Implementing Food Security Indicators

Phase II: Food Security Indicators Project

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Provincial Health Services Authority
Province-wide solutions. Better health.

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Introduction

BACKGROUND

Sufficient, safe and nutritious food is critical to health and wellbeing. Food security is achieved when all people have consistent access to sufficient, safe and nutritious food. In recognition of the importance of food as a determinant of health, the *Food Security Core Program* provides a public health strategy with the intent of increasing food security in British Columbia.

Surveillance, monitoring and evaluation of policies, programs and trends are key objectives of the *Food Security Core Program*. Well-designed indicators can provide crucial evidence on progress achieved toward program goals and they can enable the identification of trends in health-related events. Consistent information on food security, gathered at the regional level, could allow cross-regional comparisons in trends and contribute to better-informed policies and programs at both the regional and provincial levels. At present, a standard set of food security indicators for use across all Health Authorities has not been developed.

PHASE I

Phase I of this project addressed this gap and set out to develop a core set of indicators for the *Food Security Core Program* using an iterative, collaborative process. The goal was to identify five to ten common indicators that all Health Authorities could endorse and for which data are readily available or may be easily collected at the Health Authority level. The process involved a review of indicators identified by the regional Health Authorities and the Ministry of Healthy Living and Sport; focus groups with the Project Resource Group; key informant interviews with a range of key stakeholders; and a ranking exercise to ensure consensus around the final list of indicators. The final suite of six indicators was selected based on the availability and reliability of existing data and the indicators' ability to provide information on the following four categories:

Category I: Organizational Commitment to Food Security

> ***Indicator A1****: Presence of food policy that supports food security, within Health Authorities.*

Category 2: Community Capacity

> ***Indicator A2****: Proportion of communities that have ongoing food actions supported through the Community Food Action Initiative.*

Category 3: Personal and Household Food Security

Indicator A3*: Annual cost of a nutritious food basket in BC, as a proportion of family income.*

Indicator A4*: Prevalence of nutrition-related health conditions.*

Indicator A5*: Proportion of the BC population that eats fruits and vegetables five or more times per day.*

Indicator A6*: Proportion of the BC population that always had enough of the foods they wanted to eat in the last 12 months.*

Category 4: Local Food Production and Access

No indicator qualified for this category, due to lack of readily available data sources.

PHASE II

In Phase II, the selected indicators were tested to ensure they provided meaningful information, could be implemented readily and that data collection, whether primary or secondary, was feasible given current resources. Instruments were developed for Indicators A1 and A2 and these data collection tools were successfully tested across all Health Authorities.[1] Existing data sources were accessed for the remaining four indicators, including the purchase of microdata from Statistics Canada for use with Indicator A3. Based on preliminary results and feedback from stakeholders, the indicators were further refined in order to ensure their relevance to the goals of the Health Authorities and the *Food Security Core Program*.

The resulting suite of indicators represents a broad cross-section of food security issues, providing the Health Authorities with a means to monitor key aspects of food security in their region. They are easily communicated and provide consistent, regionally and provincially relevant measurements for which data can be easily collected at the Health Authority level. Adopting a common suite of food security indicators across all Health Authorities will help to monitor trends over time within and across health regions, and build understanding of issues that need addressing both at regional and provincial levels.

[1] Copies of these instruments are in the Appendix.

REPORT

This report provides detailed descriptions of each of the six indicators to guide their implementation by the regional Health Authorities. For each indicator, you will find:

- *A definition (intent of the indicator);*
- *Description of the measures;*
- *Identification of the data sources;*
- *Sample results from the indicator test;*
- *Interpretation of results from the indicator test; and*
- *Assumptions and limitations.*

A sample set of charts from the indicator test is reviewed in the body of the report; the entire set of test results is provided in the Appendix.

A table delineating responsibility for various aspects related to implementing these indicators is provided in the *Implementing the Food Security Indicators* section (p.45), at the end of the report.

Category 1: Organizational Commitment to Food Security

This indicator measures the presence of documented policies that support food security within Health Authorities.

INDICATOR A1

The presence of food policy that supports food security, within Health Authorities.

DEFINITION

This indicator provides a measure of a Health Authority's organizational commitment to food security by accounting for the presence of food policies that support food security. For the purpose of this indicator, a food policy encompasses all policies pertaining to food that have been formally endorsed by the organization – whether that be a single comprehensive policy or multiple individual policies. Recognizing that the integration of food security into existing food policies is an evolutionary process, this indicator assesses the presence of individual policy components that support food security.

