I am not going to support your cigarette habit'. Yeah...Well he should have just said it [no] instead of just saying 'Well, I was going to do this' (Zack, Interview).

People who are panhandling may be made to think they have autonomy and power when they are asked what they would like, but that facade only lasts as long as they choose the right answer.

The public is not necessarily willing to help unless they perceive it as being an acceptable need.

The general public both takes pity and discriminates against individuals experiencing homelessness and are able to use their power to either assist or impede homeless individuals.

Some participants describe being given food by members of the public or restaurateurs. Often these interactions came as pleasant surprises. Yet, even people who are well intentioned are not able to help unless they understand the circumstances in which people live:

Like this little girl, oh she was so cute, that time we were in the dumpster up by Uplands and she came out of an apartment with a bunch of food to cook, and she asked us if we wanted it. We didn't have no place to cook that (*laughs*) but we just accepted it anyway to make her think that we had a place...(*laughs*) Oh, we gave it to a friend (Mamie, Interview).

Mamie was not able to benefit from the gift because it was inappropriate to the circumstances in which she lived, but she was able to share it with someone else in need (See Section 5.3.2).

The majority of the participants also described feelings or instances of perceived discrimination and challenges with power imbalances when they were accessing resources.

Melody felt that the voices of the homeless are unheard and rationalizes it using social hierarchies explaining, "Because they're people on the streets, junkies, crack heads, who's going to listen to us?" (Melody, Community Mapping).



The participants explained many ways in which they felt people in positions of authority abused their power. Two participants described their perception that service providers try to control homeless people's actions rather than assist them with their needs. Some people feel they must 'play the game' and fit prescribed roles in order to access services. At least two participants thought this was an intentional tactic on the part of service providers to dissuade people from accessing services.

When one participant volunteered at a charitable food provider, she found it was a very disrespectful place to work and soon discontinued volunteering. The participant reported volunteers and patrons alike were treated poorly, and patrons' lives were scrutinized to determine if they 'deserved' the food they came for. The participants stressed how feeling disrespected was a primary concern that led to conflict with people in positions of authority or the public. These experiences were often contrary to the respect people may have on the street. Navigating these relationships was challenging for participants who described trying to constructively work through issues they were experiencing without success. Participants described how negative experiences, and instances of discrimination, contributed to a deterioration of their health and well-being.

Several participants found that there was a general fear of speaking out about this treatment although there was an appetite for change. Other participants felt uncomfortable, due to fear of being judged when their hunger led them to access food at religious food providers though they were not members of the faith.

Many participants also thought personal conflict with staff members led to restrictions on service access that would jeopardize their health and well-being. Participants explained how this was an abuse of power because it would leave people, including women and people with



disabilities, vulnerable to the weather, violence, sexual assault and unable to access food. The participants expressed how this led them to believe that some employees at service providers did not care about the health and well-being of people accessing services, which is an idea that is reinforced for the participants through the provision of unhealthy and spoiled food.

Relationships with staff at service providers were often strained because several participants were deeply concerned that the employees contravened the rules of their employers. The participants felt powerless to raise their concerns with the staff, as one participant explained; "Yes, cause what are they going to do? If people argue with her they are going to get kicked out and banned. So if it's kinda the whole continuum of the homeless and poor stature in life, you just have to take a lot of trash to get anything" (Lisa, Interview).

Participants also acknowledged that, at times, they contravened the rules of organizations they were attending but thought the consequences were excessively harsh. Participant lives were constantly under surveillance and they lived in an atmosphere of regulation. Persistent issues regarding behaviour at service providers was seen as contributing to apathy on the part of the organizations' staff. Although one participant explained she respected the service providers who "don't put up with nonsense", there was a sense that leniency was needed. Striking a balance between power and respect is the issue that remains:

It's simply the control issue. Um..and of course stress as well, its stress to give it [food], and the hampers and to serve in time and hope they have enough protein in it for people to live, and that kind of thing. And of course every place does have to have guidelines, can't just have a free for all, and run in the kitchen and grab whatever you want (*laughs*). But it's just, I don't know, the overall attitude. I thought it would be more caring and nurturing but not so much (*laughs*). (Lisa, Interview)

Participant concerns are not directed solely towards the food providers but the entire societal system they are trying to navigate. However, the participants do have frequent contact with food providers, who form a part of the larger system. For example, several people were



unable to access food at certain locations because they had no identification, or because of regulation changes (which participants viewed as discriminatory).

Furthermore, participants express frustration when they do not know the rationale behind decisions that negatively impact them. Several participants felt when they do ask questions, they are not given legitimate answers. This contributes to widespread concerns about disrespect for the homeless, abuse of power, and it fosters the sense that corrupt individuals are working in different levels of government and NGOs. Another participant explained how she saw corruption in the system:

Ah, everything's meetings, they have hundreds of meetings get nothing done, but meanwhile they get honorariums and all this stuff for getting nothing done, just for meeting. Get to fly to Vancouver, get to fly to Victoria, all on, what'd you guys do? Oh, got drunk (*laughs*). Yeah. Unless you're the one that's getting the honorariums and gets to go to the meetings and get paid, it doesn't help anybody. I guess that's the way the game is played and you have to play along to get the scraps. Whatever...I'm happy to get any kind of scraps (Anne, Interview).

One participant acknowledged that a lot of positive work is being done, but explained that, among the staff, "one bad apple ruins the whole bunch" and it caused them to lose respect for the agency at which the staff worked. The participant explained how they were caught for the crimes they had committed, they went to jail and they 'did their time' while they felt that people who were not homeless were above the law.

Despite the challenges, and in addition to frustration, participants in this study also experienced gratitude for emergency food aid. These are emotions that appear to be at odds, but which were often felt simultaneously by the participants. Some participants have built positive relationships they value at different food providers. Despite the challenges, participants acknowledged that aid organizations have very difficult roles to play and the employees experience high levels of stress on the job. Christine explained how she felt she should, "just be thankful that these people are there. Like she said, I'm very thankful too but, I wish there was just



more. More. They're just doing the best they can" (Christine, Community Mapping). The positive and negative aspects of relationships with non-homeless people that are experienced by the participants in this research are directly linked to food access and were a primary topic of concern in the participants' lives.

### *Discussion*

This section has explored how power dynamics influence or inhibit access to different places and to different resources including food. This is in part due to the fact that people are unaware of the realities of homelessness and interactions with homeless people are shaped by misperceptions. People then use their power to try and control and restrict homeless individuals and these actions are viewed as misguided and unfair by the majority of participants.

The participants' sense that they have a role to play is akin to recognition of oppression within society, where oppression is defined as "one group prescribing the behavior [sic] of another" (Dickinson, 1999, p. 143). Dickinson (1999) argues that when the dominant culture labels coping mechanisms as 'bad', it leads to loss of motivation amongst people who are marginalized. Furthermore, being denied access to places that non-homeless people are readily allowed to be is a dehumanizing and stressful experience that contributes to feelings of ill will and negative self-image.

Eikenberry and Smith (2005) found that, at times, homeless people may choose not to follow rules that they believe are problematic. The participants in this research actively made choices to reclaim some of their personal autonomy and they were aware of the repercussions this would have in terms of restricted access to services or trouble with the law.

When participants described mental health and well-being challenges, they often connected negative feelings to experiences of discrimination or inequity. Similar to findings reported in Amsden and VanWynsberghe (2005), many participants expressed feelings of being



outsiders, a lack of voice and dissatisfaction with community services. Alternatively, positive atmosphere comes from relationships and respect even when the people had little understanding of one another's lives.

Participants in this research were most concerned with being respected and this influenced choice of service to access for food, as did a sense of safety and social atmosphere. These sentiments were also shared by participants in the study by Miewald and McCann (2014), based in Vancouver. This also supports the findings of Allan and Sakamoto (2014), where participants describe the importance of focusing on treating individuals who are homeless as equals and explaining how negative behaviours impact others.

The contradictory experiences and relationships with charitable food providers that participants in this study experience were also reported in the Miewald and McCann (2014) research. The homeless have less control over their own bodies, which creates a conflict between a desire for independence and also dependence on those in power (Dickinson, 1999). Participants' negative experiences with rules, regulations and bureaucracy lead to frustration, which, Dickinson (1999) explains, can contribute to negative behaviours or attitudes that render people less effective at creating the change they want to see, and feelings of poor self-esteem that reinforce the power of the dominant group. That is, the participants explained how they often felt disempowered to influence the change they wanted.

Several people reported having had negative experiences with staff while attending food charity providers. This contributed to decreased *desirability* of these options but not necessarily decreased use, as suggested by the high rate of access to charitable food. As Allan and Sakamoto (2014) explain "a focus on increased direct and positive communication could go a long way towards uprooting and transforming unhealthy or harmful power dynamics" (p. 73). Food access



and hunger are political and are revealing about power relationships within society (Curtain & Heldke, 1992). Mirroring the experiences of participants in Miewald and McCann's (2014) work, the participants in this research faced challenges due to being banned from food access, attending religiously oriented food charity organizations, and the challenge of needing to access services but not belonging to the target demographic.

Concerns about changing regulations regarding identification were also documented in reporter Teresa Mallam's investigation into food aid in Prince George (March 28, 2014) and support Miewald and McCann's (2014) findings that the environment of food charities is constantly changing. The findings of this research shed light on the differences between food availability and food access, and the importance of power relationships to this dynamic and why people may be hungry despite the existence of a number of service providers. This led to discussions of choice in regards to attending food providers. Participants felt they did not actually have a choice, but gave into playing a role. Participants in other research explained, they do not speak up about this, when the food is free (Eikenberry & Smith, 2005). These findings contribute to reducing the gap in knowledge regarding how or why homeless people choose to access certain food providers, identified by Miewald et al. (2010).

Having had previous negative and abusive experiences means that the participants are less likely to be trusting of motivations of others in positions of power and less forgiving of mistakes or incidents, as described by Allan and Sakamoto (2014). The participants report that service providers think the issues participants raise are minor while they are serious to the participants - for example giving vague answers to questions. These differences in perception could be attributed to different life circumstances shaping interpretation of events (Dickinson, 1999). Years of experiences have also resulted in mistrust and frustration with the system.



Despite this, many participants identified people and places whom they believed to be quite exemplary, and held respect for. People tried to attend the programming at organizations where they felt respected and this is supported by findings of Miewald and McCann (2014) and Miewald and the Centre for Sustainable Community Development (2009). Dickinson (1999) asserts that more positive relationships can develop between people with different amounts of power when people who have less power feel they are heard and respected by those with power.

### ***5.3.2 Relationships between Homeless People - "A street people welcome wagon!"***

During the community mapping, interviews and participant observation, it became apparent that many people experiencing homelessness in Prince George have close social ties with one another. Several participants were related to one another, some through blood, but several considered one another adopted relatives. Amongst the participants there were three couples, a pair of sisters, cousins, friends, acquaintances and several people who live and stay in the same shelters.

When talking about food many participants spoke of their families whether it was regarding their sister's garden, remembering fishing with siblings or holiday dinners with their parent. Many of the women spoke of their own children, grandchildren and families and the impact that being homeless had on their relationships with them. Several people felt their families' situations were equal to, or not much better off than, their own situation. The women who participated in this research frequently cited the teachings of their grandmothers as important factors which have shaped them into the people they are today. By acknowledging this, they are honouring generations of women before them. Furthermore relationships with other homeless people were very valuable, supportive and informative and food had an important role in these relationships.



Relationships are incredibly important in people's lives and the connectedness of people experiencing homelessness in Prince George shapes both how people interact with one another and the use of food. The participants also describe how people experiencing homelessness in PG are often compassionate towards one another, even if they are not connected. The women in particular spoke of, and demonstrated, their compassion and caretaking. Although they themselves were experiencing homelessness, the women were willing to make sacrifices to help others.

While interviewing a group of three participants, one participant got up abruptly and left the table. When she returned to the interview shortly thereafter, she explained what had happened:

Melody: That little kid just come in here with a fucking stick. Yeah, Did you see that? Three little boys came in here, and one of the kids had a stick and walked into the toy room and walked to the till and then, like, I know that kid wanted to do a robbery for a fucking burger (*laughs*). And I just gave him my, I gave him my fucking burger.

Julia: Was it someone you knew?

Melody: No. But that was me probably when I was a kid [...]I said, 'hey, hey, hey you with the stick' I told him. He turns around. Takes it, 'thank you'. Like sweet, eh? Yeah. That's what it's all about, man. You gave it to me, I gave it to him. Maybe he won't be in prison with me in twenty years (*laughs*) (Melody, Interview).

This scenario demonstrates the deep concern this participant, a women, held for the welfare of others and the significance the participant ascribes to food and life outcomes. The women in the research demonstrate their concern for others by sharing food, both before and since becoming homeless. Prior to becoming homeless, two women had volunteered at charitable food providers and another had arranged for hunters to provide wild meat to Elders. Since becoming homeless, one woman had volunteered at an emergency food provider, and two were growing food at a community garden and donating it back to the shelter where they stayed.

The women explained that, if they were wealthy, they would use their money to help other people experiencing homelessness by creating food banks, operating a free shuttle bus, or



opening a shelter for Aboriginal people in need. Lisa explained how showing respect for patrons at a meal provider where she volunteered was her main priority and she found the overall tone of the meal was vastly improved when she did so.

