

Making the Connections: Summary Report of a World Café on Women, Food Insecurity and Obesity in Atlantic Canada



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Making the Connections: A World Cafe on Women, Food Insecurity and Obesity in Atlantic Canada

On November 15, 2012, a diverse group of policy-makers, partners, researchers, and community members came together to explore the connections between women, food insecurity and obesity in Atlantic Canada.

During this session, participants:

- ✓ Shared findings from the Full Plate project, an investigation into the linkages between women's moderate food insecurity, overweight/obesity and chronic disease, especially women in marginalized and vulnerable populations.
- ✓ Shared the knowledge and experiences of partners, including the Nova Scotia Participatory Food Costing Project and Activating Change Together for Community Food Security; and,
- ✓ Collectively identified priorities for future work.

This report summarizes the world cafe highlights and evaluative feedback shared by participants. Full notes from the world café questions are included as Appendix 1.

Welcome and Networking

We began the café with introductions and networking. Twenty-three people participated in the full-day event. Participants included health professionals, community members working on women's issues, food security issues and health issues, researchers, and policy makers from Nova Scotia and Newfoundland and Labrador. The agenda included an ice-breaker event to support networking and lunch-time discussions.

Presentations

Two panel presentations provided content and framing for the day-long event, these included:

- Andrea Papan, Researcher, ACEWH spoke on the "Findings from the Full Plate project report, The Food Insecurity-Obesity Paradox as a Vicious Cycle for Women: A Qualitative Study"
- Rita MacAulay Public Health Nutritionist, Capital District Health Authority spoke on "The work of the Participatory Action Research and Training Centre on Food Security (FoodARC)"

About The Full Plate Project

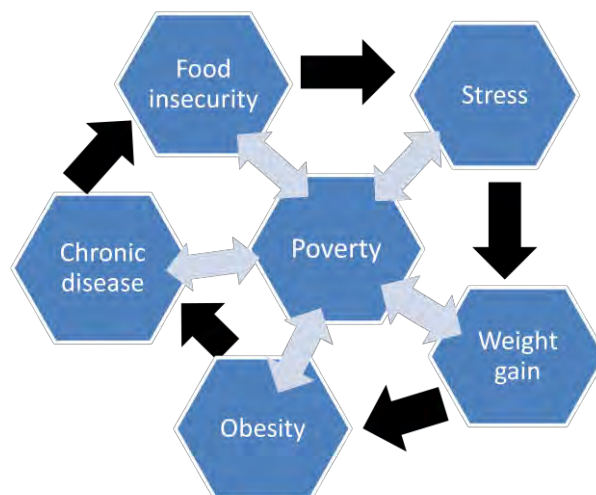
The Full Plate project investigated the links between women's moderate food insecurity, being overweight/ obese and experiences of chronic disease, especially for women in marginalized and vulnerable populations.

This qualitative research project focused on several questions:

- *What were women's weight challenges – had they experienced weight issues from childhood or as a direct response to food insecurity?*
- *Was this strictly about access to poor quality food options?*
- *What food choices were available to the women?*
- *What were the gender dynamics in the household – how was food shared, who got the best food, and who ate the most food?*
- *How did their weight affect other aspects of their health, especially around chronic diseases?*
- *What coping strategies did they use to deal with food insecurity?*
- *What changes did they see as important in order to make the situation better?*

Results showed that, for study participants, the food insecurity-obesity paradox was experienced as a vicious cycle. The vicious cycle described by participants included: experiences of poverty, often in childhood and as adults; food insecurity and nutritional deprivation caused by an inability to purchase healthy foods; weight gain in the context of food insecurity, eventually leading to obesity; ongoing and increasing stress due to factors including lone parenting and social isolation; reduced well-being; and, experiences of chronic illness.

