

## PURPOSE

### The challenge

In recent years, the narrative around the BC food costing report has focused on rising food costs despite the report's intent to highlight food affordability.

Health authorities have also expressed challenges in disseminating the report and clarifying the report's intent of highlighting food affordability rather than the cost of food.

### The intended outcome

The purpose of the Food Costing Dissemination Project is to implement a coordinated approach with health authorities to align their food security messaging to:

- Shift the discussion of the Food Costing in BC report from rising food costs towards affordability and household food insecurity; and
- Mobilize partners in food security and poverty reduction to advocate for income-based solutions to household food.

## BACKGROUND

**Household food insecurity is the inadequate or insecure access to food due to financial constraints.<sup>1</sup>**

### There are divergent perspectives on the problem and solutions to household food insecurity.

- Traditionally, the response to food insecurity has been through food-based approaches like food banks and community gardens, but there is no evidence that these initiatives reduce household food insecurity.<sup>2</sup>
- Rising cost of food in BC is often linked to food insecurity. But according to the latest evidence, the root cause of food insecurity isn't the price of food—it's poverty.
- The strongest predictor of food insecurity is household income.<sup>1</sup>
- Canadian research shows that policies to improve household income, such as a basic income guarantee, are the most effective way to lower food insecurity.<sup>2</sup>

### Every day, more than half a million British Columbians struggle to afford a basic healthy diet.<sup>3</sup>

- Households with children, especially those led by single mothers, are at highest risk.<sup>3</sup>
- Working households comprise the majority of the food insecure households in BC, although those on social assistance have the highest rates.<sup>3</sup>
- Food insecure individuals are at increased risk of chronic conditions, difficulty managing diseases and depression amongst other health impairments.<sup>4-6</sup>
- Health care costs can be up to 76% more for those who are food insecure compared to those who are food secure.<sup>7</sup>

### The average monthly cost of a basic healthy diet as a proportion of income is an indicator of food insecurity in BC.

- The Population and Public Health team at BCCDC works with the Ministry of Health and the five regional health authorities to biennially monitor the monthly cost of a basic healthy diet.

Percentage of household income required for BC families\* to eat a basic healthy diet in 2017



