# Quesnel Community Food System Assessment

#### Acknowledgements

This assessment was made possible by the diligent advocacy of a group of local organizations and citizens who saw a need and set forth to make change within the community food system. Their insight, collaboration and dedication to making a difference forged the path for this work and the initiatives that it will inform.

A special thanks to those community members who took part in the survey and interview processes. This local information provides insight into the true needs of the community and the barriers that exist.

#### **Contributing Organizations**

Seasons House Salvation Army Quesnel Tillicum Society/Native Friendship Centre City of Quesnel Coalition of Substance Users of the North Wild Women of the North Society Child Development Centre

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# **Executive Summary**

Quesnel community members and partnering organizations came together in early 2019 to identify the gaps in the food system in Quesnel and collaboratively work on food security and the expansion of food-based services. This led to the creation of a Community Food Coordination program in partnership with the Canadian Mental Health Association and the completion of this food system assessment as a foundational step in assessing the community food needs.

The following assessment maps the local food system (local production, access, and services), while also compiling demographic datasets to estimate the level of food insecurity in the community. This includes a look at statistics related to demographics, economics, health indicators and details about community food resources. In addition to the gathering of statistics and local data, the report includes information gathered directly from residents and food service providers to determine the gaps in current services, level of food security and needs for services moving forward.

## **1. Introduction**

## **Objectives**

This assessment provides a map of the current food system in Quesnel through the lens of food security. With this, we hope to determine which initiatives and resources will most benefit the community. We aim to also have a comprehensive view of the challenges that exist to further developing or expanding the existing resources. Having a more accurate picture of our current food system will inform future decisions, improve the development of programming, while strengthening community collaboration, food partnerships, and coordination of services, influencing positive and meaningful change in the areas that this is most needed.

The completion of this assessment is one of the first steps in the community food coordination program. The gathered information will inform the implementation of projects in the next phase of the program, focused on increasing access to affordable, healthy and sustainable food in our community.

## Methodology

To better understand what the specific needs are in our community, we have gathered relevant data and statistics, while also connecting with locals who are impacted by food issues and community organizations involved in the food system. This data collection is far from exhaustive and may only account for a small amount of the population. However, attempts were made to canvas a portion of each of the demographic groups at highest risk for food insecurity. The Covid-19 pandemic significantly impaired the collection of information from local sources, as previously planned community meals and focus groups were not able to move forward due to safety concerns. Owing to this, data collection was limited to one-on-one interviews and survey

completion. The survey data collected may be biased due to the lack of diversity in the sample and does not contain a significant portion of each of the at-risk demographic groups. However, it does provide insight into some of the community needs. Interviews were also conducting with community partners participating in food distribution and programming, providing further perspective on community need.

## Key Definitions

At times definitions of concepts may vary from publication to publication. For the sake of clarity, we have provided a list of concepts as they have been defined within this report.

**Aboriginal peoples:** Of the first people in Canada. The Canadian Constitution identifies three separate groups within: First Nations, Metis and Inuit<sup>1</sup>

**Community Food Security:** Access to safe, culturally acceptable, nutritionally adequate food for every citizen in a community within a sustainable food system that emphasizes self-reliance and social justice<sup>2</sup>.

**Community Food Security Continuum:** Stages of strategies to improve food security in a community over time. Stage I: Efficiency strategies; Stage II: Participation/Transition strategies; III: Redesign strategies<sup>3</sup>

Community Partners: Community organizations in the social service sector working together

*Food Security:* Having consistent access to safe, culturally acceptable, nutritionally adequate food.

*Food System:* System of interrelated sectors in which food is produced, processed, distributed, consumed and disposed of<sub>4</sub>.

*Household Food Insecurity:* The state wherein a household is unable to financially provide adequate or secure access to food.

*Locally Sourced Food:* Food that has been grown, processed and distributed within the province of British Columbia.

# 2. Community Profile

## 2.1 Environmental Scan Indicators

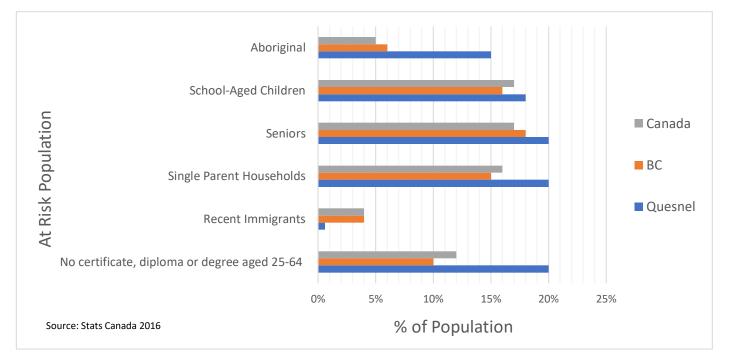
This section considers the factors within our community food system that suggest risk for food insecurity. For the purposes of this assessment, the geographic boundaries have been defined as the city of Quesnel and the immediately surrounding areas accessing Quesnel resources (CRD

Electoral Areas: A-Red Bluff/Quesnel South, B-Quesnel West/Bouchie Lake, C-Barlow/Barkerville, & I-West Fraser/Nazko).

Quesnel is a small community of 12064 people<sup>5</sup>. Including the surrounding areas, the population may be stretched to  $24836^5$ . In 2016, the year of the last census, the population was declining (-1.2%) and the population density was 279.2 people per square kilometer<sup>5</sup>. Since that time, it is estimated that the population has grown slightly, with a few hundred new residents in the area  $(0.9\%)^6$ .