A food policy is any decision that affects the ways that food is produced, obtained, consumed and disposed of.[2] A food policy in the health domain includes all the decisions that impact the way food is obtained, consumed and disposed of within a healthcare organization. Since a primary objective of the *Food Security Core Program* is to support healthy eating, a comprehensive food policy will include decisions about food procurement and consumption in the workplace and health care facilities. These decisions cover food provided or made available to staff, patients and their families, visitors and volunteers through:

- food services;
- programs for patients and clients;
- cafeterias;
- vendors; and
- vending machines.

A food policy also covers decisions about food disposal and waste management.

[2] From Mendes, W. (2008) p.943. Implementing social and environmental policies in cities: The case of food policy in Vancouver, Canada. *International Journal of Urban and Regional Research, 32*(4), 942-967.

THE MEASURE

This indicator assesses the presence of a number of components related to four categories of food policy that could support food security. Please see below for details of these components. The measures are as follows:

1. **The presence of components related to Food *Procurement* Policy that support food security, as a score out of 7**.
2. **The presence of components related to Food *Consumption* Policy that support food security, as a score out of 8.**
3. **The presence of components related to Food *Disposal* Policy that support food security, as a score out of 2.**
4. **The presence of components related to Food *Surveillance, Monitoring and Evaluation* Policy that support food security, as a score out of 4.**
5. **The total number of food policy components that support food security, as a score out of 21.**

Each score reflects the total number of components in each category, as outlined in *Details of the Measure.*

DETAILS OF THE MEASURE

The four categories of food policy components contain the following items:

***Procurement* components:**

1. Purchasing strategies that support availability of healthy food.
2. Purchasing strategies that support affordability of healthy food.
3. Purchasing strategies that support availability of local food.
4. Purchasing strategies that support affordability of local food.
5. Guidelines in support of food safety.
6. Guidelines about acceptable nutritional labeling, packaging or delivery modes in support of sustainability.
7. Purchasing strategies that support availability of food that is appropriate for a culturally diverse population.

***Consumption* components:**

1. Pricing strategies that support affordability of healthy food.
2. Guidelines in support of availability of healthy food.
3. Guidelines in support of food safety.
4. Guidelines in support of provision of food that is appropriate for a culturally diverse population.
5. Guidelines in support of availability of local food.
6. Guidelines for food preparation methods in support of sustainability.
7. Guidelines promoting breastfeeding.
8. Guidelines and programs supporting education and knowledge dissemination about healthy eating.

***Disposal* components:**

1. Strategies in support of sustainable disposal and waste management practices.
2. Guidelines and programs supporting education and knowledge dissemination about responsible disposal practices.

***Surveillance, Monitoring and Evaluation* components:**

1. Identification of desired / expected food security outcomes for the Health Authority.
2. Stipulation of compliance with Health Authority food security guidelines for all third party food service contracts.
3. Benchmarking: provision of standards of current best practices in support of food security.
4. Program evaluation for progress toward specific food security outcomes.

DATA SOURCES

These data are not available from an existing source, and therefore must be collected. An easy to use on-line survey was developed specifically for this purpose. A copy of this survey, and a reference guide providing examples of food policy components, are provided in the Appendix.

FREQUENCY

Based on feedback received from the Health Authorities during testing of this indicator, the recommendation is that this indicator be measured annually.

SAMPLE ANALYSIS FROM INDICATOR TEST

Following are sample results from the test of A1. The complete set of results may be found in the Appendix.

Food Policy Components Supporting Food Security Vancouver Island Health Authority	Present
Procurement	1/7
Consumption	1/8
Disposal	1/2
Surveillance, Monitoring and Evaluation	2/4
TOTAL	5/21

This table shows that the Vancouver Island Health Authority has at least one selected component from each of the policy categories that integrate food security into their food policies.

(Please see the Appendix for tables for all Health Authorities).

INTERPRETATION

This indicator illustrates the extent to which a Health Authority's food policies support food security. Integrating food security into food policy is a process that will evolve with time. Results from the test of this indicator provide each Health Authority with a baseline measure and will indicate whether there are specific food policy categories that may have better representation than others. This indicator will allow each Health Authority to monitor its progress over time, toward the goal of having a food policy that supports food security.