\* Based on a family of four with two incomes

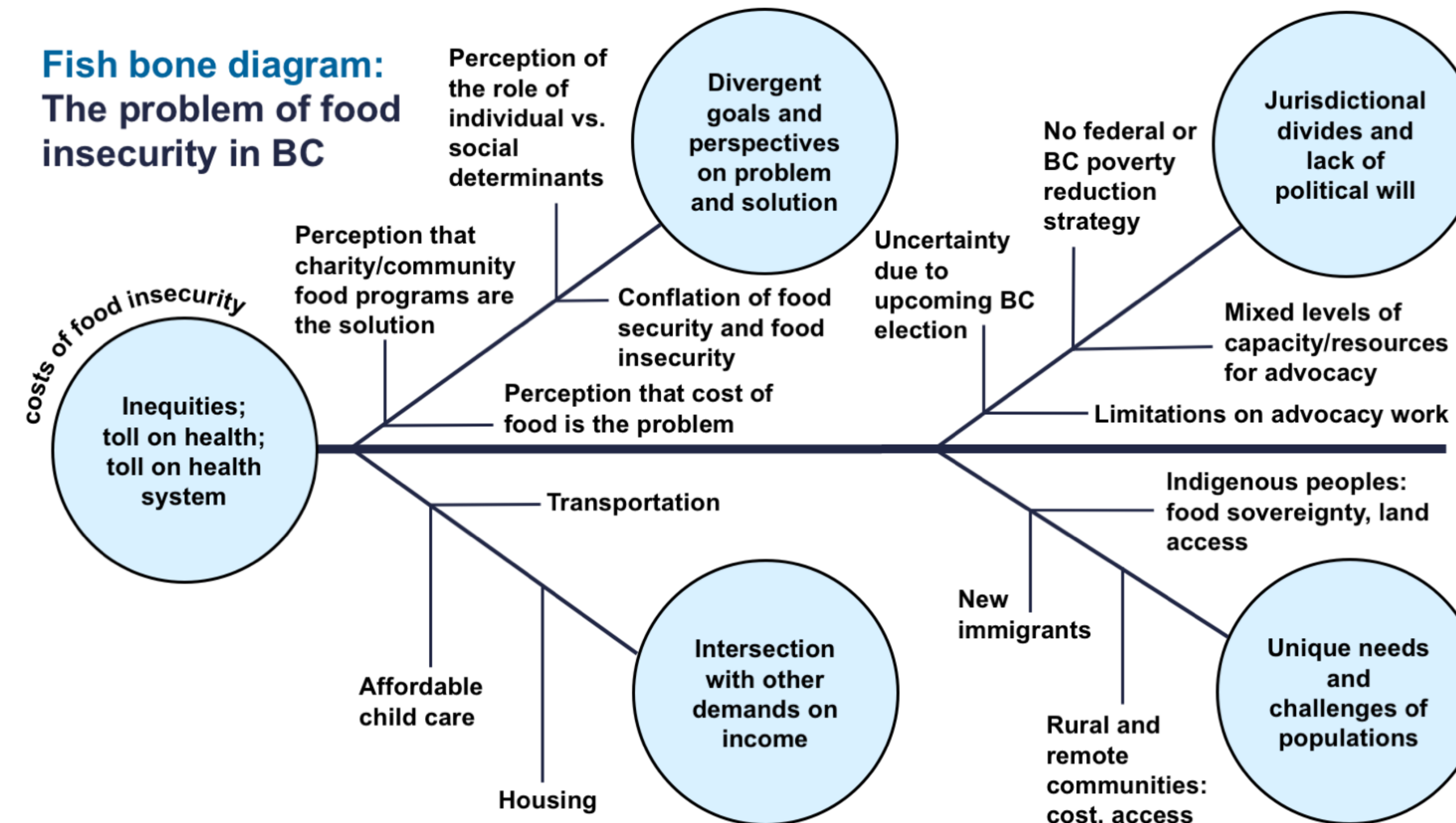
- According to the 2017 report, the monthly cost of an adequately nutritious diet is \$1,019 in BC.<sup>8</sup> This data can be used to assess the affordability of a healthy diet for different population groups and to provide insight into the challenges food insecure households face in order to purchase a healthy diet.

## Approach

The development of the dissemination strategy was led by consultants and staff within BCCDC's Population and Public Health team, in collaboration with the Food Costing Advisory Committee which consisted of representatives from BC's regional health authorities. Various methodologies were used including a review of the literature, key informant interviews, stakeholder mapping, audience personas, force field analysis and the creation of an evaluation framework of desired outcomes. The key steps are highlighted below.

### Step One: Diagnosing the problem

- Consultations with the Advisory Committee and a review of key literature were conducted to reach a deeper level of understanding of the symptoms and root causes of the problem.
- A fishbone diagram was developed to capture problem components and entry points.
- The diagram was refined throughout the strategic planning process as more context on the complexity of the problem was uncovered.