## Demographics

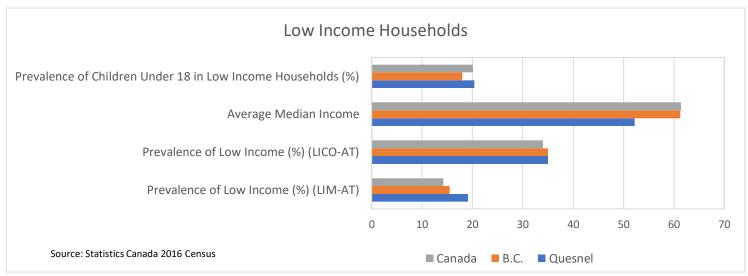
Having access to a healthy diet requires the means to purchase nutritious food, as well as the ability to obtain the food. For certain populations, the risk of food insecurity can be heightened due to many factors. Income, food costs, cultural background, education level, age and family situation all may impact one's food insecurity risk. The at-risk populations that have been chosen as key indicators for the purposes of this report are: single parent households, seniors, aboriginals, recent immigrants, school aged children and individuals without a grade 12 or equivalent education.



When comparing the percentage of a population falling into the risk categories for food insecurity, it is clear that Quesnel has a significantly higher percentage of those at risk than both the provincial and national averages in multiple categories. For instance, Quesnel has nearly triple the Aboriginal population and double the individuals who did not receive a high school diploma. Furthermore, Quesnel has a higher population of single parent households, seniors and school-aged children. These findings indicate that based on population demographics, Quesnel, as a whole, is at higher risk of food insecurity.

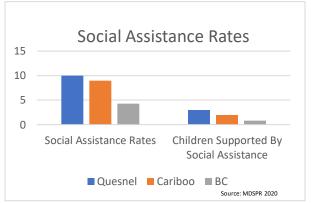
## **Economics**

As income often plays a large role in food security, it is important to consider economic factors. Quesnel has a higher percentage of low-income households than the provincial and national averages. In 2016, the annual median family income in Quesnel was \$52184, lower than the average Canadian median income of \$61400<sup>5</sup>. Similarly, the number of households falling into the low-income category in Quesnel was higher than the provincial and national average<sup>5</sup>. The 2016 census showed that 13% of the Quesnel population earned under \$10000 per year, with a total of 33% of the population making under \$20000. According to the 2018 LICOS 32-38% of the population could be classified as low income, with a larger proportion of their income going towards necessities than the average household<sup>67</sup>. When considering low income measures (LIM), Quesnel has a higher percentage of those identified as lower income than both the provincial and national average<sup>5</sup>.

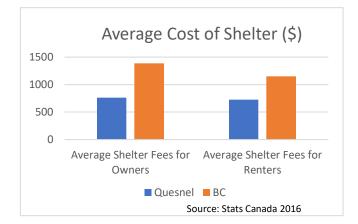


**Unemployment Rates:** In 2018, the Cariboo region had an unemployment rate of 5.6%. This rose to 6.3% in 2019<sup>9</sup>. With the Covid-19 pandemic, this has risen even further to 10.4% of the population reporting unemployment in August 2020<sup>9</sup>. This increase mirrors both the provincial and national rates<sup>9</sup>.

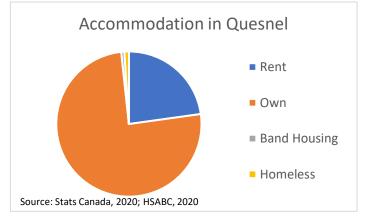
**Social Assistance Rates:** The rate of those on social assistance has increased province-wide by 5.6% over the past year<sup>10</sup>. In May 2020, Quesnel had 847 social assistance cases, covering 1213 individuals, 311 of whom were children<sup>10</sup>. This indicates that approximately 10% of the community is accessing social assistance as their main means of income. The B.C. overall average is 4.3%<sup>10</sup> and within the Cariboo, the average is approximately 9%<sup>10</sup>, indicating that Quesnel has over double the provincial average of cases and a slightly higher number than those regionally. Similarly, Quesnel has a higher

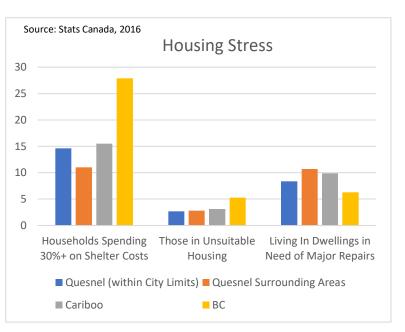


percentage of children supported by social assistance than provincial and regional rates.



Housing Stress: The majority of those housed in Quesnel own their homes (76.2%), while approximately one guarter (23%) rent and a small percentage live in band housing within city limits  $(0.7\%)^{5}$ . A small, but significant, percentage are without a home (1%)<sup>11</sup>. Within the outlying areas of Quesnel, the home ownership rate rises even higher with 88% of residents owning their own home. When compared to other regions of B.C., the cost of shelter in Quesnel tends to be lower<sup>11</sup>. The average monthly mortgage payment is \$810. The average monthly cost for rent is \$740, which is 64% of the average amount provincially  $($1149)^5$ .





While the cost of housing is generally lower in Quesnel than other areas of the province, Quesnel and surrounding areas showed a higher percentage of individuals living in homes in need of major repairs<sup>5</sup>.

*Homelessness:* The majority of those in Quesnel are housed, however, it has been found that approximately 1% of the population may be homeless at any given time<sup>11</sup>. In March of 2020 a homeless count took place in Quesnel. Preliminary results found that 121 people identified themselves as homeless at that time. At the time of the count, 40% reported that they were sheltered, living in temporary housing or shelters and 60% were unsheltered, residing outside, in vehicles or couch surfing<sup>11</sup>. Seasons House, the local emergency shelter, reports that they have 40-50 individuals accessing nightly. In comparison to nearby communities, this number is over double that of Williams Lake, a town of similar size, who reported 51 people experiencing homelessness<sup>11</sup>. Prince George, a significantly larger centre, recorded 160 individuals without a home in the 2018 count<sup>12</sup>. This appears to indicate that Quesnel has a significantly higher than average population that is unhoused.