Food Insecurity-Obesity Paradox as a Vicious Cycle for Women (Papan & Clow 2012:28)



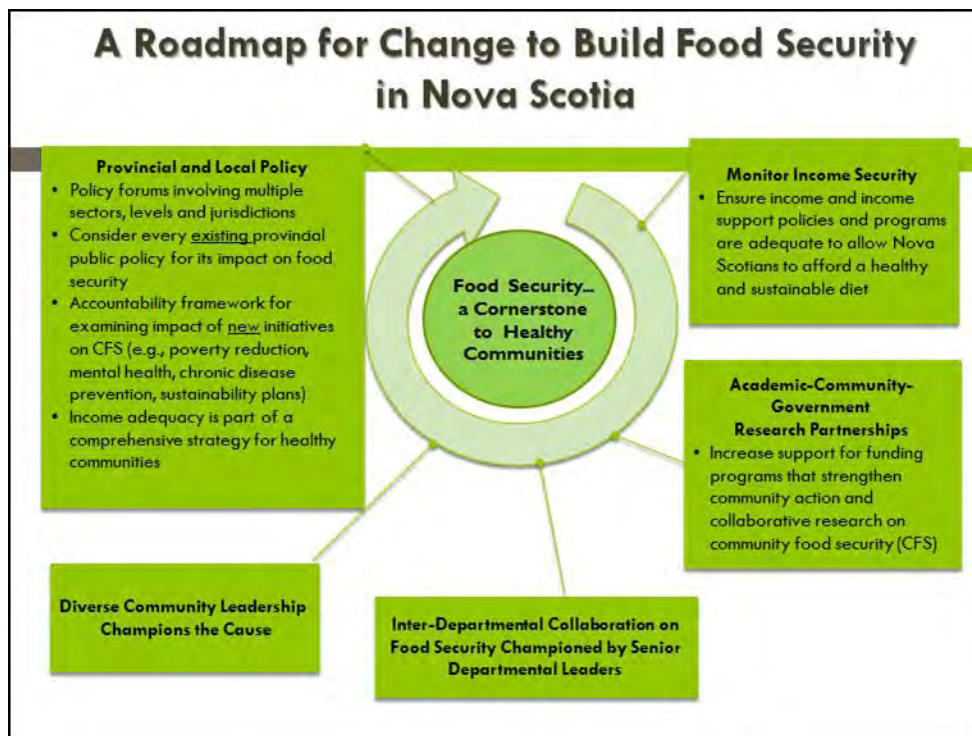
The complete findings of the research project are available in a report:
Papan, A.S. & Clow, B. (2012) *The Food Insecurity-Obesity Paradox as a Vicious Cycle for Women; A Qualitative Study*. Halifax, NS: Atlantic Centre of Excellence for Women's Health.

The full report is available online: www.acewh.dal.ca/pdf/Full%20Plate-Oct12.pdf
The Executive Summary from the report is included in Appendix 2.

About FoodARC

FoodARC has a vision of food security as a cornerstone to healthy communities. Part of their work is to:

- Increase knowledge and awareness of the actions for CFS ((components, determinants and promising practices)
- Increase capacity and action at multiple levels for research and policy change related to CFS
- Increase engagement and collaboration on research and approaches to improve CFS



World Café Table Rounds

- *Placing Our Work within the Vicious Cycle*



A floor template showing vicious cycle elements was used for a participatory identification exercise. First, participants placed themselves within the cycle based on where they currently work/have influence.

Sixteen participants self-selected into the following clusters:

- Food insecurity, 3
- Stress, 2
- Chronic disease, 3
- Obesity, 2
- Poverty, 2
- Between poverty and food insecurity, 2
- Obesity, 2

Participants then placed themselves within the cycle based on where they felt they could have the most benefit on the vicious cycle. Fifteen participants self-selected into the following clusters:

- Food insecurity, 1
- Stress, 5
- Poverty, 5

Between poverty and food insecurity, 4

These shifts within cycle elements were telling. For a variety of reasons, people's work is focused on a certain area and cannot easily be adjusted. However, the exercise showed that people felt working within two or more areas simultaneously would have the most benefit on change to the vicious cycle.