ASSUMPTIONS AND LIMITATIONS

This indicator measures the "presence" of *components* that support food security in food policies. It is meant to inform and encourage health institutions to take action that supports food security. The indicator does not measure policy outcomes. Outcome indicators will need to be designed when the Health Authorities' food policies have more fully integrated food security, and the Health Authorities are ready to begin assessing outcomes. It must be noted that the list of components is by no means an exhaustive inventory of food policy components that support food security.

Category 2: Community Capacity

This indicator measures the capacity of a community to build food security at the community level.

INDICATOR A2

Proportion of communities that have ongoing food actions supported through the Community Food Action Initiative.

DEFINITION

This indicator assesses community capacity by counting community food security planning initiatives that are supported, directly or indirectly, through the Community Food Action Initiative (CFAI). Support can include financial or human resources, or other contributions such as facilities and materials. Community capacity in this context refers to the activities and resources within a community that enable a response to issues affecting food security and healthy eating that fall along the community food security continuum – ranging from short term emergency responses to skill building activities to actions that facilitate system transformation. Community action indicates that a community is able to identify issues and take action to respond; as such, community action is an indication of community capacity.

THE MEASURE

This indicator counts the number and types of CFAI-supported activities, within a Health Authority, in the following categories:

- Food Forum
- Needs Assessment
- Action Plan
- Policy Council
- Food Charter
- Information Event / Workshop
- Food Bank
- Soup Kitchen
- Food Gleaning
- Community Garden
- Community Kitchen
- Farmers' Market
- Food Co-op
- Miscellaneous Other Activities

DETAILS OF THE MEASURE

For each category, a Health Authority will count the number of current CFAI-supported activities.

DATA SOURCES

These data are not available from an existing source, and therefore must be collected. An Excel survey was developed specifically for this purpose. A copy of this survey, and its accompanying reference guide defining CFAI-supported activities, are provided in the Appendix.

FREQUENCY

Based on feedback received from the Health Authorities during the testing of this indicator, the recommendation is that this indicator be measured annually.

SAMPLE ANALYSIS FROM INDICATOR TEST

Following are sample results from the test of A2. The complete set of results may be found in the Appendix.

INTERIOR HEALTH AUTHORITY	
ACTIVITIES SUPPORTED IN 2008	**COUNT**
Food Forum	0
Needs Assessment	0
Action Plan	0
Policy Councils	0
Food Charters	2
Info Event/Workshop Single Session	4
Info Event/Workshop Multiple Session	5
Food Bank	0
Soup Kitchen	0
Food Gleaning	1
Community Gardens	4
Community Kitchens	0
Farmers Markets	1
Food Co-ops	1
Miscellaneous Other Activities	7

This table shows the number and the distribution of current CFAI-supported activities in the Interior Health Authority (IHA) region. Activities under *Miscellaneous Other* include the development of a media package and Farm Fresh Guide; the creation of a local food map; and planning for a community root cellar.

(Please see the Appendix for tables for all Health Authorities).

INTERPRETATION

These CFAI-supported activities are proxy measures for community capacity in addressing community food security needs. Over the years, this indicator could provide a quick snapshot of how CFAI supports community action, as well as where these actions fall in the community food security continuum. This information could assist Health Authorities to see trends and respond – perhaps by catalyzing community action to move forward along the community food security continuum. Results from the test of this indicator provide a baseline measure; ongoing data collection will enable a Health Authority to gauge its progress toward supporting greater capacity in the communities they serve.

ASSUMPTIONS AND LIMITATIONS

Data collection for this indicator may be somewhat challenging as some of the community-based CFAI-supported programs may not fall clearly in one of the defined survey categories. Having to select one category over another may lead to under counting of some activities.

In BC, there are a myriad of community food security actions that are supported by a variety of sources. Health Authorities also have a variety of means for supporting community food actions. CFAI, however, is the program that is common to all Health Authorities. As such, this indicator only captures the actions that are supported by CFAI. Assessing the full range of food security planning initiatives in BC is beyond the mandate of the regional Health Authorities, and therefore beyond the intent of this indicator.

Category 3: Personal and Household Food Security

These indicators measure both need for food and ability to meet that need at the personal and household level.