## 2.2 Health-Related Indicators

An unhealthy diet has been identified as the most common risk factor linked to death worldwide<sup>13</sup>. Similarly, dietary risks are also among the top concerns driving death and disability in Canada<sup>14</sup>. As income decreases, food insecurity tends to increase. When individuals and families do not have enough money for food, food items that are cheaper but less healthy are the most prudent choice. A poor diet can have long term effects leading to overall poor health and at times, chronic dietary related health concerns, such as diabetes, cardiovascular disease, cancer, and osteoporosis<sup>14</sup>. In this section we will consider food security directly, along with the healthrelated indicators of food insecurity in our community.

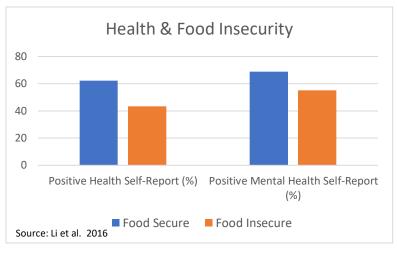
#### Food Insecurity in BC:

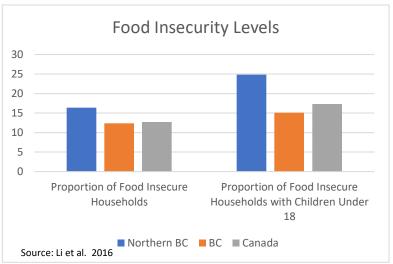
Those who are food insecure are more likely to rate their physical and mental health negatively than those who are food secure<sup>16</sup>. This highlights the link between food security and overall wellness. An estimated 1 in 10 BC

households experience food insecurity. This rate rises in the Northern Health region to approximately 1 in 7  $(16.4\%)^{16}$ . This is slightly higher than the provincial (12.4%) and national  $(12.7\%)^{16}$  averages.

Sixty-five percent of those households recorded as food insecure are employed<sup>16</sup>. Households supported by income assistance are found to be food insecure at a much higher rate (79.2%), with the majority meeting criteria for food insecurity<sup>16</sup>. In the Northern Health region, about one in five households (24.8%) with children experienced food insecurity<sup>16</sup>. Households led by a lone female parent with children under the age of 18 experience food insecurity at an even higher rate of 34.2%<sup>16</sup>.

Though wide-scale community assessment of food insecurity has not been completed in Quesnel, an estimate can be determined. Considering the rate of food insecurity within Northern BC, it may be estimated that there are approximately 2000 individuals experiencing food insecurity in Quesnel. It has been previously projected that 400 individuals accessed food support services in





Income Source for Those

Who Are Food Insecure in BC

Working

 Income Assistance

Other

Source: Li et al. 2016

2019 in Quesnel. A recent study found that only 20.1% of those facing food insecurity generally access food bank services<sup>17</sup>. This finding lends strength to the estimate of 2000. Evidence gathered from our Food Access Survey, a survey administered to those likely to be food insecure, showed that the majority of respondents fell into the severe food insecurity category as measured by the Household Food Security Survey Module (HFFSM)<sup>18</sup>.

*Fruit and Vegetable Consumption:* A vital component of a nutritious diet is an adequate amount of fruit and vegetables. Fruit and vegetable consumption is on a downward trend in Canada, according to statistics gathered between 2004-2015<sup>19</sup>. At that time, an estimated 33% of Canadians were consuming the recommended 5 servings of fruits and vegetables a day compared to 44.6% in 2004<sup>19</sup>. In 2015, the average Canadian was consuming 2.6 servings of vegetables/fruit daily. In the Northern Health region of BC, 38.8% of residents reported eating the recommended amount of vegetables and fruit per day in 2014<sup>20</sup>, an amount slightly higher than the national average at the time.

**Dietary Related Health Consequences:** The impacts of an unhealthy diet can be linked to a many different conditions, from obesity to low birth weight. Every year in BC there are approximately 3500 deaths linked to dietary related illnesses<sup>5</sup>. Here we will briefly explore some of the health indicators related to poor nutrition.

In 2018, 22.4% of British Columbians were identified as obese<sup>20</sup>. Within the Northern Interior Health region of BC, which includes Quesnel, the rate was 31.6% <sup>20</sup>. Seventeen percent of the Northern Interior population had a diagnosis of high blood pressure and six percent a diagnosis of diabetes, rates comparable to the provincial and national norms.

Provincial data shows that in 2015, 1917 deaths were due to endocrine, nutritional and metabolic diseases and approximately 1650 deaths were attributed to diabetes mellitus<sup>5</sup>. Over a 5 year period (2011-2015), Quesnel experienced 72 deaths due to endocrine, nutritional and metabolic diseases and 67 due to diabetes mellitus<sup>21</sup>. These numbers would indicate that an average of 28 deaths occur yearly in Quesnel that can be traced to dietary impacts.

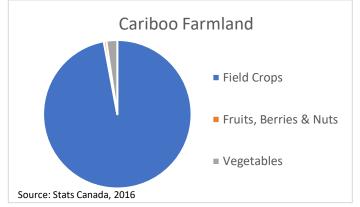
Maternal nutrition is a concerning causal factor in low birth weight<sup>22</sup>. Between the years of 2011-2015, 6.2% of the infants born in Quesnel were of low birthweight, compared to the provincial average at the time of 5.7%<sup>21</sup>. Additionally, in 2015, 3.62% of infant deaths in BC were related to gestation and fetal malnutrition<sup>5</sup>.