The exercise also showed that, for participants, working concurrently on stress, poverty and food insecurity is important.

- **World Café: What's Working? Challenges? Priorities for Action?**

To value the experience, energy and wisdom of participants, the afternoon was spent working in table groups using a world café format to share, link, connect and identify strategies for action. Table round questions included:

1. *What strategies are you using to address issue related to food insecurity, obesity and chronic disease? What's working? What's challenging?*
2. *From your experiences and what has been shared, what are the priorities for action on obesity, food insecurity and chronic disease? Discuss both immediate actions and more long-term, structural change.*



Highlights: what's working?

- ✓ Networking and connections
- ✓ Policy frameworks
- ✓ Research: Using qualitative research to open doors and quantitative research
- ✓ Working with champions
- ✓ Involving those most affected in the work
- ✓ Community Food Centres Canada

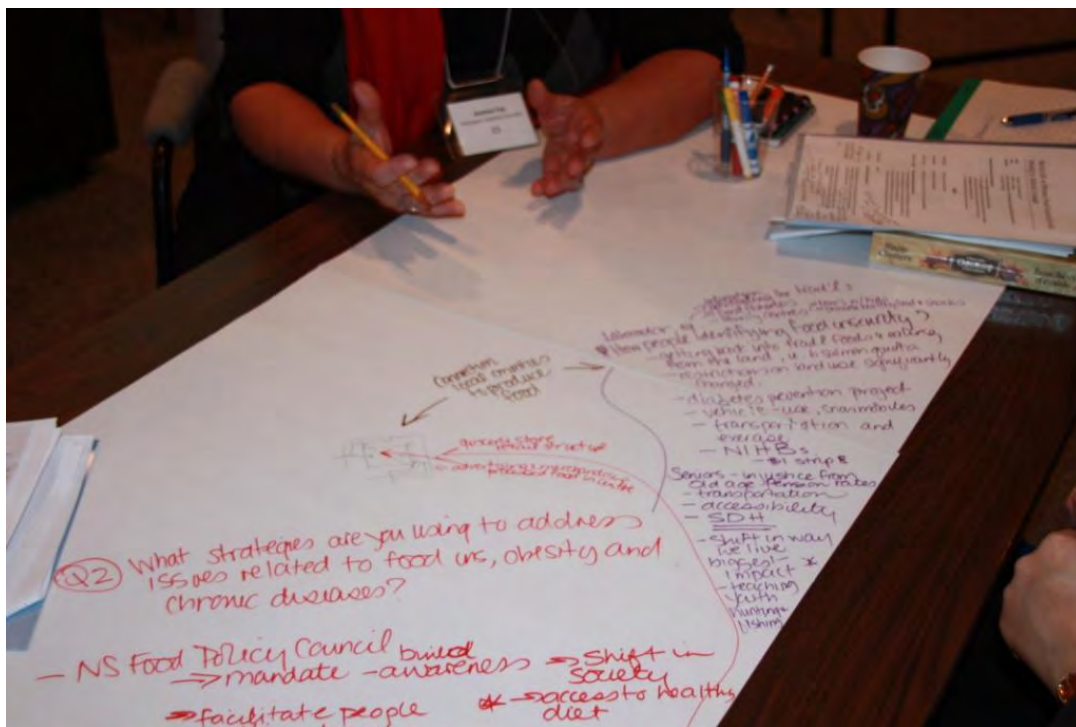
Highlights: What's challenging?

- ∞ The food industry is big business. This includes retail and advertising and marketing. There is little regulation of this industry.
- ∞ Removing guilt. People need to choose what is available and what they can afford and not what is healthy.
- ∞ Translating research into action.
- ∞ Involving low income people in the work.
- ∞ Convincing government that there is a need [for food and income security and so on]
- ∞ The focus on health and healthy living versus a more holistic, Social Determinants of health (SDOH) approach

What are the priorities for action?