They may also support evaluation of specific programs.

INDICATOR A3

The annual cost of a nutritious food basket in BC, as a proportion of family income.

DEFINITION

This indicator assesses food security at the family level by focusing on a family's ability to afford healthy foods. A nutritious food basket, as defined by Health Canada, "includes . . . basic foods that require food preparation skills."[3] The cost of a food basket varies greatly across BC and this cost can represent a significant proportion of overall income for low- and fixed-income families. In order to understand the impact of the cost of food it is useful to understand what proportion of family income a nutritious food basket represents for BC families. This indicator will measure the annual average cost of a nutritious food basket for a family as a proportion of two measures of family income.

THE MEASURE

This indicator measures the cost of a nutritious food basket for five family types in two income categories:

- The family types for this include:
  - A couple with two children
  - A lone female parent with one or two children
  - A lone male parent with one child
  - A lone senior female
  - A lone senior male
- Income categories includes*:*
  - Pre-tax median family income, by Health Authority
  - After-tax LICO in BC, based on a community size of 30,000 to 99,999 people

The indicator can be calculated using the following formulae:

$$\frac{\text{Average annual cost of a nutritious food basket for a family type in a Health Authority}}{\text{Median pre-tax family income for a given family type in a Health Authority}}$$

$$\frac{\text{Average annual cost of a nutritious food basket for a family type in a Health Authority}}{\text{After-tax LICO, based on a community of 30,000 to 99,999 people, for given family size}}$$

[3] From the Dietitians of Canada and Community Nutritionists Council of BC annual report: *The Cost of Eating in BC 2007: The bite nutritious food takes from the income pie.* Available at: http://www.dietitians.ca/resources/resourcesearch.asp?fn=view&contentid=1944

DETAILS OF THE MEASURE

NUMERATOR:

The cost of a nutritious food basket varies based on the number and ages of family members so for this indicator, five representative family types were constructed based on census data for BC. The average annual cost of a nutritious food basket was calculated for the following family types and sizes:

- Couple Family: *two parents (m/f 25-49 years) and two children (m/f 9 years)**
- Female Lone Parent family: *one parent (f 25-49 years) and one child (0.5m/0.5f 9 years)*
- Female Lone Parent family: *one parent (f 25-49 years) and two children (m/f 9 years)*
- Male Lone Parent family: *one parent (m 25-49 years) and one child (0.5m/0.5f 9 years)*
- Senior Male: *(m 50-74 years)*
- Senior Female: *(f 50-74 years)*

* Ages of the children were calculated using average ages of children in BC.

DENOMINATOR:

For the median income category, the denominator is based on pre-tax median income for economic families.[4] These data were taken from the Census Profile, and adjusted to 2007 to align with the data for the nutritious food basket. Income data, collected every five years, will need to be extrapolated to align to the year the nutritious food basket data is collected.

In this series, Senior Male and Senior Female families were not included, as the Census Profile does not report income for lone seniors.

After-tax median income data was not used for the test of this indicator. The extrapolation process to align these data with the 2007 data for the nutritious food basket required two data points (2000 and 2005) and only one data point was available (2005).

For the LICO income category, the denominator is based on income at the LICO for the number of people in each family unit.

[4] Economic families as defined by Statistics Canada: http://www.statcan.gc.ca/concepts/definitions/economic_family-familles_economiques-eng.htm

DATA SOURCES

1. *Cost of a Nutritious Food Basket*

For the test of this indicator, the cost of a nutritious food basket was calculated using the data collected for the 2007 *The Cost of Eating in BC Report*, published by the Dieticians of Canada (DC), BC Division. Through 2009, the DC (a not-for-profit society) collected the data for costing the Nutritious Food Basket with the assistance of Community Nutritionists in each of the five regional Health Authorities. Going forward, the DC has indicated they may not be in a position to continue this work. The Health Authorities would therefore need to assume responsibility for coordinating the collection of food costing data by formalizing existing processes.

2. *Income Data*

The pre-tax median income data was calculated using Statistics Canada's Census Profile for BC prepared by the BCSTATS, BC Ministry of Labour and Citizen's Services, and the Canada Census Public Use Microdata File. Data for after-tax LICO was drawn from Statistics Canada's Low Income Cut-offs and Low Income Measures.