# 2.3 Community Food Production

## Availability of Local Food

The range of climate and terrain in BC allows for the production of many different types of foods; from vegetables, fruit and berries, to grains and livestock. The lower mainland is home to a wide range of vegetable and berry farms, the Thompson-Okanagan region specializes in fruit

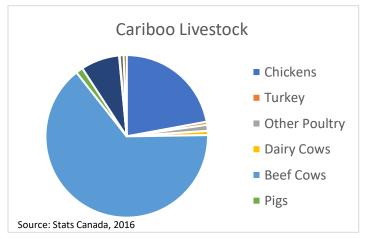
production and livestock farms may be found throughout the province. This allows for BC grown food to be available in many local grocery stores province-wide.



In the Cariboo Regional District (CRD), beef production is by far the most prevalent locally available food source, while produce and other livestock numbers are relatively low. In 2016 there were 919 farms within the CRD, averaging 410.2 hectares each, with 1440 farm operators<sup>23</sup>. This equated to 376,957 hectares in farmland with 44,957 of these planted with crops<sup>23</sup>. The majority of crop land in the Cariboo is used to grow feed for livestock, such as hay, barley and oats. In

comparison, crops meant to be directly consumed make up a small portion of the overall acreage, with 19 hectares of fruits, berries and nuts and 79 hectares of vegetables<sup>23</sup>.

In terms of meat production, the Cariboo region has a significant beef industry with 39,479 cows reported, making up 22.9% of B.C.'s total beef production<sup>23</sup>. The second largest number of livestock is poultry, including chickens, turkeys and other fowl, totaling 14,314<sup>23</sup>. At the time of the last agricultural census (2016), there were 4696 sheep, 860 pigs, 474 goats and 373 rabbits. A significantly smaller number of bison (76), as well as alpacas and llamas (143) were recorded<sup>23</sup>.



## Accessibility of Local Food

While BC products may be accessed through local grocery stores, items from local farms may also be available more directly. Nearly one quarter of farms in the CRD (24.9%) directly sell their products to consumers, with over 95% of these sales using farm-gate, stands or u-pick methods,<sup>23</sup> and five percent participating in Farmer's Markets<sup>23</sup>. The Farmer' Market in Quesnel currently has 10 vegetable vendors, 4 meat vendors, and one dairy/egg vendor<sup>24</sup>. Similarly, a local specialty grocery store has developed a partnership with 50 plus local suppliers<sup>25</sup>.

There is currently one community garden in operation in Quesnel, located on the westside of town. There was a downtown garden as well, however, this was recently dismantled due to property changes. In previous years, community garden organizers expressed desire for edible plants to be included in city property landscaping, however, this has yet to come to fruition. Within city limits up to 4 hens are permitted per residential property as long as specific criteria are met<sup>26</sup>. Likewise, hobby beekeeping is permitted to those registered with the Ministry of Agriculture<sup>26</sup>.

## 2.4 Community Food Resources: Access and Distribution

## **Retail Food Suppliers**

Quesnel has approximately 71 food wholesalers, retailers and restaurants. There are eight grocery stores; four of which are major grocery outlets. The remaining four are specialty stores. There is one major grocery retailer on the westside and three specialty food stores. North Quesnel is home to one major grocery retailer and a bakery. South Quesnel is home to two grocery outlets and one specialty store. The outlying areas of Quesnel do not have any full-size grocery stores, but most have a general store with some grocery options. Those living in the outlying areas must travel to town for a full selection of food supplies.

Quesnel has one farmer's market in operation from May-October occurring on Saturdays from 8:30AM-1PM. Approximately 22 Food vendors sell local vegetables, fruit, meat, dairy, eggs, baking, preserved goods and bedding vegetables<sup>24</sup>, with approximately 250 individual consumers in attendance each week.

In 2014 at least 38 farms near Quesnel offered farm-gate sales by appointment<sup>27</sup>, with 344 farms in the Cariboo region providing direct to consumer sales in 2016. Local producers also sold produce through some local retailers, notably Long Table Grocery<sup>25</sup>.





#### Accessibility & Affordability:

While the majority of food retailers and all food supports are located in the downtown and westside areas of Quesnel, the most affordable grocery stores are located in South Quesnel. Similarly, many food insecure residents reported shopping for dried and canned goods at the dollar stores in South Quesnel when able. Many of the individuals in Quesnel who are food insecure live in the West Quesnel area. They expressed difficulty accessing these cheaper food resources due to lack of transportation options. If an individual does not have a car of their own, they must coordinate with others, hire a cab or take public transportation, which can be limiting in terms of items purchased. Bus routes are available to all major grocery stores but can be time consuming due to large routes, particularly when travelling to South Quesnel from West Quesnel or vis versa, a trip that includes a transfer downtown.

Multiple organizations in town are enrolled in the farmer's market nutrition coupon program which allows them to distribute farmer's market coupons to lower income families, pregnant women and seniors<sup>28</sup>. Eligible individuals/families can receive a minimum of \$21 per week to put towards food purchases at the local farmer's market during the season.

For a family of four, the average cost of a month's worth of nutritious food in the Northern Health Authority region was \$1038 in 2017<sup>29</sup>. For a low income family in Quesnel, this places the average cost of food and shelter at \$1778 monthly, an amount that doesn't include other necessities such as clothing, cost of transportation and school supplies. A family of four on income assistance in B.C. may receive up to \$1,301.06 per month<sup>31</sup>, showing how difficult it can be financially to eat nutritiously. Food costs continue to rise, making it increasingly difficult to afford nutritious food. B.C. wide trends indicate an above average increase in food prices between 2017 and 2019 when compared with other provinces, as well as a predicted forecast of continued increase into 2020<sup>30</sup>.