For the participants, positive caring relationships led to feelings of empowerment. Mary connected her own personal well-being with her caring relationships for others, "And I feel like when I am helping somebody I am helping myself" (Mary, Interview). Mary explained her rationale for participating in this research project, "My concern, if I can, in some way make it better for the next generation, that I will do my best to accomplish that" (Mary, Interview).

In regards to the larger homeless community, there are conventions in place to enable the more vulnerable to be assisted, Darrell explained how an example of this would be letting Elders be served food first, or to move up to the front of the line at food providers. Sharing knowledge was a very important support for people, especially those who found themselves newly on the street. Mary described how other people who were homeless helped her when she first became homeless, and how this was a positive experience for her during a tumultuous time. She describes it jovially as being like "a street people welcome wagon! *(laughs)*" (Mary, Interview).

Sometimes access to food was impeded by people who would break the conventions of behaviour expected of people waiting to be served a meal. While relationships can strengthen food access for those involved, they can threaten access to food for others. Often times people cut in line and used relatedness to other people in line as their rationale saying, "'Well, that's my cousin, come on over here'. 'Well that's my auntie', oh well she's got aunties, and holy smokes, you got a couple generations in front of you, before you know it" (Darrell, Community Mapping). Other participants were concerned that access to food was hampered for the most



vulnerable by others who would pretend to be injured or disabled to get to the front of the line.

Darrell's philosophy was "Well, if they're hungrier than I am, go ahead" (Darrell, Interview).

### *Discussion*

Participants were often actively concerned with improving the welfare of other people around them, and the needs of others were constantly discussed in relation to food access and homelessness. Indeed, Richmond and Ross (2009) report that social support is an important determinant of health for Indigenous people. The participants not only have complex lives and roles that they are enacting on a daily basis, but they have clear and constructive ideas for how services could be improved if they had the financial resources to do so to be of greater benefit to others. Participant respect for one another, and the importance of relationships, supported the finding that the dynamics between people on the street are an important consideration when planning programming (Stone Soup, 2010) and can be strong, caring relations (Eikenberry & Smith, 2005). The importance of relationships for people who experience homelessness in PG extend Masuda and Crabtree's findings of "paradoxical relationships" within the Downtown Eastside in Vancouver, to this northern city. Despite the negative associations at both locations they are also able to find "acceptance, solidarity, and community" (Masuda & Crabtree, 2010, p. 661).

Food access, availability and use were not stand-alone issues in the lives of the participants but are connected to power, relationships and respect. Past research has indicated that food is used as a tool for building relationships. For example, de Oliveira (1997) found that street youth in Brazil used gifts of food to foster relationships and create a sense of equality. Participants reported saving food for others in Eikenberry and Smith's (2005) research. This supports the findings of other research in Canada which suggests that positive social relationships decrease severity of food insecurity (Cook, 2008).



The experience of women who participated in this research support the findings by Allen and Sakamoto (2014) that Aboriginal women experiencing homelessness are deeply concerned with the welfare of others and took a leadership role to assist and care for others. Studies of gender and experiences of homelessness found that women were more likely to share resources, including food, and work together while on the street, as compared to men (Tarasuk et al, 2009). Allan and Sakamoto explain that a necessary component of decolonization are representations of Aboriginal women in research which "honour the strength and agency of Aboriginal women" (2014, p. 58) and to shatter the "one-dimensional" representations of homeless Aboriginal women. Despite facing severe challenges including violence, sexual assault, discrimination, and health problems the women in this research were concerned about the well-being of others and the larger community.

The women show how they value the people they are interacting with, embracing roles as helpers. This serves to decolonize and destroy the "current discourses on homelessness [that] obscure, erase or ignore the agency of those who are homeless, resulting in services that can inadvertently imply to service users that they are helpless and reinforce feelings of grief, isolation and marginalization" (Allan & Sakamoto, 2014, p. 77). Many participants are presently active and interested in becoming engaged in the activities that are part of traditional food systems, such as sharing of food and cooperation. This is a means of reclaiming the power and access to traditional food systems that colonization aimed to destroy. As part of this reclamation of power it is important that safe spaces for Two-Spirit and LGBTQ people are actively fostered, and to recognize that Two-Spirit people held significant community positions in many First Nations prior to colonization. So for example, women's groups should be open to lesbian, bisexual, transgender women and Two-Spirit people.



Indigenous food sovereignty is not limited to what foods are cultivated, caught and eaten, but also includes who is performing the work and how they do it. The role of Indigenous women prior to colonization was one of control over cultivation and harvest, but Grey and Patel (2015) argue that women were displaced by colonial agricultural practices that ascribed these roles to men. Martin (2012) explains that, "the goal of food and eating within many Aboriginal communities is to provide a means to express culture, uphold cultural traditions, and strengthen cultural knowledge about the world" (p. 211). The relationship values of caring, cooperation and respect that participants spoke of and demonstrated through their actions are also important facets of Indigenous food sovereignty (Morrison 2011; Northern Health, 2012). The findings support Eikenberry and Smith's, (2005) research that people who are homeless may have a strong sense of community.

The role of family was a factor that shaped a desire for healthier food that one was able to procure oneself and to share with the community. Similar to the Miewald and McCann (2014) article people sometimes received food from friends or family members, and they also exchanged information. Participants described how personality conflicts, a negative atmosphere and unfair use of power were factors that prevented or impeded access to charitable food programs. On the other hand, access to food was enhanced by caring relationships, the generosity of strangers, and a sense of being respected.

Participants live in a 'whole system' perspective. During the interviews, community mapping and other discussions with participants, and despite a line of questioning that was focused on food, the answers participants shared were about all aspects of life, because the relationships are tightly connected. To answer a question about food, participants sometimes began speaking about their childhood, their current relationships, and the places they live. This



echoes a report by the Health Council of Canada (2011) where similarly when the researchers went to speak with Aboriginal practitioners and community members about maternal and child health, the discussion centred on wider issues (Nelson, 2012). In this way, the participants implicitly describe interconnections between health inequities, society and the natural environment as being interrelated determinants of health (Nelson, 2012; Parkes, Panelli & Weinstein, 2003). As Parkes (2011) explains, social inequities are often examined separately from the natural environment. In the following section, findings are presented and discussed that highlight why the social inequities experienced by participants need to be considered within the context of the physical environment as well.

#### **5.4 Street Food: Physical Environments, Seasonality and Relationships**

The pathways to food that are described in Section 5.2 are dynamic because they operate within a system that includes the physical and social environments that constitute the context in which participants live. The contextual elements and system dynamics therefore play a large role in the food security of the participants. To consider food security and food choice without taking into account the additional factors of social and physical environments would result in a limited understanding of the complex circumstances that the participants navigate throughout their lives.

##### ***5.4.1 Downtown - "What am I doing here? This is where I don't belong"***

Story et al.'s (2008) ecological framework emphasises that food choice is shaped by the larger food system and the individual, social, physical and macro levels of influence (see Figure 1, Chapter 2). Story et al.'s (2008) description of the physical realm is oriented toward the urban social environment, but for the purpose of this research I sought to expand beyond this to investigate how the unique context of a city, the local climate, weather, flora and fauna also contributed to food choice as factors related to the physical environment. Thus the physical



environment includes the built environment, the natural environment and the influence of weather and climate, while also taking into account social relationships.

The experiences participants had in physical settings were mediated by the participants' past histories and, in particular, their perceptions of home. The physical environment and influence of the social realm formed settings that mentally and physically could be either draining or enhancing to the homeless participants' well-being and that connected to access to food and shaped the food system.

For the majority of the participants the urban environment, particularly downtown Prince George, was associated with displacement, exclusion, and behaviours that were harmful to health and well-being. Downtown PG is where the majority of food providers and social services are located so most participants felt they had to spend time downtown. However, at times participants also sought to escape, avoid and were actively expelled from the downtown area. Limited transportation options excluded participants from accessing food and also concentrated people in the downtown core. Downtown was a place that participants associated with substance abuse, interpersonal conflict and violence. The climatic variation throughout the year compounded many of these challenges. In contrast, participants viewed the natural environment as a source of health and well-being, through healing, the provision of wild foods and medicine, periods of independence from social services and connections to home. The seasonal changes in the natural environment were viewed in relationship to traditional foods and food related activities.

For the participants, the ability to prepare food was connected to housing. One participant alluded to the centrality of being able to cook when she described the shelter where she lived saying, "We have safety. We have our own kitchen" (Lisa, Community Mapping). The ability to



share food was connected to home and social relationships with family and communities. For some participants, the sharing of food was highly valued in their home communities, such as at a potlatch. Participants describe how often people are forced to choose between paying their rent or buying food to eat. Some people lived in relatively stable although temporary shelters but for others finding shelter was both a daily and seasonal struggle. Among the participants with access to cooking facilities there were often other barriers, including the frequency at which they moved, the challenge of accommodating everyone in community living, or unpredictability of what was available at the food bank, that limited their use of common cooking areas. Some participants went to food providers because they enjoyed the company while there.

For some, choosing not to stay in a shelter was the preferred housing option. As Mamie described "The shelter, it's a little depressing staying there, because there's too much fighting, argue for food and stuff like that" (Mamie, Interview). While women's only meals and shelters have benefits they also separate heterosexual couples, create difficulties for gender non-conforming and transgender people, and inhibit the ritual of eating together. For one couple, it became normalized to sleep outside together and get picked up by the police to spend a night in jail for trespassing rather than be separated.

Not having one's own home was detrimental to family relationships. As one grandmother explained, "Miss my family, spending time with my kids. I don't do that anymore, cause I've got no home" (Mamie, Community Mapping). Dean-"O", explained that the winter brings dramatic changes to his daily life and housing needs, which impacts his family:

I usually sleep outside when it's warm enough, and when it's too cold, it gets too cold, I usually then, I start couch surfing with my family. And I don't really like to ask my family for help cause, like ah, ah, they're not much more better off than I am (Dean-"O", Community Mapping).



Since people are not housed they experience downtown in a unique way compared to rest of the PG citizens. The shelters and other services are located here and people who are homeless spend extended periods of time on the street including sleeping rough.

The downtown area is a physical setting where many social interactions occur with the general public, other people who are homeless and authority figures. This setting is vastly different depending on the circumstance of the person who is present in the setting. The physical environment of downtown PG was described negatively by participants. Lisa explained that "downtown with lots of empty lots filled with trash. Lots of park lots filled with needles and trash, weeds everywhere" (Lisa, Community Mapping). The vast majority of emergency food aid providers in PG are located in the downtown core. While downtown was generally accessible physically, the act of going or being downtown had negative consequences to mental well-being. As one participant explained, "Just real, real spirit and, and strength are stifled for me" (Lisa, Community Mapping).

Living in an atmosphere that participants viewed as negative had effects on individual behavioural choices, resulting in different levels of harm and patterns of consumption. For some it was increased consumption of junk food as Lisa explains, "Cause definitely when I am in a downswing I make the wrong choices if they are available to me. I eat a whole bag of cookies instead of having some potatoes or something (*laughs*)" (Lisa, Interview). The social services are located downtown so it draws a specific crowd to access them. Dean-"O" acknowledged that this crowd also influences his behaviour:

I go out, I make about \$30-\$40 dollars a day, and ah, it more than supplies us with what I need for basics, like to get smokes, or whatever, but it keeps me sober eh, cause uh, I'm busy at, usually about six hours a day, I'm away from downtown. Cause otherwise if I'm downtown I'm around where everybody's drinking and once that happens than I don't really have to worry about food



because the government give me the food actually, gives me a bed and everything up on the hill! (Dean-"O", Community Mapping).

Participants described how they took efforts to limit their exposure to the downtown area, including Dean-"O", "We got to get out of town cause that's where all the crazies are eh? Outta town a little ways they won't bother you, eh" (Dean-"O", Interview).

Darrell explained how downtown "there's a lot of depressed people. You know. You know they won't look at your eyes, they'll mostly look down at the sidewalk or whatever" (Interview). He explained how he tries to cope with the negative atmosphere; "I just let it slide off, there's no use to get upset. If you got upset about everything that happens down there you'd go crazy" (Darrell, Interview).

The negative elements of downtown include physical violence. Zack, elaborated on the physical dangers of the downtown environment by saying:

Sometimes people clash, argue. Sometimes people are strung out, start arguing with staff so..A lot of times yeah. Sometimes I just don't go there because I don't want to see people. Certain people, whatever, at that point in time. Other times I just say, 'Hey, I need to go'. Even if they are there. And even if something might happen. Because I'm hungry  
Julia: Are there people that are looking for a fight with you?  
Zack: Yeah, with anybody really (Zack, Interview).

Mamie believed that it was not the people, so much as the essence of the place that was problematic. "No, I don't know how it is. It's just the spirit, I can feel it. In the town, around this. People around...It's evil downtown[...] Yeah, so I just eat my food as fast I can and get out of there" (Mamie, Interview). Although downtown is a place that Mamie and Zack both find negative, they feel they have little other choice than to go there for food. However Mary suggested how the situation could be ameliorated through enhanced social relationships:

Basically it just all comes down to ah, being able to, ah communicate to one another and respecting each other. Helping each other, loving one another, you know. If there was more love, like there should be more laughter[...] the negative ah, wave that uh is around the bowl in Prince George would disintegrate all that positive calm would come in. But that's me (*laughs*) (Mary, Interview).