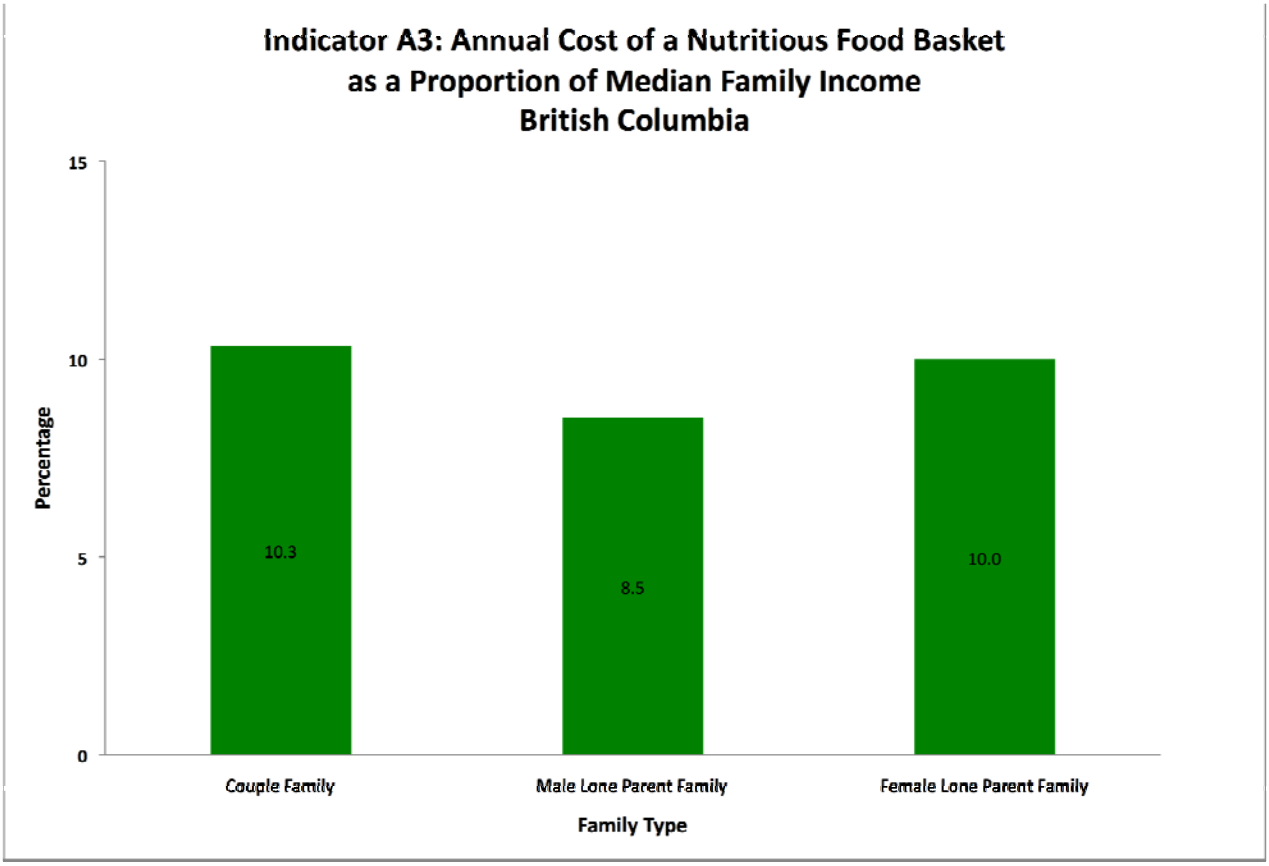
FREQUENCY

Since 2000, *The Cost of Eating in BC* has been published annually – except in 2008 when the food basket was re-configured. Census data are available every five years, but can be adjusted as necessary. LICO data are available annually. Since food costs do not change significantly each year, the recommendation is that this indicator be measured every two years.

SAMPLE ANALYSES FROM INDICATOR TEST

Following are sample results from the test of A3 representing the two incomes series. The complete set of results may be found in the Appendix.