- Get the Vicious Cycle paper and discussion posted to www.dal.ca/acewh
- Establish a goal: to ensure all members of society have access to a healthy food basket by 2020. benchmark and monitor this on a regular basis. Who? People interested in food issues as well as representatives of relevant government departments. Take a roundtable approach.
- Advocate for increases to income assistance rates of all kinds and adjust related federal and provincial policies.
- Regulate the food industry, including processed and fast foods (content, labels, pricing)
- Take a collaborative approach to making healthy eating irresistible across all income levels through social marketing.
- Link chronic disease programs to community supports.
- Reach out to diverse groups (e.g. women...everyone) where they already congregate. Who? All of us. For example, farmer's markets, church groups, ladies dart night, legions, Junior Rangers.

- Have a critical discussion on what/how we are addressing obesity, food insecurity starting at Capital District Health Authority (CDHA) and moving out to organizations.
- Form partnerships or increase awareness with local food retailers. Tax junk food and apply these taxes to lower the cost of healthier food (similar to carbon offsets).
- Investigate and try for a pilot project: community Food Centres Canada and/or other similar models (consumer-producer connectors and co-operatives).
- Advocate for a Social Determinants of Health (SDOH) framework.
- Formalize support for food banks: funding, community support and integration into food systems.
- Make the links between housing, social assistance and other policies. Promote mixed housing and mixed-housing neighborhoods.
- Investigate People's Food Policy: This is a national-level policy for a food secure Canada with ideas about how to make Canada's food system fair, healthy and ecological. (See <http://peoplesfoodpolicy.ca/policy/resetting-table-peoples-food-policy-canada>).



Summary Feedback and Next Steps

Eleven participants completed an evaluation form and identified what they learned, what surprised them, three words that described the event and one individual next step for action. This information is included as Appendix 4 and is summarized here.

Learnings:

- Sample projects and passionate people working to address this issue. Some of this work still needs to be linked together.
- The complexity of the challenges facing women living in poverty and the challenges involved in trying to affect change in this area. How this topic is tied to obesity.
- Healthy easy choices are not always affordable.

Surprises:

- The consensus on poverty and lack of a goal to eliminate food insecurity.
- Sample projects and passionate people working to address this issue.
- Broad discussions and possible solutions that include consequences, holistic approaches, the need to consider diversity, intersectionality and culturally specific approaches.
- The prevalence and impact of food deserts.

Event descriptions:

NETWORKING, INFORMATIVE, ENGAGING, INVIGORATION, PASSION, UNDERSTANDING, ENERGY, COMMITMENT, OPPORTUNITY, CONSENSUS-BUILDING, SUBSTANTIVE, REFRESHING, REVITALIZING, PRODUCTIVE, EXCITING, ENCOURAGED, INTERACTIVE, IMPORTANT, INTERESTING, FUTURE WORK, HOLISTIC, CHALLENGES

Personal next steps:

- To share the information and use the findings in work and advocacy settings.
- Investigate Community Food Centres in Canada.
- To integrate diversity into SDOH work.
- Connect with participants for future collaboration and supports.
- Encourage people to grow food and make healthier food choices

Appendix 1: Café Notes

Q2. Strategies to address food insecurity, obesity and chronic disease

Nova Scotia Food Policy Council

A citizens' group working with communities, organizations, and governments to develop and implement policies and programs that ensure an equitable, healthy, and sustainable local food system, responsive to the economic, environmental, social, and cultural needs of Nova Scotians Community Food Centres in Canada.

FarmWorks Investment Cooperative

Investing in localized food businesses and non-profits such as community kitchens. Building a pool of capital for investment.

Healthy Food Basket

Food production and retail structure.

Spryfield Food Security

Challenge: Getting low income women involved in research.

Community Coalition to End Poverty

Convincing government to increase Social Assistance rates. These are not equal to cost of living increases.

Challenges: logistical issues and very little funding.

People accessing services

People to get basic services as they are isolated and there is little long-term success engaging these individuals and groups.

Recreation facilities and healthy food choices

Industry partnerships and subsidization as a potential strategy. Vending machine companies, food producers and canteens.