However, experiences with the urban environment were not universally negative, especially when there were connections to natural environments, which is the focus of Section 5.4.3.

### *Discussion*

As in Vandermark's (2007) study, several participants in this research mentioned feeling a sense of displacement and not-belonging in the city environment. Story et al. (2008) explain how the physical, social and individual environments interact to influence food choice. In this case, the physical environments of participants are frequently changing as they move between shelters, being housed, and sleeping rough, and the findings indicate that food access shifts as the physical environment shifts, but that, at times, the social environment has greater influence on food choice than the physical environment.

Participants described downtown as a place that has an array of issues from negative aesthetics to physical violence and these are important influences on food access. Northern Health acknowledges that, "There are important social, cultural and environmental dimensions to all stages of the food chain and each has the potential to support or undermine individual, community and cultural health" (2012, p. 11). The negative atmosphere led to decreased social interaction, which is clearly a detriment to participants (See Section 5.3.1.).

The participant experiences of a negative atmosphere downtown reflects what Friel et al. (2011) describe as "systemically unequal distributions in power, prestige and resources associated with relative position in the social hierarchy whether at an individual or group level" (p. 864). Thus other people do not face the same physical and mental challenges that homeless people do when downtown, which is another way in which the same physical settings has a unique influence on different people.

Homeless people have been considered displaced people (Murphy & Tobin, 2011). When people are displaced they are no longer able to access traditional foods, hunting or fishing grounds, and they are often forced into more marginal areas and through this they have experiences downtown that others do not. The social, physical and cultural dynamics interact together to influence food, health and well-being. Forced displacement is what occurred with the Lhedli T'enneh and other First Nations people in Canada. This is an environmental injustice with consequences for food security and health equity (Masuda & Crabtree, 2010).

Poland and Dooris, (2010) suggest that using a settings approach in public health should include working on the people and the setting, understanding local context and working collaboratively. The participants in this research intuitively identified with this recommendation, and the findings show how the physical setting and social aspects are connected within the participants' lives.

#### **5.4.2 Transportation - "*Walk, walk, walk, carry, carry, carry*"**

The significance of the downtown core was likely due in part to the fact that the participants had few options for leaving downtown. Transportation was a serious concern held by all the participants and was especially prominent during the community mapping. Transportation is the way in which people are able to move through physical environments, it can allow them to control where they are, and without transportation people become contained in an environment. This can greatly influence how a person experiences the setting they are in. As established in Section 5.2.1, people who are homeless in PG have a wide variety of strategies they use to obtain food, and these necessitate travel throughout the city. Transportation strongly influenced where participants lived and if, and how, they accessed food aid.



For many participants the time spent in transit, whether walking or on the bus, is excessive, sometimes requiring them to spend all day travelling between services in order to access several meals a day. Participants allot extra time because they have to arrive in advance to avoid lines and to obtain food before it is all distributed. Limited transportation options exacerbated the challenge of bringing food to their homes or shelters. Participants had difficulty with heavy loads from the food bank, or buying groceries, especially those with physical limitations, found they had difficulty walking to services. Lisa explained that to be homeless and accessing food means a perpetual cycle of "walk, walk, walk, carry, carry, carry" (Lisa, Community Mapping). Some people went through a great deal of trouble to get to food providers but it did not guarantee food would be accessible, and participants explained being turned away when charities ran out of food to distribute. Sharon described the steps she took to access the food bank, including some of the points of difficulty and the resulting consequences;

You have to have to pack your bag and go down to the shelter to get bus tickets, sometimes they don't believe you [...]. Older people, see them all the time. There should be a shuttle bus or something. To go up there, once a week or twice a week (to the food bank). Just meet at a certain spot and go up... Cancelled appointments because of that. Because I don't have no ride to get up there (Sharon, Interview)

Dean-"O" described how binning is easiest in the summer with a bicycle, and more challenging in the winter hauling frozen bottles. However, with limitations on bringing bikes and bags inside various locations, the cyclist was unable to keep the bike in his possession for very long, and this non-food related regulation ended up influencing his food access.

Feeling safe while walking on the streets was a transportation concern year round. People felt vulnerable because of unmarked crosswalks, dangerous and disrespectful drivers and ticketing campaigns against jay-walking that they felt targeted them. "You can try and walk across the crosswalk , you can be halfway across it, and somebody wants to, that's driving, they



don't even think twice! They just pull out right in front of you" (Darrell, Interview). There was some exasperation among the participants who thought that the crosswalks would be repainted for the Canada Winter Games and not because of the danger to citizens, especially those who are homeless.

Transportation in the winter was incredibly limiting for participants who are older or have physical limitations, and for whom physical injuries and accidents are common. During winter, it was hard to get up and down hills that surround downtown, resulting in missed appointments and isolation. Anne stated, "to use a cane, and using a walker and a wheelchair was impossible in five feet of snow" (Anne, Community mapping). Lisa lamented, "So many people were falling and hurting themselves. Yeah, especially older people. And yeah, it's just not cleared, it's really hard to go outside because you are so scared you are going to fall and hurt yourself" (Lisa, Community Mapping). A lack of snow clearing and the subsequent risk of injury to pedestrians was something that the participants found disrespectful.

### *Discussion*

The findings resonate with the findings that transportation was a significant obstacle in being able to access the food (and services) needed by people who are homeless or low income (Cannuscio, Weiss & Asch, 2010; The Stone Soup Project, 2010). Participants in previous research who lived in large metropolitan cities with more transportation options also found that travelling to different services was a large impediment and a time consuming venture (Eikenberry & Smith, 2005; Miewald & Centre for Sustainable Community Development, 2009; Tarasuk et al., 2009). Dixon et al. (2007) explain that access to food can increase dramatically with access to a vehicle. Participants in this research suggested they would benefit greatly from shuttle bus services, an approach which is already being trialed in low income communities in other cities (Story et al., 2008).



Physical limitations including transportation have been shown to affect dietary patterns for senior citizens, and people who are disabled (Cook, 2008; Miewald & Centre for Sustainable Community Development, 2009). Regular and reliable access to meals is also important because many commonly prescribed medications for older individuals or people living with HIV are supposed to be taken with food (Cook, 2008; Miewald & Centre for Sustainable Community Development, 2009).

An employee of a service provider in PG explained how people should not go hungry because they could get three meals a day through the service provider (Mallam, 2014). Similar to other studies, participants in this research described moving from one service provider to another throughout the day, creating routes that people follow (Cloke, May, & Johnson, 2008; Miewald & McCann, 2014). This impacts health and well-being when people are constrained to an atmosphere they may find unpleasant or where they engage in self-destructive behaviours and it leaves little time for people to pursue anything else (Miewald & Centre for Sustainable Community Development, 2009). DeVerteuil and Wilton (2009) describe this as creation of spaces of "abeyance" to regulate where people who are homeless travel which creates contradictory spaces that people depend on although they dislike the restriction.

Research on food deserts often considers how far people must travel to purchase food and the ease with which they are able to transport food (Larsen & Gilliland, 2008). Geographic location is more problematic when access to transportation is limited (Jaio, 2012; Larsen & Gilliland, 2008). Thus people who are well off but live far away from grocery stores are not usually considered to be at risk of food insecurity because they can drive to access food. Food deserts are measured using a one kilometre walk or a ten minute bus ride combined with a 500 metre walk, if the trip to a grocery store exceeds these limits it is considered problematic for food



access (Larsen & Gilliland, 2008). Even if food is available within a shorter distance, a one kilometre walk with heavy groceries, in the winter, for an elderly, disabled homeless person is an enormous barrier to food access.

The experiences of these Prince George participants reinforce findings in other studies that people who are homeless spend much of the day walking from one place to another and strategically purchase lighter foods in order to transport them more easily (The Stone Soup Project, 2010). Seasonality was also important to transportation, because the cold, ice and snow were limiting factors to accessing food. These findings carry implications for Story et al.'s (2008) framework of food choice, including the value of expanding the environmental section to consider the seasonal dimension.

#### ***5.4.3 Natural Environments and Well-being - "Look at the birds and it's like I'm home"***

Whereas participants associated the urban (especially downtown) environment with certain moods and states of being, nature was identified as a source of healing and inspiration. This sense of wellness came from spending time in nature, as well as through the benefits of food related activities such as gardening or hunting. The participants recognized the effect of the natural world on their well-being and actively sought it out to improve their mental state. As Mary describes, "If I'm really, really upset then I go for a walk. I grab the dog and go for a walk. Look at the scenery. Look at flowers, look at the sky, look at birds and then it's like I am back home" (Mary, Interview). As Mamie explained:

Where they have those little walking paths, I go through there, those trees. I walk through there and I feel so calm. And my spirit feels awesome. I don't know how to describe it. I just walk through there and I just feel so calm. And I think about home. To me I don't know about others, but to me if I feel depressed or hurt or something, I just, even if I go through the park I just walk through the park and it does something to my spirit. I feel better (Mamie, Interview).



Mary and Mamie both see their time in nature as being rejuvenating during low points and connect it to their childhood homes. Well-being comes from becoming engaged with outdoors activities, and participants view activities out of doors as healthy.

Being able to provide for oneself through home gardening is a pastime that is missed by several participants. Lisa uses gardening, in part, as a preventative measure to keep from engaging in negative behaviours. Thus the natural world has many roles for the participants as a source of medicine, food, tranquility and sense of home.

Living in the urban environment or the natural environment was not necessarily considered mutually exclusive by participants. This was facilitated by some availability of food within the city limits, especially berry bushes and places to fish. Some participants felt content to live in the city, and did not think it limited their access to traditional food or medicines. During her interview, Melody shared that she had knowledge of the use and preparation of traditional medicines. When I asked if it was difficult to be able to get out on the land in order to retrieve materials she would need, she explained how she was on her land already and she could count on the river to supply her with what she required. At least one food provider is providing opportunities for homeless people to get out on the land by hosting fieldtrips collecting traditional foods and medicines, such as berry picking, sage picking, salmon canning and salmon fishing.

### *Discussion*

There is a large body of literature which has found that there are positive benefits from spending time in nature (Grose, 2010; Maller, Townsend, Pryor, Brown, & St Leger, 2005; Northern Health et al., 2012; Townsend & Weerasuriya, 2010). Approaches such as wilderness therapy have been beneficial for at-risk populations in the past, and are connected to outcomes such as spiritual and psychological health (Largo-Wright, 2011). As participants seek out contact



with nature in order to improve their mood, aid services could potentially be enhanced by incorporating exposure to nature into programming. Some places have attempted to do this through urban agriculture programs. This sort of activity encourages healthy eating, gentle exercise and community relationships.

The connection between land and health is particularly strong for Indigenous people (Kirmayer, Simpson, & Cargo, 2003; Richmond & Ross, 2009; Wilson, 2003). Northern Health (2012b) recognizes the importance of these connections, which have been outlined in their position paper on the *Environment as a Context for Health*. Further suggestions include serving traditional foods in hospitals as "a way for Aboriginal and non-Aboriginal people to reconnect with the land or ecosystem, traditions and community. This connection may help to heal individuals, communities and the environment" (Northern Health, 2012, p. 7). That the homeless participants felt at 'home' when in nature is also important to consider from the perspective of shelter design, supportive housing design and a health context of providing and accessing food. These initiatives may focus on accessibility to service providers and transit routes but the findings suggest that a focus on natural settings would also be very beneficial. This idea resembles past efforts to locate hospitals in areas of abundant nature in order to facilitate health (Northern Health, 2012). Promoting access to wild foods, cultivating and stewarding natural settings that are a source of food will enable participants to have greater access to foods they feel are healthy. This could simultaneously contribute to improving the mental health and well-being related conditions that can impede access to food for the participants.

The interest participants expressed in undertaking outdoors activity, the connections participants made between being in nature and positive experiences, and the negative connotations with being in the downtown core all support Largo-Wights' claims that natural



settings enhance and promote health, while settings void of natural elements can have detrimental health consequences (2011). Largo-Wights (2011) explains how built environments have implications to health beyond direct exposure to contaminants. However, built environments can be improved by increased "availability of healthy choices, safety, mixed designed land-use, environmental sustainability and stewardship and the opportunity for nature contact" (Largo-Wight, 2011, p. 42).

Participants in this study expressed how parks and trails through natural areas were restorative for them, even if they were not able to leave the city. Interestingly, these results differ from the results of Masuda and Crabtree (2010), who found that, for participants in their research, the social aspect that came from parks as places to gather with others was the primary value of the park. The natural, 'green' elements of the parks seemed to have less value to participants in the DTES in Masuda and Crabtree's (2010) research, compared to the participants in this research who needed the solitude of green spaces. This could perhaps be attributed to the differences between populations living in large metropolitan areas compared to the smaller northern city. However, group participation in environmental activities can enhance connectedness between participants (Townsend, 2011, p. 111). This is important as participants also emphasized the importance of relationships and positive social interactions to their overall well-being. Participants desired more than 'green spaces' within the city but also contact with nature beyond the city. Townsend and Weerasriya describe this as wild nature, "nature in an environment that develops spontaneously and can be maintained with minimal management (natural rivers, marshy woodlands)" (2010, p. 3).