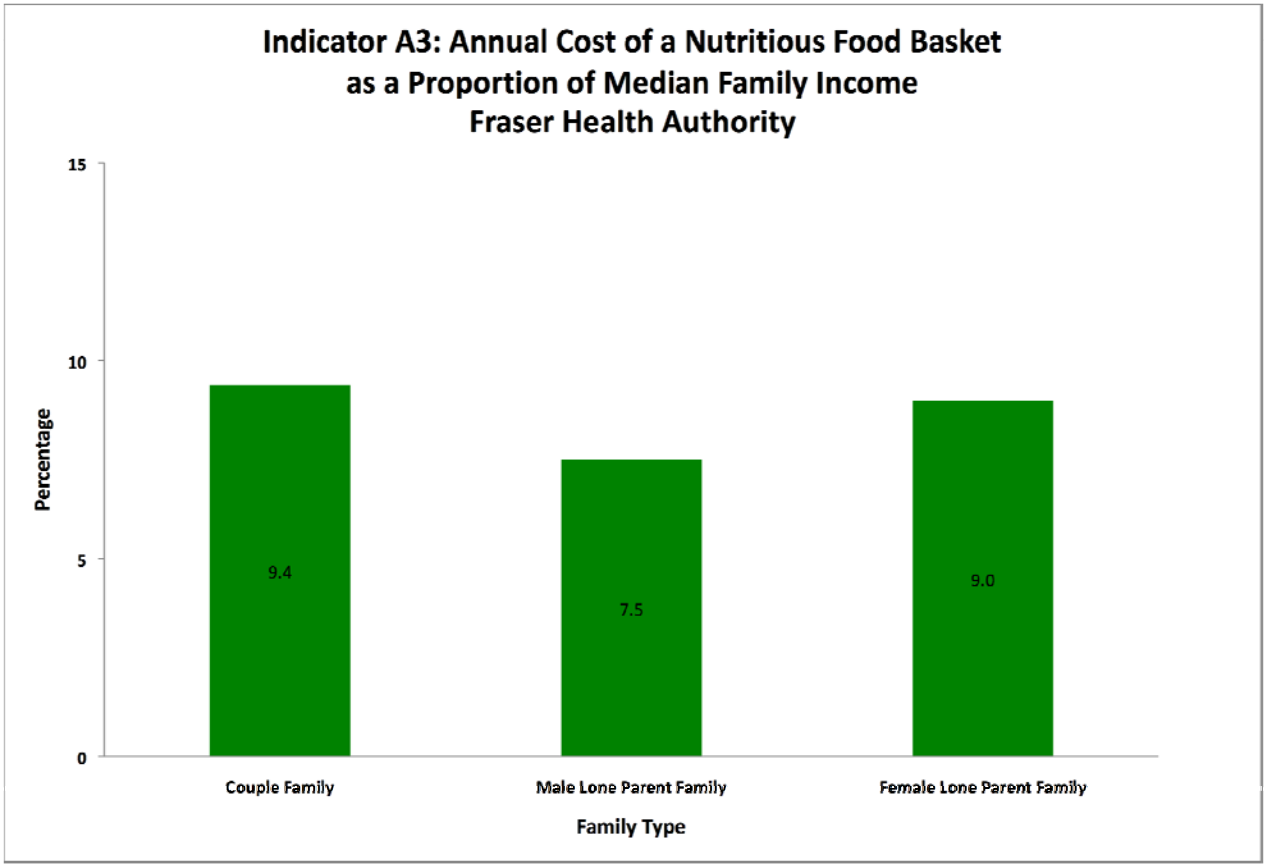
INDICATOR A3: MEDIAN PRE-TAX INCOME SERIES



Data Source: The Cost of Eating in BC 2007, Statistics Canada 2006 Census Profile for BC prepared by the BCSTATS, BC Ministry of Labour and Citizen's Services, 2001 Canada Census Public Use Microdata File.

This chart shows a comparison of the cost of a nutritious food basket as a proportion of median pre-tax family income for three family types in BC. The couple family has two potential earners and two dependents while the lone parent families have a single earner and a single dependent. The proportion of income spent on a nutritious food basket is roughly the same for the couple family (10.3%) and the female lone parent family (10.0%). The male lone parent family spends the lowest proportion of income (8.5%) for a nutritious food basket – even though the cost of a nutritious food basket is higher for males due to higher levels of consumption. The lower proportion of income spent by the male lone parent family is likely due to higher average incomes earned by men in comparison to women.