The locations of discount grocery stores, rising food costs, as well as transportation barriers appear to be key issues impacting the accessibility and affordability of food within our community.

## Short Term Relief and Capacity Building Resources

Food security efforts can be seen as a continuum largely broken into three stages: efficiency (emergency/short term relief), participation/transition (capacity building) and redesigning systems<sup>3</sup>. Intervention at each level serves an important purpose and all can be addressed simultaneously within a community. In this section, we will explore the resources at the first two levels, short term relief and capacity building, that exist within our community.

In B.C., it is estimated that 124,713 individuals access charitable food resources monthly<sup>32</sup>. In Quesnel, these resources consist of a food bank, soup kitchens, grassroots initiatives and food

resources linked with other social service programming. These resources largely rely on food and monetary donations to provide their supports. At times this may include food donations that are grown or processed locally, however, this is not the current norm.

Quesnel has one operational food bank, run by the Salvation Army, that is able to provide bimonthly food hampers, a free table of produce/bread etc., small bags of emergency snacks, and infant formula. On average, 190 individuals are supported monthly, including children. Of these individuals, 25% are children. More males (56%) access than females (43%), and 1% of those accessing identified as transgender<sup>33</sup>. Currently, the food bank is processing grocery (food rescue) donations from multiple store partners, however, is at capacity for the amount of donations it may accept, due to processing time, transportation issues and refrigeration/freezer capacity. The organization relies on food and monetary donations to continue to provide services, with the majority of these donations coming in around the holiday season. At this time, this program is operating at capacity and is unable to expand.

Though not operating as official food banks, some local churches are able to provide hampers as well to those in need. Similarly, there are multiple grassroots charitable food sources in operation that are able to provide prepared meals and/or food stuffs to specific populations when donations are available.

There are free hot meals available 6 days per week between four community organizations (Salvation Army's Warrior Song Café, Tillicum Friendship Centre, Victory Way Church, and a partnership between the Anglican Church and Seventh Day Adventist Church). All programs have transitioned to bagged lunches during the pandemic. These individual organizations are supported through donations and program funding. Most meals provided are low barrier with few restrictions on attendees beyond those concerning safety.

One community kitchen exists with specific program criteria, operating at the North Cariboo Aboriginal Family Program Society (also known as "Long Name"). This allows for eligible families on a budget to participate in making nutritious meals to take home for a very low cost, as well as food skills programs catering specifically to families, children and youth.

Many community partners include food with their programming. These resources include the Tillicum Native Friendship Centre, Child Development Centre, Grace Young Activity Centre, Women's Resource Centre, CSUN and Seasons House. Along similar lines, Dakelh housing offers a zero-profit on site grocery store for residents.

Programming that provides nutritional information for people with specific health issues includes the Chronic Disease Management team and Child Development Centre, as well as community nutritionists with Northern Health. A scan of the available resources indicates that there are currently no food supports specifically focused on certain health issues, such as HIV/Aids. However, supports for specific populations such as seniors cooking programs have been available in the community over the past year. **Accessibility:** The food hamper program in town is by appointment only with set hours (2 hours daily 4 days weekly). In order to register, an applicant must bring original copies of identification for themselves and every household member under the age of 18, along with proof of income, proof of expenses and proof of current mailing address. If there are other adults in the household they must accompany the applicant or the applicant must bring the information for the other individuals. Food hampers are available to an individual or family every two months.

Charitable meals provided in the community (Salvation Army, Victory Way, Seventh Day Adventist meal provided at the Anglican Church, Friendship Centre) are drop-in and have no screening or restrictions in place. However, behaviour that endangers self or others will generally result in a ban from services.

When food is provided as an addition to regular programming, there is often specific criteria for those accessing programming, for example, pregnant mothers attending a pregnancy outreach program.

Charitable food providers attempt to provide the most nutritious options available. Being largely reliant on donations, many hamper products available are dried or canned, limiting access to fresh produce and protein sources. However, some organizations have begun to forge partnerships with local grocers who provide food rescue donations that can include fresh and frozen products. In general, those accessing services reported limited access to fresh food sources and a desire to include fresh produce and protein sources.

Patrons of services indicate that it is very helpful to have food available, however, many have food sensitive conditions, such as diabetes, that make it difficult to get the food they need from the current resources in town. Others note that the bimonthly hamper frequency helps, but is not enough to make a significant difference. Some individuals interviewed met the criteria for food insecurity but did not feel comfortable accessing the community resources due to stigma and/or a sense of not being deserving of this support, believing that others were more in need. This reoccurred as a significant barrier to access across interviews/surveys.

Overall, patrons of services were grateful for the supports being offered, but identified certain barriers to access that included stigma, program criteria and specific dietary restrictions. Currently operating programs are eager to support development of further resources but unable to expand their programming due to a variety of individualized factors. We will explore these barriers and potential solutions further in the Community Research and Future Directions sections.

# 2.5 Social/Cultural Indicators

Quesnel is home to many individuals of differing backgrounds. North American and European foods are generally easy to find on the shelves of local grocers. However, culturally appropriate food for other groups may be more difficulty to come by.