In this research, participants identified settings that were draining (downtown) and enhancing (being in nature) as integral to their mood and outlook on life with repercussions



ranging from hunger, to violence, and incarceration. As anticipated, the ecological framework of Story et al. (2008) does account for influences on food choice fairly well. As the findings reported here suggest, however, the framework should be expanded to include access to the natural environment and seasonality. Elements of the natural environment that could be usefully included into Story et al.'s framework include climate, weather, access to land, edible plants, medicinal plants, local availability, ecosystems, and seasonality.

The environment is more than a source of hazard for the participants. The participants' strong desire to seek out natural spaces when they were feeling low and the strength they drew from their time in nature resonates with a more holistic understanding of the natural environment as a source of wellbeing and healing (Parkes, 2011). These findings also highlight the value of including ecosystems more explicitly within healthy settings approaches (Parkes & Horwitz, 2009), and a more explicit recognition of the natural environment as a context for health (Northern Health, 2012). Interrelationships are of utmost importance to a holistic understanding of food systems.

### **5.5 Indigenous Food Systems: Multiple Environments and a (Re)Emergent Food System - "It's not just about food, it's everything that goes with it"**

The quote included in the title of this section echoes the title of the Stone Soup report from 2010. As the participants described, food is impacted by, and impacts, many different areas of life and is a good place to start to improve health and well-being holistically. In her dream for the future, Anne touched on the interconnections between food, culture and community health and well-being:

My dream is actually....my family has, uh, does a lot of hunting and fishing, annnnnd (15:22) ....they can share their dry meat, their moose meat, their dry salmon, and between the people on my rez back home. Annnd they have the old potlatch system. And they also have the old Indian Medicine which, they've tried to get me on but..um. I love fishing, I



love berry picking, and I love having a garden. I used to have a garden (Anne, Community Mapping)

Most participants expressed how they thought 'the old ways' (hunting, fishing, small scale farming) of obtaining food were more healthful for people and the environment. In reflecting on her childhood, Lisa explained how there were connections between her food, family life and Indigenous culture and explained it was more environmentally sustainable and healthy. These connections and an environmental concern were echoed by Mamie:

Nurture the dream, that's where I come from, before I end up on the street. I'm going home, living the way I used to, working. I like to work. Hiking, I like to hike. I get my own food that way. It's clean, it's not chemical mix like what we buy in the store right now. Camping, I love camping, and I love trapping. In the winter I do that a lot. I used to 'til I end up out here stuck. Fishing, I do that a lot. Guiding. I love guiding. Taking out hunters. And picking berries and living off the land. That's was before I end up on the street. I done all that, and I miss it, a lot" (Mamie, Community Mapping).

A participant who was able to access traditional medicines reported that they helped her immensely. Another participant complained about barriers to accessing traditional medicines because of their monetary value within alternative medicine and contradictorily their devaluation within Western medicine.

Many participants also expressed concerns about the ways that animals and plants are raised in industrial agriculture and the human health consequences they believe result from consumption of such food, "Well look how big all the kids are these days. It's from the all the steroids in the chicken and the meat because they want it to grow super fast... From eating so much meat! It's so pumped up with chemicals, it's terrible" (Melody, Community Mapping). Some people contrasted this with how they grew up hunting, growing and harvesting food, "Growing things is really what I miss, a lot. Like you say without all the processing and chemicals" (Lisa, Community Mapping). They explained the many ways of preserving and storing food naturally.



Caring for the environment and caring for people and the health of both was seen as connected. Mamie recalled how she had once taken the initiate to provide food for others while working as a hunting guide:

The part that I really didn't like about that is um, taking out hunters they just take a trophy and they leave the meat. Ah, they just take off the skin and horns and stuff like that.... Like the next hunt, the next day we tell them we want the meat. You guys got the plane, we took all the meat and bring it to our post and pass it out to all the Elders there. So they did! Till the hunting season closed. We out there four months (Mamie, Interview).

Mamie felt a responsibility to not waste the meat, and the theme of taking only what one needed from nature was also echoed in her statements about her trapline and gardening, with the suggestion that this left healthier and more sustainable environments.

People thought that traditional foods were not only better tasting and healthier but were also a manner in which to connect with their culture. I asked one participant if having traditional food would influence her attendance at certain service providers, to which she replied, "Probably, because I would, I'm working on getting back in touch with my culture. My heritage, um, like ah, the, the food part of it. Like at potlatches. I haven't gone to a potlatch yet and that is just one thing that I am working on. I got to get there, I will." (Mary, Interview).

Participants became empowered and engaged when they were actively involved in food citizenship activities. Participants expressed a desire to garden and over the course of the summer some participants did become quite active with gardening. Furthermore the participants were sharing the food they grew with the shelter where they lived, and it was subsequently used in the preparation of meals.

Participants also had suggestions for ways to become involved in the food system, ranging from urban agriculture, to Dean-"O"'s suggestions about a coupon system where people could redeem coupons for "real meals" at restaurants, "So it sorta made you a bit more, ah, active



in what you're eating during the day instead of just getting whatever they give you right?" (Dean-"O", Community Mapping).

As Mary explained, even if participating in this research is a small step and she can help others to have better access to food, she thinks that is important and worthwhile. "At least I'll have left seeds for somebody else to come along and pick up that seed" (Mary, Interview). By joining in this research, the participants were becoming involved in the politics of food. They described desirable diets as those which include traditional food and wild meats, which are prioritizing local food systems, eating more whole foods and less processed foods, avoiding meat raised in confined animal feeding operations, and following seasonal trends in availability.

### *Discussion*

The participants in this research live in both worlds, the Western and the Indigenous, and this is the complexity of the era we live in. While participants saw things as housing in the city and financial resources as potential solutions to some of the challenges they faced, these were not end goals that were necessarily held by everyone. Proposing only solutions that promote Western ways of living and being is not only culturally insensitive but turns a blind eye to the value and richness of alternative ways of being. For example, participants spoke of accessing traditional medicines when asked about food. Within many Aboriginal cultures food and medicine are not as distinct as within Western medicine (Earle, 2013). Supporting and respecting Indigenous food systems is a way to decolonize (Morrison, 2011) and traditional foods often formed the basis of an economy that was not arranged around money (Earle, 2013).

Empowerment, relationships and cultural connection were important themes that emerged from the results. From survivors, to lifelong learners, there was a trend of empowerment. For participants actively seeking to connect with their culture, there was knowledge renewal, and to relationships of caring between individuals experiencing homelessness, there was renewal of



relationships. These are important themes in the Indigenous food sovereignty model of Elliott et al. (2012) required to increase traditional food access. The Montréal taskforce (See Chapter 2) describes comprehensive food security as something which includes agriculture, health, education and social security (Rock, 2006). They described how agricultural policies should "respect regional dynamics and differences" (Rock, 2006, p. 37). This would be both ecologically and culturally more appropriate and important for a northern location like Prince George to encourage local food production and consumption.

When describing food access, participants spoke of a desire to be actively engaged in the production, cultivation and harvesting of their food. Participants spoke of the monotony of their diets and a desire for more diverse food offerings which could support biodiversity which align with practices in Indigenous food systems and Indigenous Food Sovereignty. There was a sense of disconnection from the way they felt they should be living. Mamie connected this shift to urban living and a Western diet with poor health and with industrial agriculture where consumers are removed from their food system. People wanted to access culturally appropriate services, beyond food, including healing circles. In a review of traditional Aboriginal diets and health, Lynda Earle writes that "It may be impossible or even undesirable to define the complex nutritional benefits of traditional foods separately from the health benefits of traditional food systems" (2013, p. 3).

Food systems should be a reflection of the local context in keeping with priorities for other health care and health promotion programs (World Health Organization (WHO), Health and Wellness Canada, & Canadian Public Health Association, 1986). The authors Weiler et al. (2014), assert that "meaningfully bringing food sovereignty principles to bear on health equity research and practice nonetheless offers transformative potential in realizing health equity



through the food system" (p.2). In this research, the cultural backgrounds and the specific desires of the participants illustrate the importance and utility of an Indigenous food sovereignty framework. An Indigenous food sovereignty framework is rooted in place, and the factors such as seasonality, and the availability of country foods as well as the issues of power, relationships and respect are encapsulated in this approach which is critical of social processes and which also addresses complexity and interconnectedness. There were many ways in which food and health were interconnected, and food sovereignty may help improve health equity for the participants in this study.

The themes relevant to Indigenous food sovereignty that emerged from the findings resonate with ideas of food sovereignty and traditional food availability that were discussed in the Stone Soup recommendations (2010). The framework of Indigenous food sovereignty should be advocated and adopted by organizations providing food charity. This is because Indigenous food sovereignty frameworks regard food as a sacred gift and the right to food is an inherent element of this. Indigenous food sovereignty requires people actively participate as food citizens, it promotes self-determination and non-reliance on corporately controlled food, and also the movement works to reconcile colonial laws and processes with Indigenous food and cultural values (Morrison, 2011).

Indigenous food sovereignty fosters relationships, belonging and sustainability, encourages re-skilling, connects people to the land, fights against the capitalist model of food production and distribution, and thus directly confronts many of the issues that emerged in this research as paramount to participants. Grey and Patel (2015) explain that many Indigenous food cultures involve "environmental maintenance activities" (p. 9). While being careful not to fetishize and commoditize traditional or country foods, eating local foods from well-managed



food systems is a sustainable way of eating. Elliott et al. (2012) describes the environmental benefits associated with traditional food systems, "traditional knowledge practices are closely linked to environmental stewardship, stating that it could help protecting food sources from mismanagement, over-extraction, and pollution" (p.6).

During discussions around food, the participants voiced concerns about mental-health, well-being and substance use, and disconnections from traditional ways of being. As Dawn Morrison (2011) explained "for mental health, biological and nutritional mechanisms may be inseparable from the cultural and social aspects of traditional lifestyles" (p. 4). The Standard American Diet displaces Indigenous ways of being that devoted large portions of time to food related activities. When both the nutritional and social-cultural elements of Indigenous foodways are removed from the lives of Indigenous people, they experience poor health and well-being. The consequences of this are compounded for people experiencing homelessness because decisions around what food is served through food charity, when, and under which conditions is presently beyond their control.

The participants who were growing their own food at the community garden and supplying their shelter kitchen with produce felt empowered by this because the conditions of mutual respect and collaboration were met (Dickinson, 1999). Several participants either presently were, or had at other times in their lives, grown, hunted, fished and foraged their own food. That people were provided food that was highly processed and largely unlike food they would be able to produce for themselves, people become "distanced" from their food, as argued by Riches (1999). The findings of this research, regarding the food skills and knowledge of the participants support calls to challenge and counter the attitude that people who are economically disadvantaged are also ignorant of food preparation and nutrition knowledge. These findings and



the notion that people should have choice in what they consume are beginning to resonate among some food charities (Miewald & McCann, 2014).

## **5.6 Conclusion**

This chapter presented the findings and discussion surrounding food access, food quality and food quantity for people experiencing homelessness in PG, as well as the influence of the social and physical environment. In the next chapter, the results are synthesized to formally address the research questions and the findings and discussion are built upon into a set of recommendations for food providers and government.

## CHAPTER 6: CONCLUSION

This final chapter of the thesis begins with an overview of the research contributions as they relate to each of the research goals. This is followed by discussion of the methodological insights, areas of future research and implications. Afterwards, I detail the study limitations and I provide a set of recommendations. Lastly, I propose areas of future research and conclude the thesis with a brief final statement.

### ***6.1 Research overview and contributions to the Research Questions***

This study has explored the food systems of individuals experiencing homelessness in Prince George, BC and the related impacts on health and well-being as described by the research participants. The food system includes the seasonal dynamics of availability, access and use, as well as the physical, social and cultural environment of the case study of PG. This research draws on the theoretical orientation of critical social theory. As explained in Chapter 2, critical social theory aims to expose the means through which power and oppression operate within society. I drew on literature concerning homelessness, food issues, health, and the connections to physical, social and cultural environments. This research used aspects of ethnography and case study methodologies with modified community mapping in order to explore the food systems of the participants. The flexibility of this research design enabled the participants to creatively explore and express the food related issues, challenges and successes that were most pertinent to their lives. A focus group after the community mapping and subsequent interviews with participants revealed a dynamic and complex food system which requires a holistic approach to improve and enhance health and well-being in the myriad of ways they are interconnected to food through social and physical environments, and through the mind, body and spirit.

The Research Questions introduced in Chapter 1 are as follows:



- **I:** What are the experiences with food security of people who are homeless in Prince George, and what are the perceived effects of these experiences on their health and well-being?
- **II:** Does the food system and food security of homeless people differ throughout the year? What accounts for the similarities or differences?
- **III:** In regards to the food system, what do people experiencing homelessness see as positive, and what changes do people desire? What does this suggest in terms of programming and policy development?

In this next section the study findings are revisited in relation to the research questions, beginning with Research Question I (See Chapter 1 for the Objectives).