### Step Two: Stakeholder mapping

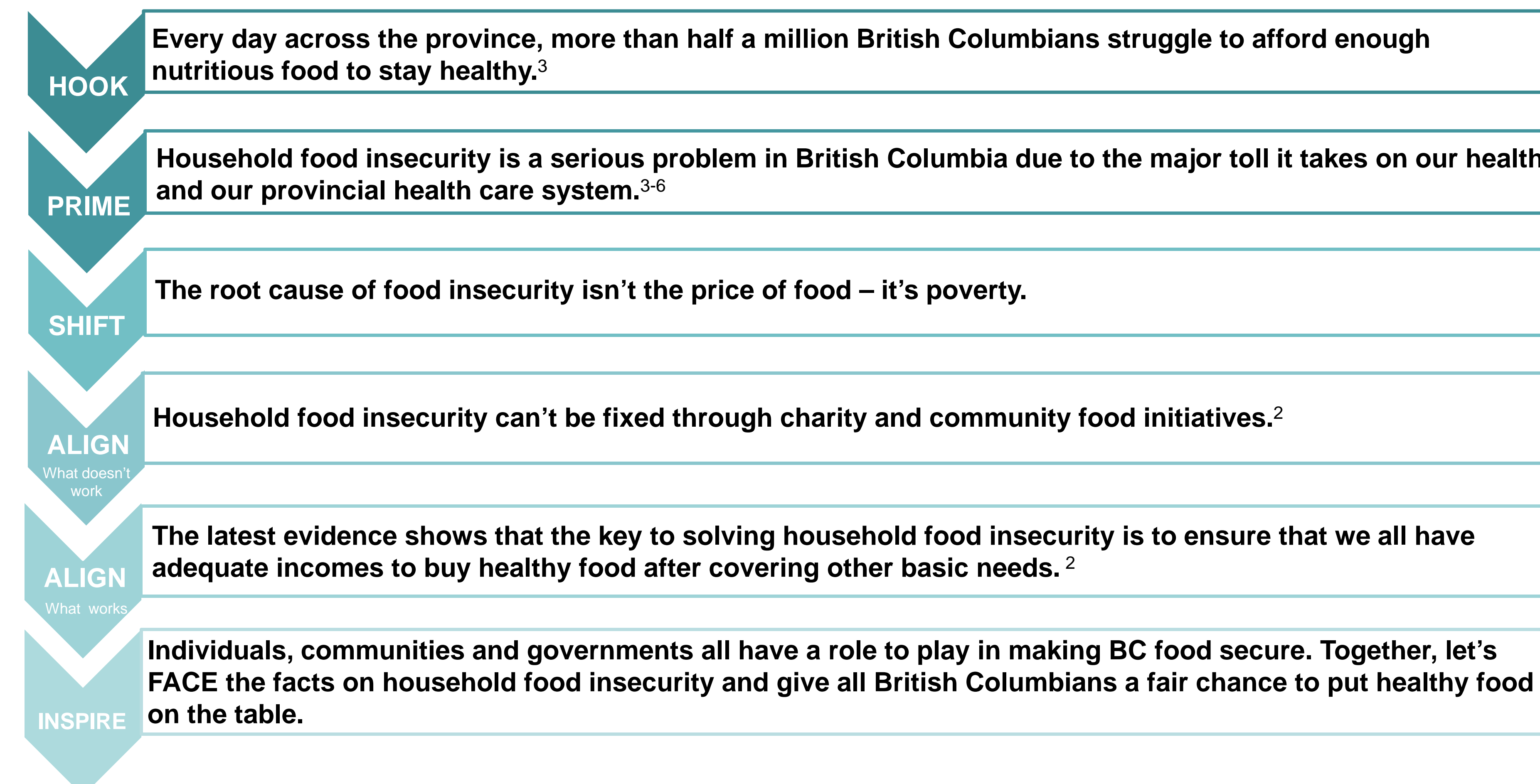
- Using a mapping exercise, the Advisory Committee identified the position, interest, and influence of different stakeholder groups.
- Four influential primary target audiences were identified with whom regional health authorities can work directly:
  - Local media;
  - Community food security groups;
  - Poverty reduction advocates; and
  - Municipal governments.
- Consultants collected insights through a review of literature and completion of interviews with key informants, and synthesized findings into audience personas.

### Step Three: Influencing objectives

- Based on the problem diagnosis and stakeholder mapping, three influencing objectives were generated for this project:
  - SHIFT** the dialogue and debate on the problem of rising food costs towards affordability;
  - ALIGN** local actors in food security around what works (and what doesn't) to reduce household food insecurity;
  - INSPIRE** local actors to engage in poverty reduction and advocate for income-based policy solutions to food insecurity.
- These objectives informed the development of key messages and reflect a continuum of readiness for change, moving from awareness to discovery, and discovery to action.