Challenges: Money is an issue and always strings attached.

How about farmers as industry? Partner with them?

Make healthy food 'sexy' food.

How to create incentives within industry to produce food for health, convenience and affordability.

Access to community gardens

How to make this work for lots of people.

Community Food Centres Canada

One stop: food bank, stores, education/training, social dimensions, farmer's markets. Brings class and other connections, policy and advocacy purpose. 3 in Ontario, 3 more across Canada, 15 eventually.

Government funding for food banks

They have the energy, focus and desire to help people.

More affordable food, holistic health.

Address inequities, will help to reduce obesity.

Different ideas of beauty--diverse perspectives.

Really put "community" in community gardens.

Culture and environment of obesity. Not just individuals, but whole systems and capitalized.

Explore spirituality as a Determinant of Health.

Connect differently with groups and people that focus on spirituality.

Centre for Science of Public Interest.

Food system impact

Organize to advocate. Public policies in 4 municipalities and food security policy lens. Subsidization of healthy foods.

Local issues:

- Short growing season.
- Can do container gardening.
- Coastal communities and climate mean there are items that can't be grown.
- Need to balance what is health and what you've got.
- People are coming up with new and unique ways. Some are trying to get back to a more traditional diet but there are environmental challenges that prevent this (for example, mercury poisoning in fish). Flooding of Muskrat Falls in Labrador will displace communities.

Research limitations

In research, not able to carry out action components due to funding limitations and the need for projects to fit funding priorities. Rigorous research is needed to open doors and then qualitative stories are helpful to tug at the heart strings.

We are not enforcing good policy and innovation.

Champions are needed to advocate for issues at the grassroots.

See CDHA Health Status report, March 31, Public Health.

Women's Centres Connect

Mitigate the worst experiences, always have food at every event, individual-level connection.

Empowerment

Continually creating the spaces to connect.

Policy level and social advocacy, including people who are directly affected. Political organizing.

Q3. Priorities for Action

Increase income assistance rates: Child Benefit, CPP/OAS and Social Assistance. Related policies also need to change, for example, Child Benefit goes down as children grow up. The LICO in NS is \$8,000 and in NL, \$12,000

Childcare benefit. If on EI lose benefits when working part-time.

And it is better for higher EI benefit rates--this should be reversed.

Tax junk food and subsidize health foods to lower the cost.

Advocate for health authorities and others (practitioners, knowledge mobilization) to take up the Social Determinants of Health (SDOH) framework. Prevention versus treatment.

Regulation of industry, especially at national levels, including labels, processed foods and pricing.

Community Food Centres Canada: pilot project. We need a focus on prevention. Food Centres in NS so that food is affordable and doable.

Model: cutting out retailers, co-op, consumers more in touch with producers, community baskets.

Get business people to the table. Educating them to get better food choices in smaller communities.

Mixed housing neighborhoods: rent controls, regulating cost of rent, helps to protect the food budget.

All of us can reach out to diverse groups of women where they already come together: already a comfortable space.

Social marketing: move and shift people to eat more healthy food. Cultural shift. Showing people how to make healthy meals with inexpensive and available foods.

Bring community kitchen for all: healthy food for all. Working with small, local food industry folks to partner. Using micro-credit money for start-up. Sharing recipes and capacity-building.

Longer term: subsidization of healthier foods building on a diverse community aspects, strengths and assets.

Long term funding by government for these issues.

Clear goal for healthy, accessible food to all members of society, a time-bound and specific goal.

How to have the conversation respectfully that is not a "blame the victim" issue? What is the cross-over for food insecure peoples to access local food?

This environment/process is structural. See Peoples' Food Policy. Influence of customers via vocal minority.

Food banks primary response for food insecurity. Conservation of food bank infrastructure. Build accountability and accessibility into the model. Programming, policy and alignment of community and public policy.

Work with food insecurity groups.

Educate and advocate for traditional food and fisheries.

Work with family centres for healthy snacks and food.