- **Research Question I:** What are the experiences with food security of people who are homeless in Prince George, and what are the perceived effects of these experiences on their health and well-being?

According to definitions provided and literature reviewed in this thesis, the participants in this study were found to be highly food insecure. Participants frequently have to make use of a wide variety of pathways to access food, however many of these pathways are neither reliable nor socially acceptable (Miewald & McCann, 2014; Tarasuk et al., 2008). Access to food was found to be highly influenced by social relationships, physical setting and seasonality. Relationships and social networks were very important to the participants (Allan & Sakamoto, 2014; Bar-on, 1997; Makiwane et al., 2010).

When the participants are able to access food, it is often of poor quality and/or insufficient quantity. The participants connect the food they are eating with poor outcomes regarding health and well-being. Furthermore, participants describe the food as monotonous, as lacking in sufficient amounts of culturally appropriate foods, and they were concerned with food safety. The current food system is not meeting the right to food for participants. In this research Indigenous people were found to be provided food that is culturally inappropriate and damaging to their health evidenced by the high rates of diabetes, obesity, hypertension and heart disease among Indigenous people who consume similar diets (Nabhan, 2013). Providing the Standard



American Diet (SAD) is a manner in which dominant society attempts to acculturate people and it also physically represses people through contributing to poor health and even premature death.

This research has contributed to closing the knowledge gap around how people are accessing food during times of homelessness. The findings were supported by the results of others studies which found people experiencing homelessness have a variety of ways to access food (Miewald & McCann, 2014; Tarasuk et al., 2009b). However, unlike other studies participants were found to procure food from the natural environment. This was not found to impact the level of food security but is important in terms of cultural understanding and an awareness of great differences in seasonal food availability potential and lifestyle.

- **Research Question II:** Does the food system and food security of homeless people differ throughout the year? What accounts for the similarities or differences?

The food system does differ throughout the year, however the participants remained food insecure throughout the year despite the differences. In regards to the food system, wild food access is increased through the warmer months, and during this time there are donations of fresh produce made to charitable food providers. Some participants become engaged in community gardening during the warmer months. In some contrast to traditional food systems of the region, the participants were able to obtain food with the most ease during the summer months. The summer was also a time of increased independence. Food access was restricted in the winter due to decreased availability of wild foods, fresh cultivated foods, increased transportation challenges and an inability to store or preserve food. Participants believe there are increases in donations to charitable food providers around holidays, especially Christmas. However, the participants report these peaks are followed by periods of scarcity. Models of food choices and of settings for health would benefit by taking into consideration the natural environment and the cultural context of that environment. Models need to be responsive to seasonality and the



different ways in which settings change cyclically. Although they are not static, policy and procedures do have a tendency to apply broadly and fail to account for nuances.

- **Research Question III:** In regards to the food system, what do people experiencing homelessness see as positive, and what changes do people desire? What does this suggest in terms of programming and policy development?

The participants thought that having more involvement in their food systems would be a very positive change. Most participants had experience with gardening, hunting, fishing and were very fond of these activities. Many participants voiced how traditional food systems were much healthier than the industrial food system (See Chapter 2). Where people would like to hunt or fish, there are bureaucratic restrictions on this behaviour so that people have to modify their behaviour away from traditional lifestyles to survive. Regulation also means that people have a more difficult time accessing traditional medicines because they are not within the realm of knowledge of most Western practitioners. The incentive to prescribe may not exist and an atmosphere of litigation could also influence willingness to distribute them.

Participants thought that sharing food and increasing accessibility of food aid generally, and traditional food specifically (including traditional medicines), would be very positive. Generally, the participants found that times when wild foods, especially wild meat, were available at emergency food providers to be the most positive aspects of charitable food assistance. Participants desire increased access to traditional foods, which are intimately connected to seasonal trends.

In terms of programming and policy development, the study highlighted that the physical environment and culture are very important to consider when planning food aid, and understanding how people may obtain food. All of the participants were either First Nations, Métis or had mixed Indigenous and European ancestry, and many described a desire to reconnect



with their cultures. The participants were concerned for environmental well-being and felt an emotional connection to the land. They described suffering from ill health due in part to the food they were consuming. These factors together suggest that the Western system of food production and emergency food provisioning is not conducive to improved health and wellbeing for the participants. The social system of the dominant society removes power, autonomy and connection to the food system from the consumer in contrast to Indigenous food systems.

The participants do experience many forms of oppression in their everyday lives. Homeless people are oppressed by class, are racialized, may have mental health and substance use challenges, physical disabilities, health concerns and experience gendered violence (Allan & Sakamoto, 2014), but the participants have a budding awareness of historical injustices and strong desires to shape a different future.

Respect among people, and for the environment, were important themes for the participants and resonate with an understanding of Indigenous food systems introduced in Chapter 2. The relationship between participant health, well-being and food security was found to be reciprocal whereby participant health and well-being was impacted by, and also created an impact on, food security. This interrelationship highlights the relevance of developing and designing Indigenous food systems as one step toward improving health equity, decolonizing services and simultaneously supporting more sustainable food systems for people and the environment. Developing and designing services that respect and understand Indigenous food systems is one step toward fostering Indigenous food sovereignty.

The findings suggest that organisational efforts to promote and enhance Indigenous food sovereignty would be helpful for the participants in this study because the food would meet the desire they have for more culturally appropriate food, for becoming engaged with community



and family, employing skills they have or may want to learn, and for providing food the participants view as healthy. The participants dislike that waste food is considered suitable food for homeless populations. Indigenous food sovereignty challenges the corporate/capitalist control of the food sector, which is important because that means that the basis for colonialism (profit) is challenged. Promotion of Indigenous food systems and food sovereignty would also be working to correct injustices in the food system (Elliott et al., 2012; McEntee & Naumova, 2012).

Finally, participants' experiences suggest that relationships with the general public and food providers are often strained, which can contribute to hunger. In terms of policy development and programming this suggests that regulations should be developed that see the mission of the organization fulfilled while not jeopardizing an individual's right to food if they have poor behaviour or insufficient identification.

## **6.2 Methodological Insights**

The methodological insights that I gained through this research were primarily related to participant recruitment, adapting research plans to the context of street life, member-checking, follow-up and protecting participant identity.

### **6.2.1 Participant Recruitment**

Insights regarding the participation of people experiencing homelessness or other low-income participants began during the recruitment phase of the research process. During preliminary discussions with potential participants, several individuals commented that they participate in every research study from the university that they are eligible for. This was a source of pride for some participants, people relied on it to supplement their income in cash or in kind, and there was a general atmosphere of trust. This enthusiasm for participation and level of trust was something that I had not anticipated because of reports of marginalized people, as well

as Aboriginal communities, being untrusting of (often White) academics due to previous violations of trust and the legacy of colonization. It became clear that many people were interested in participating in surveys where they could quickly be reimbursed for their time. When my research was mistaken for a survey, news that I was recruiting participants spread quickly and there was a high level of interest from potential participants.

Explaining the research over the phone and meeting with potential participants in advance enabled me to gauge interest in the project to ensure the participant knew what was being asked of them. The interested participants were given a pick-up location for the day of the community mapping workshop which, I believe was helpful to prevent a flood of people expecting quick surveys from interrupting the workshop and jeopardizing participant privacy.

The willingness to participate in research is something that researchers must be attentive to in order to ensure that people are not coerced into participation because of financial incentives (Paradis, 2000) and to fully consider the ethical implications of, in a sense, creating a 'market' for research participants. It may also be significant because, if the same individuals are consistently participating in research, a lot of information may be being compiled regarding a very small subset of the population. This is noteworthy, for example, when researchers are comparing their results to locally available literature.

Finally, as introduced in Chapter 1, a range of insights were gained by living in the community where I was conducting the research. Even when research is not designed as an ethnographic study, living in the areas where research is conducted will greatly enhance contextual understanding of the research. This was certainly true for this study and also provided opportunities to follow up with hard to reach people in all phases of the research. An alternative to living in an area of research could be for researchers to volunteer. In this study both these



strategies enhanced the research, and some of these strategies have also been influential in the final phase of dissemination (see Table 2).

### ***6.2.2 Adapting Research Methods to the Context of Street Life***

During the design stage of the research, I read about studies of different aspects of homelessness that had excluded people on the basis of substance use. Substance use is common among people who are experiencing homelessness and some people use different substances in order to go about their lives. I decided that restricting people from participating would be potentially discriminatory and could also limit the representativeness of the sample and other research has also taken this approach (Bourgois, Prince, & Moss, 2004). Meeting with participants on multiple occasions, to review consent forms, at the community mapping, during the interviews, transcript review, and in daily life, I provided opportunities to check if participants still wanted to participate in the research; if they were happy with what they had already shared; and if they would like to change anything they had previously shared or to add anything else. These follow-up interactions, which took place over a four month period reinforced and strengthened the formal 'informed consent' signed by participants at the start of the study. The regular contact provided opportunities for participants to reaffirm their consent verbally. However had there been a single withdrawal of consent, I would have immediately removed that participant's data from the research.

I originally planned to hold individual interviews with participants after the community mapping and focus group session, but it was suggested by my committee members that people may be more comfortable in group interviews due to cultural norms of the region. This was the case for some participants who requested that they be interviewed together, whereas others preferred to be interviewed individually. As with the community mapping and focus group,



during a group interview I asked participants to avoid sharing what others said during the interview. I had to be attentive to the fact that some people may be controlling of the group conversation, but also be aware that some participants may not be as talkative as others.

Meeting people multiple times was also a way to develop relationships and show respect for the participants. As explained by the participants, relationships and respect were key values in their lives. It was not uncommon for participants to forget about a meeting we had arranged or to miss a meeting because of something else that came up in their life. However, during the research one participant consistently missed several meetings we had arranged without providing me any notice. However, I continued to book meetings with this participant when they enthusiastically expressed interest in having an interview. I believe this demonstrated that I valued their opinion and that I was invested in the project. Of course being left waiting was inconvenient, but if a researcher believes it is truly important to consult with those with lived experiences, then I believe taking this risk is necessary. These times can be opportunities to gain a greater depth of understanding of the context of the research, if one arranges to meet a person somewhere they have selected, and can also help researchers to understand the unpredictability of life for people experiencing homelessness. Furthermore, it may provide an opportunity while waiting, for insightful informal conversations with others who may happen to be at the meeting location. Of course there are limits to this, and times when it may become too impractical to continue, but researchers should not be too quick to reach these limits, especially when conducting ethnographic research.

### ***6.2.3 Member Checking and Follow-up***

Although there is emphasis on the importance of member checking in many research methods books, there seems to be a dearth of studies that have used participant checking when



working with homeless people. Within one study that did use participant checking, the homeless people who participated seemed to view themselves as less likely to remain homeless and were less street involved which, and as the participants in that study themselves explained, meant they were likely not a representative sample (Buck, Rochon, Davidson, McCurdy, & Members of the CHANGE Committee of Healthcare for the Homeless-Houston, 2004). This is despite recognition that homeless people need to be involved in studies of their food security (Miewald et al., 2010).

I agreed in advance with members about how I would contact them. Most people provided me with phone numbers of service agencies they accessed where I was able to leave a telephone message requesting that they return my call, and avoided reference to the research as much as possible. This worked very well and I was able to maintain contact with the majority of participants in this way. Although I moved away from Prince George shortly after finishing the research, I maintained the same telephone number so that participants could follow-up with me if desired. When I returned to PG briefly in winter of 2014, I was able to follow-up with two participants to provide them with an update regarding the progression of the thesis writing.

An alternative to arranging individual meetings with participants is to consider hosting drop-in times at a library or other public space that is safe, readily accessible but also with a degree of privacy. In that way the researcher can go and work there, even if no one else attends, and participants have a window of time in which they could drop-in should they desire.

#### ***6.2.4 Protecting Participant Identities***

As discussed in Chapter 4, I was aware that people staying in shelters, and moving frequently, may lose their transcripts if they chose to keep them, so the identity of the person in the interview was not part of the transcript. As there was a focus group and some group

interviews, I provided each participant with only a transcript of what they and I had spoken. Other participants' answers were left in only if they were short, vague and non-identifying, otherwise the other participants' responses were removed and I added summaries of the text that had been removed in order for the transcript to remain coherent. Although I took these precautions, most of the participants who reviewed their transcripts choose not to take their transcripts with them because they had no safe space to store them. There was one exception to this, where a participant was proud to take their transcript with the specific intention of sharing it with her friends.

### **6.3 Study Limitations**

Prince George is considered a centre of the north and is a destination for homeless people because of the services offered. However, the experiences of homeless individuals in smaller northern towns are not fully represented in this study. Furthermore, the sample size for the community mapping event, and the number of people participating in the semi-structured interviews, was small. Their experiences should not be considered definitive of the experiences of all homeless people in the city.

Many of the participants with experiences of homelessness were friends, relatives and acquaintances of one another. Cameron (2005) warns that this can lead to participants modifying their contributions to the conversation to limit what one reveals or to align oneself with the people with whom they have relationships. It is possible this occurred at the community mapping and in the group interviews, however participants were provided ample opportunities to speak with me, if they had something they wanted to express independently.