## OUTCOMES

### Key Messages



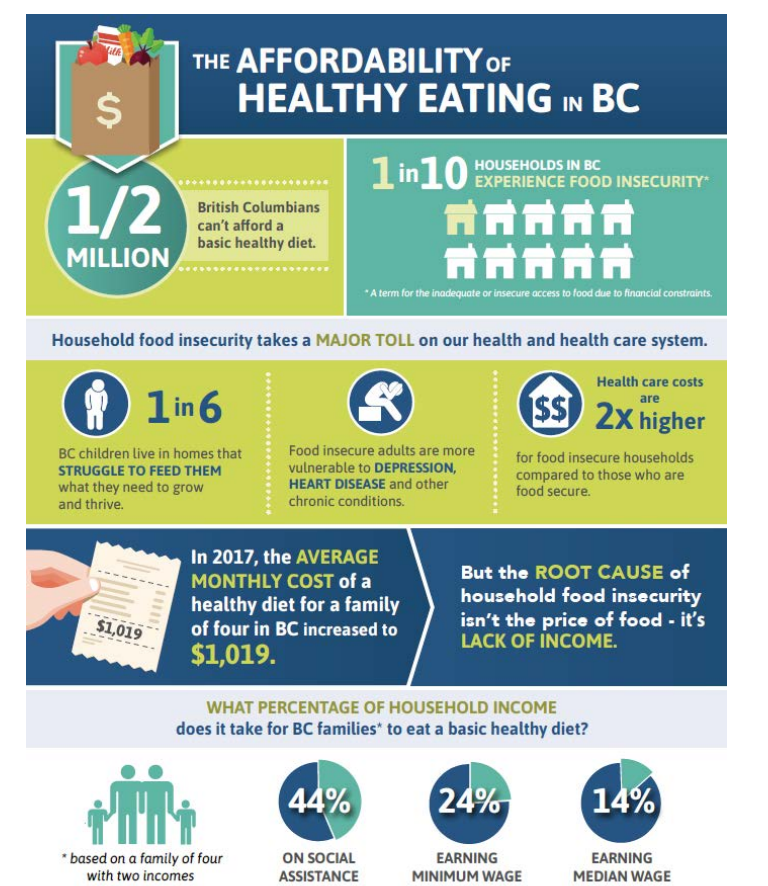
- Key message maps were developed for each target audience. The messages were informed by evidence, and included a set of hooks, key messages and proof points that provide a consistent narrative for the food costing dissemination.
- Messages were tailored around the core call to action "Together, let's FACE (Frame, Assess, Connect, Engage) the facts on food insecurity", which offers audiences concrete actions to be taken in response to evidence on food insecurity.

### TOGETHER, LET'S F.A.C.E THE FACTS ON FOOD INSECURITY

- F** **FRAME** household food insecurity as an income-based problem that needs income-based solutions.
- A** **ASSESS** the affordability of a healthy diet in your community using BC latest data on the cost of food.
- C** **CONNECT** with others who are working on poverty reduction.
- E** **ENGAGE** in the need for policy action to ensure all British Columbians have the income they need to eat healthy.

### Tools and tactics

- A toolkit and implementation plan were developed to support health authorities' implementation of the Food Costing Dissemination Project. The tools include targeted email campaigns, media background, an infographic, a social media kit, sound bites, an op-ed guide, a tool for engaging municipal government and a community event checklist.



### Evaluation

An evaluation framework was developed as part of the dissemination strategy. The evaluation strategy includes real-time and retrospective methods to evaluate:

- Breadth and depth of dissemination of the food costing report
- Uptake of the key messages by target audiences and resulting changes in behaviour, activities, or relationships
- Overall experience, challenges and opportunities, of the health authority staff in using the communication tools and disseminating the food costing information

## CONCLUSION

- Policies to improve household income are the most effective way to lower household food insecurity, yet the primary response in many jurisdictions continues to be through local food-based initiatives like food banks and community gardens.<sup>2</sup>
- Using the food costing in BC 2017 report, the Food Costing Dissemination Project represents an evidence-based approach to mobilizing knowledge on food affordability and food insecurity to support comprehensive policy solutions on household food insecurity that address its root cause—inadequate income.

## REFERENCES

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