## **Aboriginal Food Insecurity**

It is estimated that Aboriginal households living off reserve experience food insecurity at a rate over double that of non-aboriginals<sup>34</sup>. Historically, the aboriginal peoples of this region relied on the local land to provide the entirety of their food needs. Traditional foods remain available for those who are able to gather, hunt, harvest and process seasonally. However, barriers exist to accessing these resources and the resources themselves are in some cases diminished. The 2017 and 2018 wildfires have resulted in less available game, as well as closures of moose hunts in some Cariboo regions<sup>35</sup>. In order to hunt moose, a primary meat source to many eating a traditional diet, members of the First Nations community must travel to other regions, resulting in many extra costs. The bands in the Cariboo have also been impacted by low salmon counts in the Fraser River. In 2020 the Tsilhqot'in council and chiefs closed fishing on chinook and sockeye salmon<sup>36</sup>. Additionally, a rock slide in the Fraser Canyon has blocked salmon migration to the region for the past two years contributing to record low sockeye salmon counts this year in the Fraser River<sup>37</sup>.

The trauma and cultural loss of colonialism and residential schooling has had intergenerational impacts affecting the culture and transmission of traditional knowledge and skills throughout the country<sup>38</sup>. This loss includes traditional methods of food acquisition, preservation and the food system as a whole, greatly impacting food sovereignty. A case study from 2011 highlights many direct barriers to traditional food access that may be relevant to our region, including loss of related food skills, contamination of foods, less sharing occurring amongst the population, increased cost of living, equipment costs and licensing fees<sup>39</sup>. Other bigger picture food security influencers may be decreased access to land, government restrictions, climate change, deforestation, overfishing, and changing priorities<sup>39</sup>.

In addition to enhancing food security, procuring, preparing and consuming a diet more aligned with the traditional Aboriginal food system has been found to have physical and mental health benefits<sup>40 41</sup>.

## Availability of Culturally Diverse Food

The major grocers in town include culturally diverse items in dried, canned and frozen form, however, there are limits to fresh items that may be fitting, with most produce and meat available aligning with North American culture. Traditional Aboriginal foods, as well as traditional foods of other non-European cultures, are not readily available at community grocers, particularly from local sources.

## **Nutrition Beliefs and Food Skills**

Most Canadians believe that a healthy diet is important for maintaining overall health, however, this knowledge doesn't necessarily transfer to their own eating habits, with many individuals not showing concern regarding their own diets<sup>42</sup>. When surveyed regarding this, many Canadians

believed that healthier food options were largely available but difficult to afford<sup>42</sup>. Nutrition professionals in Quesnel agreed that this seems to be the case in Quesnel as well, with individuals prioritizing affordability over nutritional content.

Research indicates that the majority of Canadians categorize themselves as "Somewhat" to "Very" knowledgeable about food and nutrition<sup>43</sup>. These numbers have stayed relatively constant over the past decade, with older Canadians more likely to feel more knowledgeable on the topic.

## 2.6 Local Food Indicators

It is estimated that B.C. farmers produce approximately 48% of all food consumed in BC<sup>44</sup>. BC produces the majority of its own dairy and many meat products including fish. However, it is very reliant on imports for fruit and vegetables, primarily from the United States, Mexico and China<sup>45</sup>.

When mapping a local food system, it can be helpful to consider how far food must travel. Ingredients for a meal in Canada have traversed an average of 3000 km to reach our plates<sup>46</sup>. In BC, the majority of imported food comes from the United States, with a large portion of fresh produce coming from California. For Quesnel, food from California must travel an average of 2200km. Similarly, the food miles from Mexico and China, would be approximately 5000km and 10400km, respectively.

Local grocers sell many BC products and initiatives are in place to increase and encourage this practice. Safeway engages in the BuyBC program and Save On foods partners with local providers and other retailers to carry various items produced in BC and Canada. However, food local to our particular region is most likely to be found at the Farmer's Market, Long Table Grocery or purchased directly from local farms, rather than on the shelves of large grocery retailers.

# 2.7 Food Policy Indicators

Food policy is a means to guide helpful changes in the food system. Policy can be impactful on federal, provincial or municipal levels. On a national level, the Government of Canada has established a national food policy. The Food Policy for Canada expresses their vision statement as follows: *"All people in Canada are able to access a sufficient amount of safe, nutritious, and culturally diverse food. Canada's food system is resilient and innovative, sustains our environment and supports our economy.* <sup>47</sup>*"* On this federal level, goals centre on relieving hunger, drastically reducing food waste and increasing understanding and ability to lessen climate change.

Provincially, the Ministry of Agriculture is shifting policy to make local food more accessible throughout the province, with a particular emphasis on the meat industry helping to breakdown current barriers to accessing licenced slaughter and processing facilities<sup>48</sup>.

Changes are also occurring on institutional levels. Such as Northern Health's recent engagement with the Ministry of Agriculture's Feed BC program, adding many local food suppliers to their food programming in hospitals and long term care facilities<sup>49</sup>.

Regionally, a Food Hub is currently in development in Quesnel, which will allow local producers access to commercial production and kitchen space to process their goods and distribute locally<sup>50</sup>.

In these ways, there is a continuing shift in policy allowing for more locally produced food to be available in our area, breaking down some of the processing and distribution barriers that exist locally. Moving forward, other policy strategies that may be impactful within our region are those that focus on addressing the underlying causes of food insecurity (such as poverty), accessing sustainable funding for community initiatives, the food systems role in reconciliation, and improving affordability of nutritious food<sup>51</sup>.

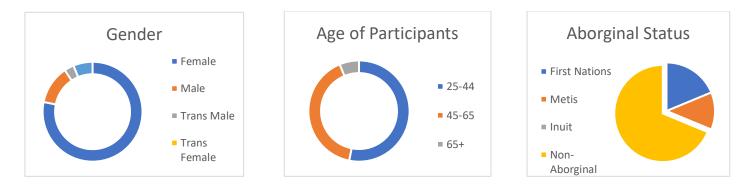
# 3. Community Research

## 3.1 Quesnel Food Access Survey Data

In order to gain a better understanding of the specific needs of those experiencing food insecurity in our community, we invited individuals to participate in a survey. Original plans included hosting community meals and discussion groups with key risk populations, however, the ongoing COVID-19 pandemic, forced us to forego this option in order to prioritize safety in the community.