I am a novice researcher but have been guided by my committee members, who have experience working on community-based research, and with marginalized populations in Prince



George and surrounding areas. I only lived in northern BC for two years thus I may be limited from having a complete understanding of the local context. However, I used various forms of data collection to both provide credibility, and also to ensure that I had a sufficient amount of data to achieve the research goals (Creswell, 2013). The intention of this was to gain insight from a variety of sources and to avoid a potential issue for novice researchers of insufficient data (Creswell, 2013).

A criticism of community-level development organizations, including those which promote self-provisioning and empowerment, is that they still work within the dominant social structures which have led individuals to be in a position to be food insecure (Tarasuk, 2001). This research can likewise be criticised. State level advocacy and action are needed to bring about societal change (Tarasuk, 2001). Continued progression towards Indigenous food sovereignty would require eventual dismantling of some of the present state imposed structures (Grey & Patel, 2015), but Indigenous food sovereignty is a long term goal and not something that can be achieved overnight.

As this research was for a Master's thesis, it was temporally limited. Ideally it would have been ongoing with mapping events and interviews over the course of a year to fully capture the seasonal elements of food systems. Although the community mapping events and subsequent semi-structured interviews aim to capture individual's experiences of food security throughout the year, research indicates that self-reported dietary patterns are influenced by an individual's previous two-weeks of consumption (Subar, Frey, Harlan, & Kahle, 1994) and therefore may not accurately reflect variation throughout the year. However, since the participants had experienced long-term homelessness their responses regarding seasonal changes would be more informed than those of someone who had had shorter experiences of homelessness.

## 6.4 Recommendations

Consideration of both the background of homeless people and the geographic location of service providers should occur in the development of alternative aid models that are culturally and environmentally appropriate, although there were different opinions among the participants about religious or culturally spiritual oriented service providers. *The Northern Health Position Statement on Healthy Eating* already acknowledges the value of Indigenous food systems for northern residents in general, and explains how "as a result of its inclusion of game meats, frozen vegetables and fruit, [Eating Well with Canada's Food Guide - First Nations, Inuit and Métis] may be relevant for many Northern residents, independent of ethnicity" (2012a, p. 4). There is debate about the utility of this food guide and whether the promotion of specific foods, such as dairy products or bannock is in itself neocolonial (Grey & Patel, 2014), and so it is not necessarily the best standard through which to represent a culturally appropriate diet.

The framework of Indigenous food sovereignty could be advocated and adopted by local organizations providing food charity. Transferring power to participants is a way to begin decolonizing services (Allan & Sakamoto, 2014), and decision making processes must be made transparent to participants. This also involves recognizing the strengths, individuality and humanity of each person and continuing to develop low barrier services. The findings were complex but the recommendation to promote Indigenous food systems accounts for that complexity.

I recommend that the federal government of Canada recognize the Right to Food and the Rights of Indigenous peoples. This would lead to the promotion and protection of Indigenous food systems and responsibility to provide an adequate diet for those who are unable to provide it for themselves, such as the homeless.



I recommend that Northern Health follow the lead of the First Nations Health Authority and explicitly declare support for Indigenous Food Sovereignty. Promoting Indigenous food sovereignty for people who are homeless and as part of emergency food aid is an opportunity to meet a number of related societal objectives. Not only does it have the potential to foster a more respectful environment for service provision, but it also may promote aspects of social and environmental sustainability that are important challenges within the contemporary food systems. In these inherently unsustainable conditions of food aid it could build elements of sustainability. In particular, this can come by ensuring people who are homeless have opportunities to learn food skills, and participate in new ways in emergency food aid, beyond a role as consumers only.

The recommendations to foster Indigenous Food Sovereignty may also foster efforts to support other areas of need for people who are homeless, including the need for increased accessibility, and access to kitchens, storage space and refrigeration (Ostry, 2010). Innovative ideas are needed to work around these challenges, as well as less recognized concerns such as how having pets, primarily dogs, affect an individual's ability to attend food related events (Irvine, 2013). While charities in churches are common, consideration of the past trauma of residential schools and diversity in religious beliefs and sexual orientations may mean that churches do not feel like welcoming places to all people, though comfortable, safe spaces are necessary (Ostry, 2010). Some of the initiatives already underway could be expanded to homeless populations, such as community gardening programs. Increased contact with nature in programming should be developed. While not directly related to homelessness, innovative programming, such as the prison farms could be reinstated, because of connections to issues of a societal scale.



As Rock (2006) wrote, charitable food providers could begin to restrict what foods they are willing to accept as food aid, to begin to reduce the amount of unhealthy foods that are served. When food policies are developed they should not only aim to support homeless individuals, but the entire community for a healthy community food system. This may include provisions to purchase from local farmers with responsible environmental practices and fair wage and employment standards (Food Secure Canada, 2011). If the federal and provincial governments were to shift agricultural food policies and subsidies, this could lead toward producing healthy food in locally sustainable manners.

There is potential to develop programming that takes advantage of the interest of participants in food citizenship, culture and outdoors activities to develop food policies that are of the place they serve, are sustainable and actively work against oppression in society. Promoting Indigenous food systems and food sovereignty are two methods to do this. While some may argue it is impractical, other organizations have found ways to engage similar populations. Promotion of Indigenous food sovereignty is a holistic approach and this is increasingly recognized as important for health and well-being (Grey & Patel, 2015; Martin, 2012; Morrison, 2011). It is holistic because of the social, cultural and environmental factors that influence the food system. With Indigenous food sovereignty the entire community benefits and people foster crucial relationships. This could be linked with the sustainable food movement, and food sovereignty work within Canada, and with the Via Campesina, who are promoting these issues globally.

Partnerships between government and aid agencies could be beneficial if the charitable food services offered are well attended and respected by the attendees. Increasing access would be significant progress towards helping to meet the right to food and, if well designed, could also



create opportunities to improve other determinants of health for people who are homeless, including links with other supporting services.

## 6.5 Areas of Future Research

While the previous section included recommendations for change, the seasonality of food access during times of homelessness is an area that has not received adequate attention in research. In this section I propose areas of future research that would help contribute to the feasibility of the recommendations.

Future research, as suggested by Elliott et al. (2012), should include investigation of how to increase access to traditional foods for Aboriginal people who desire it especially for people who may be considered hard-to-reach populations, including people experiencing homelessness. The context in PG is ripe for developing Indigenous food sovereignty, considering that Northern Health is committed to enabling healthy eating by:

promoting a comprehensive approach to healthy eating that considers nutrition, food, eating competence, food systems, community food security, pleasure and traditions, and how these factors influence healthy eating... collaborating with **external** partners to support community level, systemic change to enable the development and maintenance of sustainable food systems and healthy eating environments where people live, learn, work and play (Northern Health, 2012, p. 6).

A related avenue for future research is the analysis of food safety policies to determine how they may restrict participant involvement in food production and preparation, and how they restrict which food are permitted to be served. Recommendations could then be developed to overcome any challenges uncovered through research on food safety policy. The development of a pilot program or model for charitable organizations to move towards Indigenous food sovereignty and evaluation would be valuable to compare participant engagement and satisfaction. As stated in a recent review of food sovereignty, food security and health equity, there is a continued need for research that evaluates the "effectiveness of food sovereignty interventions in addressing health



objectives" (Weiler et al., 2014, p. 8). Further research in the field of nutritional eco-genetics could be valuable to support or rebuke the claims in this thesis from a biomedical perspective.

There are limits on food availability, so creative solutions will be needed along the way. Indigenous food sovereignty is not, however, a static concept, and is a long term goal that cannot be achieved immediately. The participants were found to have well developed social connections and also took care of one another, building on other research, and again suggesting that Indigenous food sovereignty would be a valuable approach due to its community based and less individualistic nature. There is a need for research on food sovereignty and Indigenous food sovereignty in particular. Grey and Patel (2015) have identified a recent increase in English language food sovereignty research articles, but there is a continued need for innovative co-designed, long-term research among relevant groups. In the context of Prince George, such partners could include the Friendship Centre, the FNHA, NH and researchers from UNBC.

## **6.6 Final Remarks**

This research found that access, availability and use of food are shaped by environmental, social and cultural factors. The participants who are homeless in Prince George have a variety of methods to access food including formal and informal means of food provisioning. Although there is a breadth of options for food access, they are primarily poor options, which are individualistic, do not foster community, and where the food obtained is often disconnected from Aboriginal cultures and the land. Due in part to these circumstances, the participants continue to experience high food insecurity and poor health and well-being. In contrast, the participants' vision for an ideal food system is one which promotes food citizenship, relationships, culture and sustainability while fostering health and well-being. Participant relationships with both non-homeless and homeless people were important in regards to food access but also related to



having a sense of community, belonging and being respected. The physical environment also had significance to food access, availability and use which differs seasonally and according to cultural norms. The experiences, motivations and desires of the participants regarding food, health and well-being suggest that Indigenous food sovereignty is an overarching explanatory model for comprehensively interpreting the study results.

These findings helped to fill a gap in knowledge regarding the food systems of people experiencing homelessness, which despite the significance of food systems to health, are only partially understood. Participants see food citizenship as a pathway to improving health and well-being and their experiences highlight the timeliness and relevance of fostering Indigenous food sovereignty as a way to meet multiple societal objectives. Food is interconnected with social and physical environments and creating more just and sustainable food systems will naturally contribute to reshaping the social structures and improving the societal injustices that influence people becoming homeless. General awareness about our food systems is increasing and there are diverse allies who are all striving for food system change, from small scale organic farmers, to Elders, and health authorities.

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## APPENDICES

### APPENDIX A: Request for Support and Letters of Support

Julia Russell, Master's Student  
Under the Supervision of Dr. Margot Parkes, MBChB, MAS, PhD  
University of Northern British Columbia  
3333 University Way, Prince George, BC V2N 4Z9

Date

Name

Role

Address

Executive Director

To Whom it May Concern,

Re: Background to proposed Master's Thesis Research and Request for Letter of Support

I hope this letter finds you well. I am a graduate student at UNBC in the program of Community Health Sciences and for my Master's thesis research I am planning to study the complexity of food security for individuals who are homeless in Prince George. Food security considers the nutritional, social, cultural and personal needs of the people who are accessing food. I intend to look at what is available and accessible as food aid, and also how people who are homeless may be engaging in self-provisioning of food. I am also curious as to how seasonal differences may affect food access in relation to changes in the physical environment (winter compared to summer) and also the social environment (increased food donations near holidays).

I have now begun the early stages of my proposed research focused on food security for people who are homeless in Prince George. My thesis committee has approved the research proposal and I am in the process of contacting community groups related to the proposed research, as well as seeking approval from the UNBC Ethics Review Board to conduct this project. As part of this process, I am seeking letters of support from organizations that may find this research to be of interest or value.

This letter is therefore to seek your support for this project through providing a letter that outlines your awareness of this research. I would be happy to discuss my proposed research with you and to answer any questions you may have. If you are willing to provide a letter of support, I am available to assist with the preparation of the letter if that would help.

I look forward to hearing from you and would be very grateful if you could please provide me with confirmation that this letter has been received by DATE.

Respectfully yours, Julia Russell

*If you have any questions or concerns please feel free to contact Julia Russell at russe03@unbc.ca,*

 *or Dr. Margot Parkes (Supervisor) at parkesm@unbc.ca, (250) 960-6813.*





## Prince George Native Friendship Centre

The Gathering Place  
1600 Third Avenue  
Prince George, BC V2L 3G6  
Phone: 250.564.3568  
Fax: 250.563.0924  
Web Site: [www.pgnfc.com](http://www.pgnfc.com)  
Email: [info@pgnfc.com](mailto:info@pgnfc.com)

Aboriginal Infant & Family Development  
Friendship Lodge  
Ketso Yoh Men's Centre  
Native Healing Centre & Ab. Child & Youth Wellness  
POF Aboriginal Head Start  
PG Aboriginal Head Start  
Reconnect Youth Services  
Smokehouse Restaurant & Catering  
Tee'Koo Huba Yoh Women's Centre

250.564.5941  
250.562.3004  
250.563.1982  
250.564.4324  
250.564.1840  
250.563.3884  
250.562.2538  
250.614.7728  
250.564.6454

February 20, 2014

Julia Russell  
c/o Dr. Margot Parkes  
University of Northern British Columbia  
3333 University Way  
Prince George, BC V2N 4Z9

To whom it may concern:

Re: Master's Thesis Research

At the Prince George Native Friendship Centre, we have programming around food security and emergency provisions for community members – including a food bank, clothing room, transportation support and winter gear. We have many programs which provide opportunities in education, housing, literacy, and health for urban people.

Our Emergency Resources Coordinator has worked with Julia Russell in the past: in our Community Kitchen, Community Garden, and partnership in the Farmer's Market coupon program. We look forward to working with her again in the future in similar or new capacities.

We support Julia's research in our community around food security, and feel that the results will be of great interest, and value to our organization. Please keep us updated, and let us know if more support is needed.