How are people in Labrador identifying food insecurity?

- Getting back into traditional foods and eating from the land, i.e. salmon quota/food fishery.
- Restrictions on land use have significantly changed.
- Diabetes prevention project.
- Vehicle use: snowmobiles.
- Transportation and exercise.

- Non-insured health benefits (NIHBs)
- Seniors: injustice from Old Age pension rates, accessibility, transportation, SDOH.
- Shift in the way we live.
- Biggest impact is in teaching youth hunting and fishing.

Appendix 2: Executive Summary

From Papan, A.S. & Clow, B. (2012) *The Food Insecurity-Obesity Paradox as a Vicious Cycle for Women: A Qualitative Study*. Halifax, Canada: Atlantic Centre of Excellence for Women's Health, pp.1-3.

This paper reports on the findings from the *Full Plate Project on Women, Obesity and Food Security*. The aim of this project was to investigate the 'food insecurity-obesity paradox' – the contradictory association between food insecurity, resulting from inadequate economic resources to purchase food, and obesity, as a consequence of overconsumption (Dinour, Bergen & Yeh, 2007:1952). We were intrigued with the question of moderate food insecurity being linked to overweight rather than low body weight, and that this was the case only for women. In particular, we wanted to know several things: What were women's weight challenges – had they experienced weight issues from childhood or as a direct response to food insecurity? Was this strictly about access to poor quality food options? What food choices were available to the women? What were the gender dynamics in the household – how was food shared, who got the best food, and who ate the most food? How did their weight affect other aspects of their health, especially around chronic diseases? What coping strategies did they use to deal with food insecurity? What changes did they see as important in order to make the situation better? By focusing on qualitative analysis, this research offers first-hand accounts of the complex realities facing overweight and obese women who are food insecure in Atlantic Canada, and in doing so it provides valued-added evidence to the food insecurity-obesity discourse.

Key findings include:

For participants the food insecurity-obesity paradox was experienced as a vicious cycle. The vicious cycle described by participants included experiences of poverty, often in childhood and as adults; food insecurity and nutritional deprivation caused by an inability to purchase healthy foods; weight gain in the context of food insecurity eventually becoming obesity; ongoing and increasing stress due to a myriad of factors including lone parenting and social isolation; reduction in well-being, and experiences of chronic illness.

Even though almost every participant self-reported as being in the obese range and self-identified as experiencing some form of chronic disease – the women spoke about their health obstacles in terms of poverty. Our evidence showed that rather than an absence of knowledge around how to live in healthy ways, there was an absence of choice to do so.

Participants talked extensively about their obstacles vis-à-vis access to and the availability of healthy food, including food staples. They talked about living in "food deserts", the difficulty of getting to grocery stores, and how this was exacerbated by mobility issues.

Many participants outlined intricate strategies for survival. They talked about the exact use of their money and how to get the best bargains at multiple stores including buying out-of-date foods, coordinating purchases with neighbours and friends, participating in community gardens, skipping meals, and sharing meals. In addition, some participants outlined strategies of resilience including returning to school, joining walking groups and nutritional training programs, and engaging in community activities.

Participants spoke about lifelong challenges with weight, they remembered childhood experiences of feast and famine, and reflected on the impact this had on their relationship to food as adults. The experience of food insecurity as a child and then as a parent and trying to protect their children from the same experience was also discussed.

Women talked about their choices as mothers, and in particular eating less and last, so their children would be less affected.

Participants regularly talked about feeling socially isolated, stigmatized, and vulnerable. They spoke about this in the context of being poor, of being lone mothers, of being unattached women living alone, of going to food banks, of being overweight and obese, of being disabled or immobile, of dealing with chronic diseases, of coping with mental health issues, and when dealing with bureaucratic hoops related to government assistance programs, amongst other things.

Moreover, participants regularly referred to experiences of feeling “depressed,” going through “dark times”, and feeling “lonely”. They discussed treatment and care for sleeplessness and mental health issues, and how these experiences in turn contributed to further weight gain.