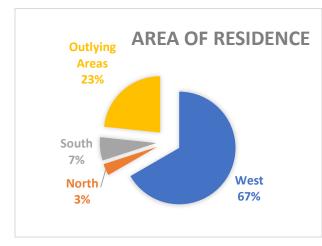
## **Demographics of Respondents**

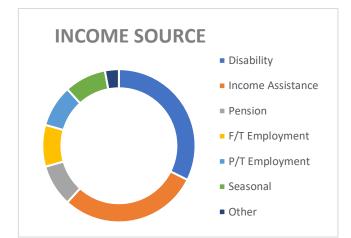
Given the circumstances, we had a small participation rate of 34 individuals. The majority of participants were between the ages of 25 and 65. More female respondents took part than male or trans individuals, which biases the data in gendered way. The majority of respondents identified as non-aboriginal (69%), with 32% identifying as aboriginal, including First Nations (19%) and Metis (13%).



Most respondents (67%) lived in the West Quesnel area, followed by outlying areas of town (23%), South Quesnel (7%) and North Quesnel/Downtown (3%).

The main source of income for over half of respondents was social assistance (disability (32%), income assistance (29%)). Over a quarter, reported their main source of income as employment (full time (9%), part time (9%), seasonal (9%)). The remainder identified income sources as pension (9%) and other (3%), including child tax benefits and spousal support. An equal amount of respondent's lived alone as those who lived with others. The majority of those living with others lived with family, with a few living with those they were not related to. A third of households had children under the age of 18.



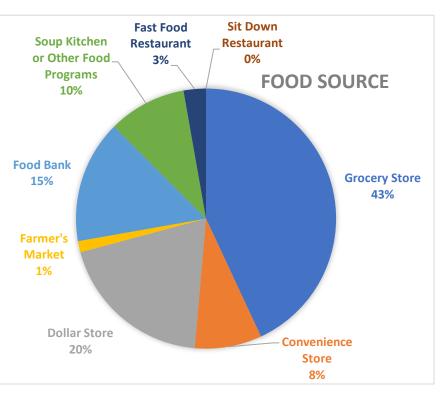


Food Security: The majority of participant's fell into the category of Very Low Food Security

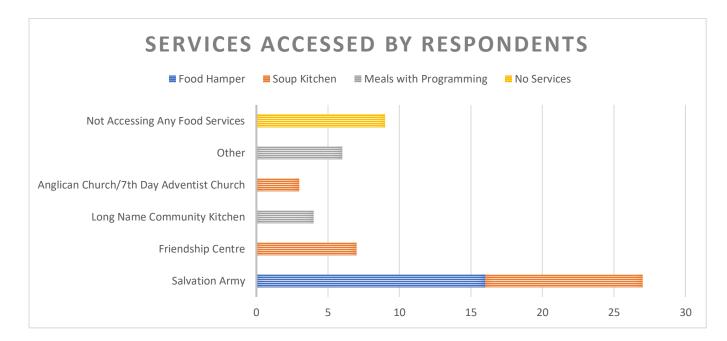
(77%), with the remaining falling into the *Low Food Security category* (23%).

#### Food Source:

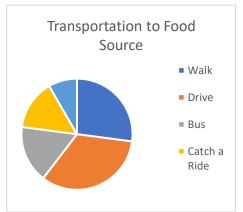
Survey respondent's purchased their food most frequently from local grocery stores. Dollar stores were the second most popular food source, followed closely by the food bank. Ten percent indicated that they attend the local meal programs and 8% noted that they shop at convenience stores. А small percentage (1%) shopped at the farmer's market. The majority of participants (67%) were aware of how and where to access the emergency food resources in town, whereas (33%) were not.

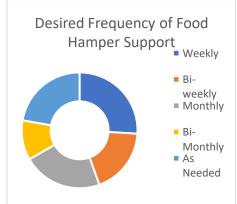


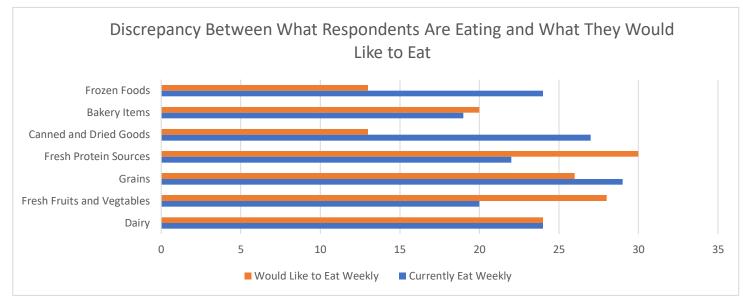
**Food Resource Access:** The most frequently accessed food resource over the past year was the Salvation Army food hamper program, followed closely by the Salvation Army's Warrior Song Café meals. A quarter of participants noted that they had not accessed any food supports at all over the past year.



Barriers to Access: The most commonly cited barrier to accessing services was transportation. Respondents noted that weather conditions in the winter exacerbate this barrier. Some respondents stated that bus tickets or delivery options would aid with this. The second most common barrier described was psychological state, with respondents describing anxiety, diminished motivation and mental health struggles. Multiple respondents expressed that pride or a feeling that others were more deserving prevented them from accessing services or caused them to access services less frequently than needed. Other barriers identified included not knowing how and where to access services, fearing for safety, and services not being offered frequently enough or only during limited times. Of concern to some participants, was the suitability of the food being provided. Respondents with health concerns and particular dietary needs explained that it is difficult to find food that meets the requirements of their limited diets. A few respondents stated that they had been banned from certain services.