Respectfully,



Erin Anderlini  
Director of Health

"Power of Friendship"

Community Partners Addressing Homelessness  
c/o 107-7650 St Patrick Avenue  
Prince George BC  
V2N 4E8



March 17, 2014

Julia Russell  
c/o Dr. Margot Parkes  
University of Northern British Columbia  
3333 University Way  
Prince George, BC V2N 4Z9

To Whom it May Concern:

Re: Master's Thesis Research, *"Exploring the Seasonal Dynamics of Food Security Amongst the Homeless of Northern British Columbia"*

Community Partners Addressing Homelessness (CPAH) is pleased to support the proposed research, of UNBC Master of Community Health Sciences student Julia Russell, which is entitled *"Exploring the Seasonal Dynamics of Food Security Amongst the Homeless of Northern British Columbia"*. We first learned of Ms. Russell's research early in 2013 when she attended a CPAH meeting and gave a brief presentation of her proposed work.

Community Partners Addressing Homelessness is made up of a network of service agencies, municipal and provincial government representatives, and interested members of the public that are involved or connected to work around issues of homelessness. Ms. Russell's work is therefore of strong interest to CPAH and our member organizations. In particular, many of our organizations would be very interested in the outcomes of the research as we find that food security for those with limited income in Prince George is an ongoing concern. CPAH members have expressed keenness to see this research undertaken by Ms. Russell. We look forward to the results of this research, which we feel will be of value to our organization and the community.

Sincerely,

Kerry Pateman, Coordinator and Acting Chair  
Community Partners Addressing Homelessness



## APPENDIX B: UNBC Research Ethics Board Approval

# UNIVERSITY OF NORTHERN BRITISH COLUMBIA

## RESEARCH ETHICS BOARD

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### MEMORANDUM

**To:** Julia Russell  
**CC:** Margot Parkes

**From:** Greg Halseth, Acting Chair  
Research Ethics Board

**Date:** April 3, 2014

**Re:** E2013.1211.120.00  
Exploring the Seasonal Dynamics of Food Security amongst the  
Homeless of Northern BC

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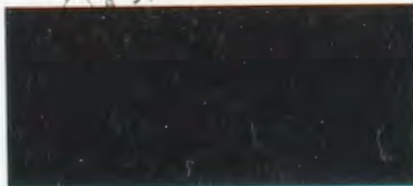
Thank you for submitting revisions to the Research Ethics Board (REB) regarding the above-noted proposal. Your revisions have been approved.

We are pleased to issue approval for the above named study for a period of 12 months from the date of this letter. Continuation beyond that date will require further review and renewal of REB approval. Any changes or amendments to the protocol or consent form must be approved by the REB.

If you have any questions on the above or require further clarification please feel free to contact Rheanna Robinson in the Office of Research ([reb@unbc.ca](mailto:reb@unbc.ca) or 250-960-6735).

Good luck with your research.

Sincerely,



Dr. Greg Halseth  
Acting Chair, Research Ethics Board

# Food and Homelessness

## Participants Wanted

**Friday, May 9th**

**11am - 2:30pm**

**Participants will be provided lunch and a small honorarium**

Looking for Participants for a Project called:

**"Exploring the Seasonal Dynamics of Food Security amongst the Homeless in Northern British Columbia"**

This project will study food access at different times of the year for people who are homeless in PG. We will also explore effects of this food access on health and well-being.

If you have been homeless in PG, you're invited to participate in this project and share your experiences!

Participants will take part in a group art project to map their experiences with food during times of homelessness, as well as a group talk and interview.

This project is being run by Julia Russell, a master's student in Community Health Sciences at UNBC.

For more details about the study and to learn how you can join please

**call Julia by May 8th, at [REDACTED] or email  
russe03@unbc.ca**

**This study has received ethics clearance by the UNBC Research Ethics Board**



## APPENDIX D: Information Sheet

### Project Information Sheet for Participants

**Project Title:** Exploring the Seasonal Dynamics of Food Security amongst the Homeless of Northern British Columbia

#### **What is this?**

You are invited to volunteer as a participant in a project that will explore differences through the year in food security for homeless people in Northern BC.

This project is being run by Julia Russell. Julia is a student in the Master of Community Health Sciences Program at the University of Northern British Columbia (UNBC).

The information shared in this study will be used in Julia's master's thesis, and may be used in papers, talks and at events where the results are shared.

\_\_\_\_\_ thinks you may like to join this research.  
(Name of Contact Person)

#### **How does this work?**

Participants can choose to **drop-out at any time** without any problem.

- To drop-out contact Julia or the organization that connected you to the research.
- If you drop-out the information you have given will be destroyed and will not be part of the results

At any time during the research, you can **ask questions**, ask for the tape recorder to be turned off, or leave.

#### **Why do this Project?**

The reason for this project is to better understand the links to health and wellbeing, and food security for homeless people.

- Food security is having enough good food, of the right kind, to have energy, be healthy and well.

Participants need to be older than **18** years of age and have spent at least 6 months during the last 5 years homeless, or under housed, in Prince George (PG).

**The project aims to find what people who are homeless in PG are eating and how they get their food. There are two goals of this research.**

1. **To explore the food of homeless people of PG, and what the effect of this is on health and wellbeing.**
2. **To look at social and environmental factors that affect food security and food related actions for homeless people in PG at different times in the year.**

**If I volunteer in this project what will I do?**

- You will make art about food and join a group sharing event with up to 9 other people who have also been homeless.
- You will have an interview with Julia.
- You will go to a group meeting where we will talk about the early results of the project

The **art event and group sharing**, will be held at \_\_\_\_\_ and will take about 3 hours. The event will involve:

- Drawing and making art related to food (1 hour)
- A lunch break with food provided (1 hour)
- Group sharing (1 hour)

The **interview** will take place in a public place you choose. The interview will take about 1 hour.

If you agree, what you say at the community mapping/group sharing, and the interview will be recorded. The recording will then be typed up word for word, as an interview transcript.

In transcripts and reports you will be called by a fake name, unless you say during the consent process that you want your first name to be used.

You will have a chance to go over the transcripts of the interview and group sharing. A Research Assistant will read these out loud if you want, and record the changes you ask for.

Only Julia Russell, Julia's research supervisor Dr. Margot Parkes, and the Research Assistant will have access to the data

Data includes the voice recordings and transcripts.

The data will be kept in locked-up in Dr. Parkes's lab at UNBC. After 5 years the data will be destroyed.



The data is secret, **but Julia will have to** report to the proper authorities if you:

1. **Threaten to hurt someone, including yourself**
2. **If you report child abuse.**

There will be info sheets with lists of emergency services including counselling, mental healthcare, housing services and food services, available to everyone at the events and interview and attached to the consent form.

## **Risks and Benefits**

There is little risk to being part of this project.

Volunteers are asked to respect the privacy of others and avoid sharing others' personal info and name outside of the event. **Julia cannot promise that your name or what you say in the community mapping or group sharing will be kept secret by other participants**

You may benefit by learning more about food, health and wellbeing.

## **Results**

You are invited to help with the design of how results are shared. This is a chance to reach more people with your story, and to make something that may help other homeless people and also policy makers. The final product will be decided by participants from the group but could be for example: a book, a YouTube video, or an art show.

By joining in this project you will be sharing important info that will help people learn about food for people who are homeless in a small Northern City.

## **Questions or Worries**

If you have any questions about this project, please call either:

### **Julia Russell**

- CELL: [REDACTED]
- Email: russe03@unbc.ca

### **Julia's Research Supervisor, Dr. Margot Parkes**

- PHONE: 250 - 960 - 6813
- Email: margot.parkes@unbc.ca

For any worries or complaints, please contact the UNBC Research Ethics Board at

- PHONE: 250 - 960 - 6735      Email: reb@unbc.ca

## APPENDIX E: Consent Form





### Consent Form for Participants in Group 1

**Project Title:** Exploring the Seasonal Dynamics of Food Security amongst the Homeless of Northern British Columbia

**Note:** The Information Sheet is stapled to this Consent Form.

For each line, check the YES box if you agree and check NO if you do not agree.

By signing this form, I know about and am aware of the following:

		
	YES	NO
1. I know the reasons for the project and what I will do as a participant.	<input type="checkbox"/>	<input type="checkbox"/>
2. I agree that my voice can be recorded during the art session and group sharing.	<input type="checkbox"/>	<input type="checkbox"/>
3. I agree that my voice can be recorded during the interview.	<input type="checkbox"/>	<input type="checkbox"/>
4. I know that I may drop-out of the project at any time.	<input type="checkbox"/>	<input type="checkbox"/>
5. I agree that Julia Russell can use a photo of my maps in an interview with community food providers.	<input type="checkbox"/>	<input type="checkbox"/>
6. I agree that Julia Russell can use the information, including direct quotes, collected at the community mapping group sharing, interview, for her thesis and any connected published work, like talks or written articles.	<input type="checkbox"/>	<input type="checkbox"/>
7. I have gone over the information sheet. I have had the chance to ask questions and talk about this project with Julia Russell.	<input type="checkbox"/>	<input type="checkbox"/>

#### Chance of Risk

There is very little risk for me as a participant in this project

However, there are chances of risk which are listed below:

1. <u>I understand that there is a chance that I may feel uncomfortable or embarrassed during the community mapping or interview, but that most people will not have bad feelings because of either of these events.</u>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------



2. I understand that the community mapping participants will be asked to keep the info shared, and names of other participants private, but that in a group setting it is impossible to promise my name and what I said will remain a secret.
3. I understand that Julia will have to report to the authorities if I threaten to hurt someone, including myself, or if I report child abuse.

YES

NO

YES

NO

I agree to participate in this research.

YES

NO

Choose 1 option, either A or B, and initial in the box next to how you want to be identified in the final products and in quotes of what you said. Final products are things like the thesis or reports.

**A**

☐

I want to be called by a fake name. That fake name is:

\_\_\_\_\_

-----OR-----

**B**

☐

I want to be called by my real first name everywhere including in the final results, and that name is:

\_\_\_\_\_

Signatures

\_\_\_\_\_  
Participant - sign on the line

\_\_\_\_\_  
Date signed

I have explained the nature of this research to the participant and believe they understand what is asked of them as a participant.

\_\_\_\_\_  
Julia Russell - sign on the line

\_\_\_\_\_  
Date signed

## **APPENDIX F: Semi-structured Interview Guide**

*This interview will take place with the participant within approximately 2 weeks of when they participated in the community mapping session. It will build on the themes that emerged from the mapping, and given the semi-structured nature of the interview the participant may direct the conversation to focus on themes and topics they believe are most pertinent. The semi-structured, open-ended process allows for additional follow-up questions to be added in a responsive way in discussion with participants.*

*To begin the interview I will first welcome the participant and reorient them to the ideas of food security, and the right to food. The participant's own maps will be available to reference during the interview. The interview will take approximately 1 hour.*

### **Questions**

#### **Participant Background**

1. How long were you / have you been homeless?
2. Have you spent that entire time you were homeless in Prince George?  
If no, what other communities did you live in when you were homeless?  
Did your experiences with food security vary between these locations? Please explain why or why not?
3. During which seasons, or months of the year have you been homeless?
4. How was your health during that time? What role did food play in your health? How did food affect your wellbeing?

#### **Community Mapping**

5. Thinking back to the community mapping you participated in, have your ideas around what you chose to represent on your maps changed?
6. Was there anything that you felt you wanted to say that you did not have the chance to say during the community mapping event?
7. How do you feel other participants' interpretations of the food system were similar or differed from your own interpretation?

#### **Additional Food Security, Food Citizenship Related Questions**

8. Did your experiences with food access differ at different times of the year? If so how?
9. How did you obtain your food?
10. When was it easiest/most difficult to get food, why?
11. Is there anyone who gives you food? Please explain
12. Do you get any food from the wild?
13. Is there anything else you would like to add that we have not yet discussed?

*I will end the semi-structured interview by thanking the participant for their time and confirm their contact details to arrange for them to review their personal interview and community mapping transcripts.*



## APPENDIX G: Research Assistant Confidentiality Agreement

This study, *Exploring the Seasonal Dynamics of Food Security amongst the Homeless of Northern British Columbia*, is being undertaken by graduate student Julia Russell, in the Master of Community Health Sciences Program, at the University of Northern British Columbia. Dr. Margot Parkes is supervising this work.

**The overall goals of this research are to first explore the food system of homeless people of Prince George, and what the effect of this is on their health and wellbeing. Second, to determine the social and environmental influences that affect food security and food-related behaviour for homeless people in Prince George.**

The study has 4 objectives:

- 1. To complete a review of literature on food politics and social-ecological systems as they relate to health and wellbeing for people who are homeless
- 2. To describe the food system of homeless people in Prince George throughout the year including the level, and temporal variability, of food security and food citizenship experienced by the Prince George homeless population and how this influences their health and wellbeing
- 3. To document the availability, access and utilization of different kinds of foods and food services by the homeless in Prince George including self-provisioning of food
- 4. To describe the connections among food, health and wellbeing that the homeless in Prince George identify within their own lives.

Data from this study will be used for Julia Russell's Master's thesis and any associated articles or conference presentations etc.

I, \_\_\_\_\_, agree to:  
(name of research assistant)

1. Keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g. disks, tapes, transcripts) with anyone other than the Principal Investigator;
2. Keep all research information in any form or format secure while it is in my possession;
3. Return all research information in any form or format to the Principal Investigator when I have completed the research tasks;

4. After consulting with the Principal Investigator, erase or destroy all research information in any form or format regarding this research project that is not returnable to the Principal Investigator (e.g. information sorted on computer hard drive).