Participants discussed the right to food in Canada, and questioned the stark contrast between a country with such an abundance of food production and people not having enough healthy food to eat.

When we asked what participants would ask their Premier to change if given the chance, the recommendations essentially came down to two key elements: 1) they should be receiving more money on a monthly basis, i.e. through social assistance or other programs, and 2) there should a better understanding of what it is like to be food insecure in Atlantic Canada. Every group said that the Premier *‘should live in our shoes and see first-hand what it is like to live like this’*.

Based on our findings, gaining further insights into the food insecurity-obesity paradox, both qualitatively as well as quantitatively, is imperative. The vicious cycles associated with this paradox are dynamic and encompass a myriad of challenges for women in Atlantic Canada that need to be further understood and addressed.

Appendix 3: Detailed Evaluative Feedback and Next Steps

Number of participants: 23

Number of participants who completed evaluation form: 11

1. I learned...

- The more things change, the more they stay the same.
- Work is going on at many levels to address this issue.
- About the National People's Food Policy and some great examples of programs in other provinces as well as locally.
- Food insecurity is often an issue related to lack of transportation. As well, food is often paid for with what \$ is left over after rent, lights and medication.
- There are people in NS wanting to network and collaborate to discuss concerns and issues from other provinces.
- Obesity is a poverty issue and that this plays out/is linked in multiple ways e.g., cost of food, transportation, housing, income security programs, stress all play a role.
- There are a variety of individuals passionate in this area.
- Making the healthy choice, the easy choice, is pointless if easy doesn't equal affordable.
- Food insecurity is experienced similarly throughout NS. The stories are pretty consistent.
- There are lots of people doing great work.
- There is good work going on across the province that still needs to be linked.
- We can learn from each other as to how we can address food insecurities.

2. I was surprised by...

- The consensus on poverty.
- Some of the work that is happening and hopefully we can learn from this work to better engage our communities on food security.
- The way this topic issue opened up a broad discussion that included issues (as above) and some possible solutions...a very holistic way of looking at it.
- The agreement on consequences.
- The ideas shared by individuals within the world cafe and the diversity.
- The apparent lack of emphasis of diversity and intersectionality in existing work and the need for culturally specific approaches.
- The amount of projects in NS communities focusing on food security.
- The prevalence and impact of food deserts.
- The lack of a goal to eliminate food insecurity as a matter of absolute poverty and necessity
- How many people shifted to poverty in the vicious cycle in the second round, and how much cross-over was mentioned amongst participants.

3. Three words that describe today are...

- Networking, networking, networking
- Informative, engaging, networking
- Invigoration, passion, understanding
- Energy, commitment, opportunity
- Informative, consensus-building, networking
- Substantive, engaged group, networking
- refreshing, revitalizing, productive
- exciting, encouraged, energized
- informative, interactive, important
- Interesting, energizing, future work
- Holistic, linkages, challenges

4. My personal next steps are

- To encourage people to grow/create foods in their homes and take advantage of education available to them around healthier options for food and how they can incorporate change.
- User findings of research to bolster social advocacy work.
- Stock information learned in knowledge-base. Always consider a food security lens.
- Facilitate ACEWH to make connection with Spryfield Wellness Centre and encourage them to hold event with others in community health. Explore a lunch and learn through CCEP.
- Find out about Community Food Centres in Canada.
- Carry on work (research) that emphasizes the Social Determinants of Health.
- Connect the dots of the SDOH and food security that emphasizes diversity.
- Have conversation with managers and peers regarding next steps for action on this huge issue.
- Bring the idea of having the critical obesity (overview) to my nutrition colleagues to see if there is support in moving it out. Book meeting, frame the idea, gain agreement, move!
- Contact some of the people I met here today to see what ways we can support each other and where we can go with future discussions.
- Get in contact with someone involved with the NS Thrive program to start a discussion and generate ideas to move forward.
- Think about other ways to share the report (i.e. DHAs etc).