*What Respondents Would Like to Eat:* The data shows that the majority would like to have access to an increased amount of fresh produce and protein sources.

#### Food Supports Respondents Would Like to See in Quesnel:

Overall, respondents expressed that they would like to have greater access to food resources in the community, with increased frequency of food supports and an expansion of current programming. Multiple respondents expressed that it would be helpful to have a food bank option that allowed for selection of items that fit for specialty diets. It was also noted that many individuals would like to have access to more fresh produce. Some respondents noted that it would be helpful for a support to aid with transportation concerns by providing bus tickets, having delivery options or a mobile "vegetable truck" option. Other programming suggestions included "self-sufficient gardening workshops," "affordable local food" options, more community gardening opportunities, "cooking classes, learning how to use fresh herbs, knife skills etc." and other "supportive programming." One respondent emphasized the need for "community based collaboration" and another noted that it would be helpful to have a food bank separate from the soup kitchen. When given a list of possible programs, respondents showed the most interest in food skills workshops, community gardening, and a market style food bank.



## 3.2 Community Partner Contribution

## **Identified Barriers to Client Access and Service Expansion**

Through a series of interviews with community partners engaged in food programming, many barriers were revealed.

**Populations Not Being Served/Accessibility:** Community partners identified that the current food supports were difficult for some to access. For instance, those who do not have access to food storage or cooking facilities do not benefit from hamper supports and have turned down extra food previously as they don't have the ability to transport it or store it. They also noted that the process of registering to receive a hamper, providing the necessary paperwork (i.e. rent receipt, proof of income amount) can be challenging or daunting for some. Another barrier noted was a lack of food skills. If an individual does not have the skills to turn ingredients into a meal, they are less likely to accept and make use of food supplies that are not pre-made. Additionally, it was identified that there can be a lack of knowledge of the available services, such as not knowing that one does not have to be of aboriginal descent to attend the Friendship Centre. It was also expressed that many in need, such as those who are employed but food insecure, are not accessing the food supports in town, meaning that a large amount of those in need in the community are not receiving supports.

*Limitations of Current Services:* Community partners agreed that there was need for further free/low cost food resources in town. All current food programming is reliant on donations or grant funding and much of it is delivered off the side of other programming. Community partners noted that this can mean inconsistency and unpredictability of resources. For the majority this inconsistency results in not having enough food or funding to serve the population at hand in a sustainable way. Though large scale food donations are available, this food must be transported, sorted, stored and distributed, which may take more space, time, people and funding than is currently available through most organizations.

**Organizational Dilemmas:** Community partners also noted some limitations that they encounter within their organizations. A few noted organizational dilemmas, such as identifying what parameters to place around their programming and how to ensure they are prioritizing services for those most in need. Others noted barriers regarding the logistics of pick-up and distribution of donations and provisions. Though organizational structures exist such as Foodmesh and FoodRescue, it was explained that the parameters of such programs can be difficulty to navigate and not all providers meet the criteria for access.

## What is Needed

It was generally expressed that further access to food supports was needed in the community, through the removal of existing barriers and expansion of offered services. In order to facilitate that, access to more funding for food purchases and further availability of food storage were

priority. Depending on the program this ranged from having a budget (and corresponding funding source) strictly for food programming, to having reliable access to a vehicle for transportation of donations. Community partners identified a desire for respectful and transparent collaboration between programming in order to work together to problem solve and share resources. It was established that a distribution depot would be helpful in terms of organizing and distributing large scale food donations, particularly food waste redistribution, to the organizations and individuals directly.

Discussion regarding what further food programming is needed in our community included the themes of peer-led, community driven, collaborative (inclusive of other supports, for example, mental health) and drop-in services. A food-based community centre, was identified as a viable option. Also, of noted value was accessible food skills and safety training. Other ideas put forward included having a food sharing shelf, donations from community gardens or a section of a community garden grown directly for donation and availability of lower priced food sources for those who are in need but feel more comfortable purchasing food stuffs rather than accepting charitable support.

# **Future Directions**

Given the data collected, it is clear that many individuals in Quesnel are at a high risk of food insecurity. Quesnel has more individuals falling into the demographic risk categories than average. The economic statistics indicate that as a whole, the population of Quesnel earns less and has more individuals on social assistance than the provincial and national averages. While the cost of shelter may be lower, the homeless population is significantly larger per capita than neighbouring communities. Regionally, Northern Health experiences a higher food insecurity rate than BC and Canada as a whole. Food is readily available at grocers and markets, however, many individuals struggle to afford nutritious purchases and lack the means of transportation to reach the most affordable options.

Returning to the Food Security Continuum, Quesnel has resources for short-term relief (Stage I) and capacity building (Stage II) and initiatives in place that will create effective shifts in some aspects of the food system, primarily the availability of local food (Stage III). However, there is room for expansion and improvement on all three levels.

Notable barriers to accessing food services currently include transportation, stigma, and poor fit between need and resource, such as in the case of those individuals with dietary restrictions and those without kitchen facilities. Discussion with community members and organizations seems to point to the need for stable and sustainable funding for food resources, continued communication and collaboration amongst organizations, increased capacity for storage and distribution of food waste recovery, options that engage and support those who are food insecure but are not currently accessing services, and increased peer-engagement/community involvement.

## Recommendations

Considering these identified community needs, potential beneficial projects may include:

- A community food center that allows for drop-in services, peer-led programming, food skills workshops and community gardening
- A centralized food rescue distribution system to support current resources
- Customized food options, such as a market-style food bank where individuals may choose items themselves and/or more frequent hampers of fewer items for those without kitchen facilities
- A low-cost/affordable food market or good food box program

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