Research Assistant:

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

Principal Investigator:

\_\_\_\_\_  
(Julia Russell)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

If you have any questions about this study, please contact:

**Researcher:**

Julia Russell

██████████  
russe03@unbc.ca

**Supervisor:**

Dr. Margot Parkes

(250) 960-6813

margot.parkes@unbc.ca

For any concerns or complaints, please contact the UNBC Research Ethics Board at 250.960.6735 or reb@unbc.ca



## APPENDIX H: Supplemental Information - Community Mapping Schedule and Details of Individual Interviews

*Table 5: Community mapping schedule*

Time	Activity	Who was Involved
Ongoing	<ul style="list-style-type: none"> <li>• Circulate through the room and answer questions, provide encouragement and assistance with mapping as needed</li> <li>• Take notes</li> </ul>	JR  JR, RA1, RA2
9:00am	<ul style="list-style-type: none"> <li>• Arrive on site and set-up</li> </ul>	JR
10:30am	<ul style="list-style-type: none"> <li>• Collect participants, drop at CM, two trips, welcome and introductions, questions introduce research assistants, review consent form, pick out lunch, place order for food</li> </ul>	RA1, RA2, JR, Participants
11:15am	<ul style="list-style-type: none"> <li>• Start mapping</li> <li>• Take lunch orders from each participant</li> </ul>	JR, RA1, RA2, Participants RA1
1:30pm	<ul style="list-style-type: none"> <li>• Lunch delivery</li> <li>• Set-up and clean-up for meal</li> <li>• Unstructured lunch time and break</li> </ul>	RA1, RA2
2:30 pm	<ul style="list-style-type: none"> <li>• Group Sharing</li> </ul>	
3:15pm	<ul style="list-style-type: none"> <li>• Wrap-up, thank everyone, drop off individuals</li> </ul>	
3:45pm	<ul style="list-style-type: none"> <li>• Clean-up</li> </ul>	JR, RA1
Follow-up	<ul style="list-style-type: none"> <li>• Debrief and exchange notes</li> </ul>	JR, RA1, RA2

*Table 6: The number of participants at each interview and the participant selected location and food*

Interview Number	Number of Participants	Location	Food/Drink
1	2	Tim Horton's	Coffee with milk, breakfast sandwiches with eggs and sausage
2	3	McDonalds	McDonalds meals with hamburgers/chicken burgers, French fries and carbonated beverages
0	1 (The participant missed the meeting)	Tim Horton's	-----
3	1	Shelter	Tim Horton's iced cappuccino
4	1	Shelter	Avocados, tortilla chips
5	1	Tim Horton's	Sandwich with smoothie
6	1	Local NGO	No food or drink
7	2	Local cafe	Grilled cheese sandwich,  7-Up and Fanta
0	1 (The participant missed 4 scheduled meetings)	McDonalds	-----



## APPENDIX I: Selected Excerpts from the Book created with Participants

The following pages include excerpts from the book developed with the participants. I have selected pages that are representative of the overall tone of the book in order to provide the reader a sense of what was created. The book itself is over 80 pages in length so inclusion of the entire document as an appendix to this thesis is not practical.





# Contents

- Background .....4
- Where do People get Food?.....11
- What Food is Available?.....16
- Seasonality in Northern BC.....19
- Food Charity Challenges & Concerns.....27
- Hope for the Future .....39
- Ideas for Change .....42
- Participants' Food Maps .....45

## Contributors to this Book are:

Anne, Christine,  
Darrell, Dean-"O",  
Kathleen, James,  
Julia, Lisa, Mamie,  
Mary, Melody,  
Sharon and Zack!





# About the Participants

What I Like To Do.



Camping

Singing Around the Camp Fire  
With a Nice Cold Beer

There were 12 people who participated in this project.

Eight of the participants were women and the remaining four were men. All participants had Indigenous ancestry.

Some participants were parents and grandmothers.

Many participants had come to PG for work, and collectively had worked in a variety of fields before becoming homeless.

Where I Get my Food



AWAK

St VINNI

ASA.P

PAN Handle

## Formal Sources of Food Provision Include:

- ✓ The Food Bank
- ✓ Soup Kitchens and Bread Lines
- ✓ Drop in Centres
- ✓ Community Centres
- ✓ Homeless Shelters
- ✓ Cultural Centres

## Other Strategies Include Attending or Participating in:

- ✓ Job Training Programs
- ✓ Education Programs
- ✓ Surveys and Workshops
- ✓ University Research
- ✓ Entering Raffles
- ✓ Attending Community Events





People are able to provide their own food through:

- ✓ Growing Food
- ✓ Fishing
- ✓ Purchasing food

Other methods of food access include:

- ✓ Gifts from Friends and Family
- ✓ Binning
- ✓ Leftovers from Restaurants
- ✓ Pan Handling
- ✓ Gifts of food from Strangers

Participants also mentioned being provided food while incarcerated, in the hospital, or while receiving treatment at rehabilitation centres.

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## What Food is Available?



"Sandwiches, sandwiches, sandwiches" - Zack

16



Berry picking

hunting:



FISHING

"I'm going home, living the way I used to, working. I like to work. Hiking, I like to hike. I get my own food that way. It's clean, it's not a chemical mix like what we buy in the store right now. Camping, I love camping, and I love trapping. In the winter I do that a lot. I used to, till I end up out here, stuck. Fishing, I do that a lot. Guiding. I love guiding. Taking out hunters. And picking berries and living off the land. That's was before I end up on the street. I done all that, and I miss it, a lot"

- Mamie

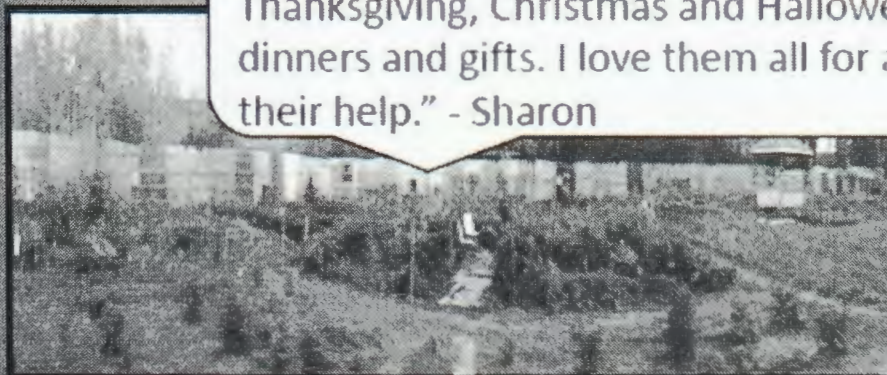


Food and food related traditions are important to culture, wellbeing and health

# Thank You Food Providers!



"Almost every one of these generous places present us with beautiful Easter, Thanksgiving, Christmas and Halloween dinners and gifts. I love them all for all their help." - Sharon



"Like she said, just be thankful that these people are there. Like she said, I'm very thankful too but, I wish there was just more. More. They're just doing the best they can." - Christine

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Although participants were very grateful for what is available in Prince George, there are still difficult challenges.

"It's not just a food struggle everything goes with it." - Lisa

"I am stuck in a bureaucratic nightmare." - Anne

"I find that they forget their Christian values, and it's not a very positive place to have to go and get food." - Lisa



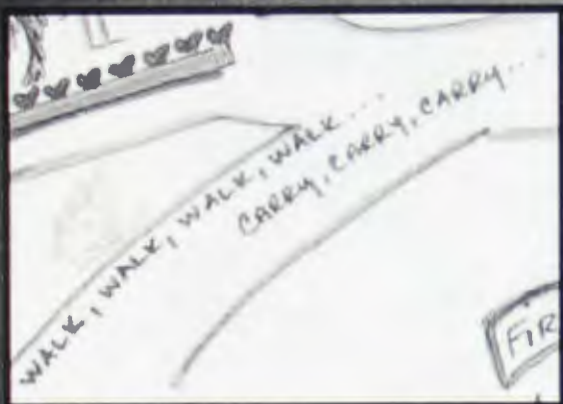
\* 2014

MAY	JUNE	JULY	AUG
ST. VINCENT	ST. VINCENT	ST. VINCENT	ST. VINCENT
NATIVE Friendship	NFC	NFC	NFC
\$ WELFARE (\$160)	\$ WELFARE	\$ WELFARE	\$ WELFARE
Embties (\$30-840)	Embties	Embties	Embties
SEPT	OCT	NOV	DEC
ST VIN	ST VIN	ST VIN	ST VIN
NFC	NFC	NFC	NFC
\$ WELFARE	\$ WELFARE	\$ WELFARE	\$ WELFARE
Embties	Embties	Embties	Embties
JAN	FEB	MARCH	APR
ST VIN	ST VIN	ST VIN	ST VIN
NFC	NFC	NFC	NFC
\$ WELFARE	\$ WELFARE	\$ WELFARE	\$ WELFARE
Embties	Embties	Embties	Embties

**Monotony**

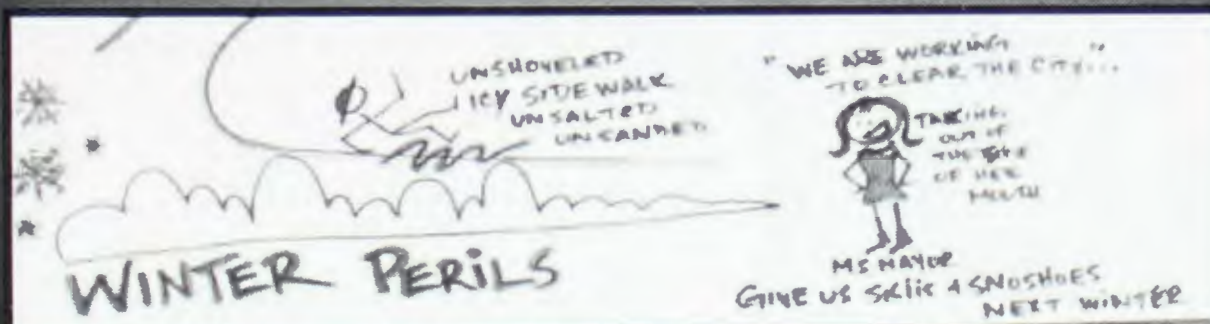


# Transportation



"Too many hurdles to get over for food. First you've got to go in there and present ID. Then you have to come back in the afternoon and morning and that's all! We're done."

- Sharon



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# Concerns about the Industrial Food System

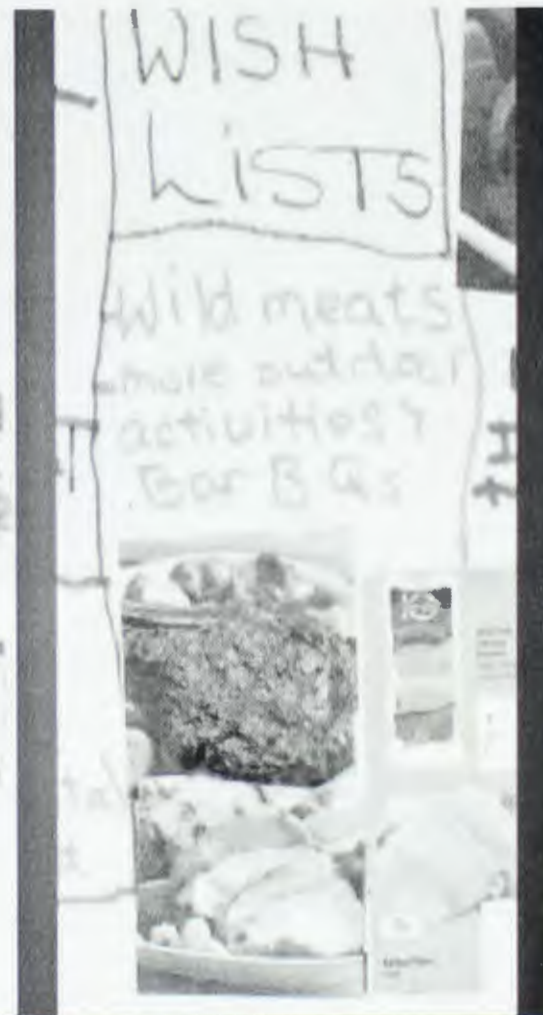
"And it's like.. they're the only ones winning, man... Whoever donates all these from ...whatever these organizations, and then they get their money back as a tax write off.." - Melody

"Growing things is really what I miss, a lot. Like you say without all the processing and chemicals." - Lisa

"Yeah and ah, the way they raise the cows, chickens, pigs." - Mamie

"Well look how big all the kids are these days. It's from the all the steroids in the chicken and the meat because they want it to grow super fast... From eating so much meat! It's so pumped up with chemicals, it's terrible." - Melody





Participants report needing to eat more meat, especially moose meat!

They are concerned about getting enough protein.

People also report feeling hungry because the food available fills them up but, not for as long as meat would.





Mussi! Mahsi Cho!  
Thank You!  
to all project  
Participants and Supporters



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