INDICATOR A3: MEDIAN PRE-TAX INCOME SERIES

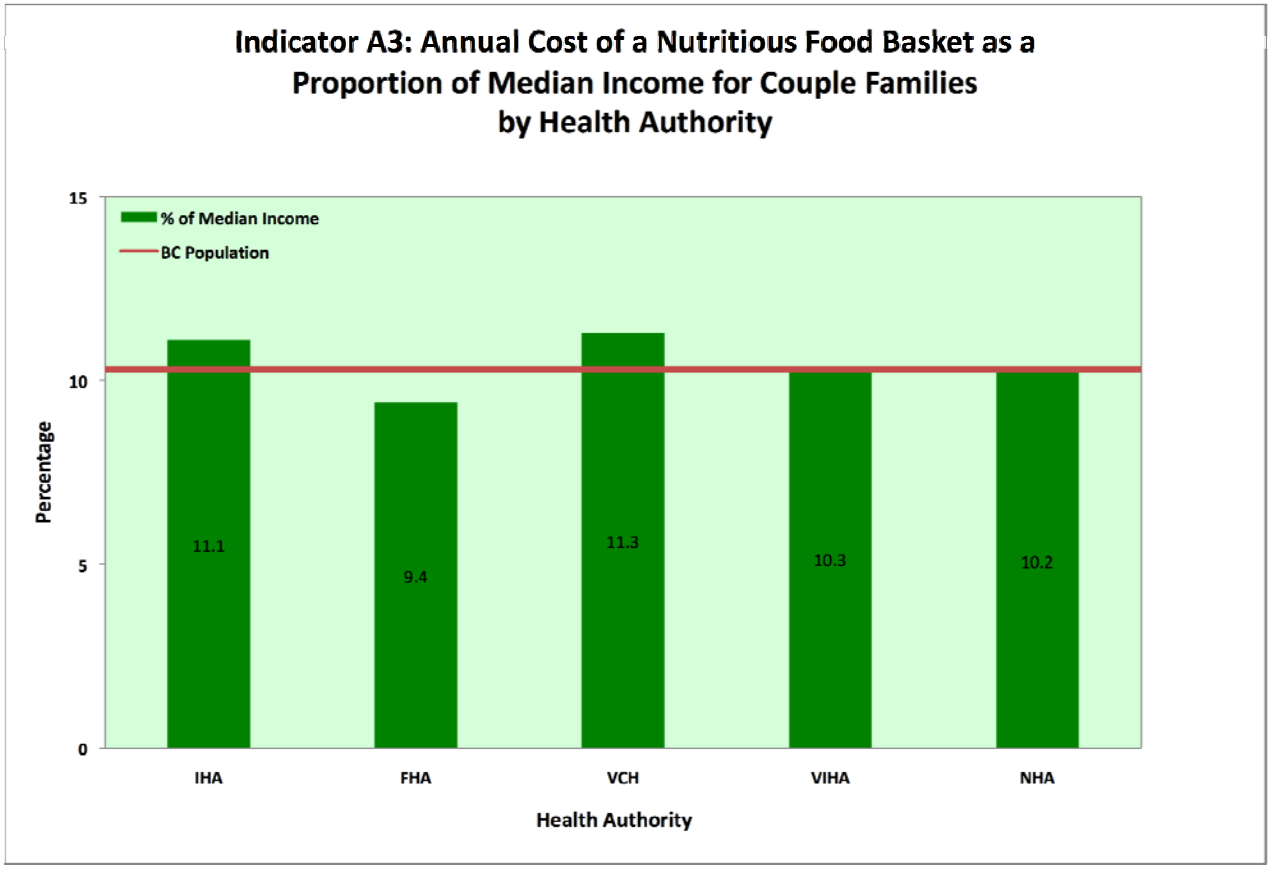


Data Source: The Cost of Eating in BC 2007, Statistics Canada 2006 Census Profile for BC prepared by the BCSTATS, BC Ministry of Labour and Citizen's Services, 2001 Canada Census Public Use Microdata File.

This chart shows a comparison of the cost of a nutritious food basket as a proportion of median pre-tax family income for three family types in the Fraser Health Authority (FHA). The distribution of percentage costs follows the same pattern as the previous chart for BC. Each family type in FHA, however, spends a slightly lower proportion of income on a nutritious food basket, compared to the provincial average.

(Please see the Appendix for charts for all Health Authorities).

INDICATOR A3: MEDIAN PRE-TAX INCOME SERIES

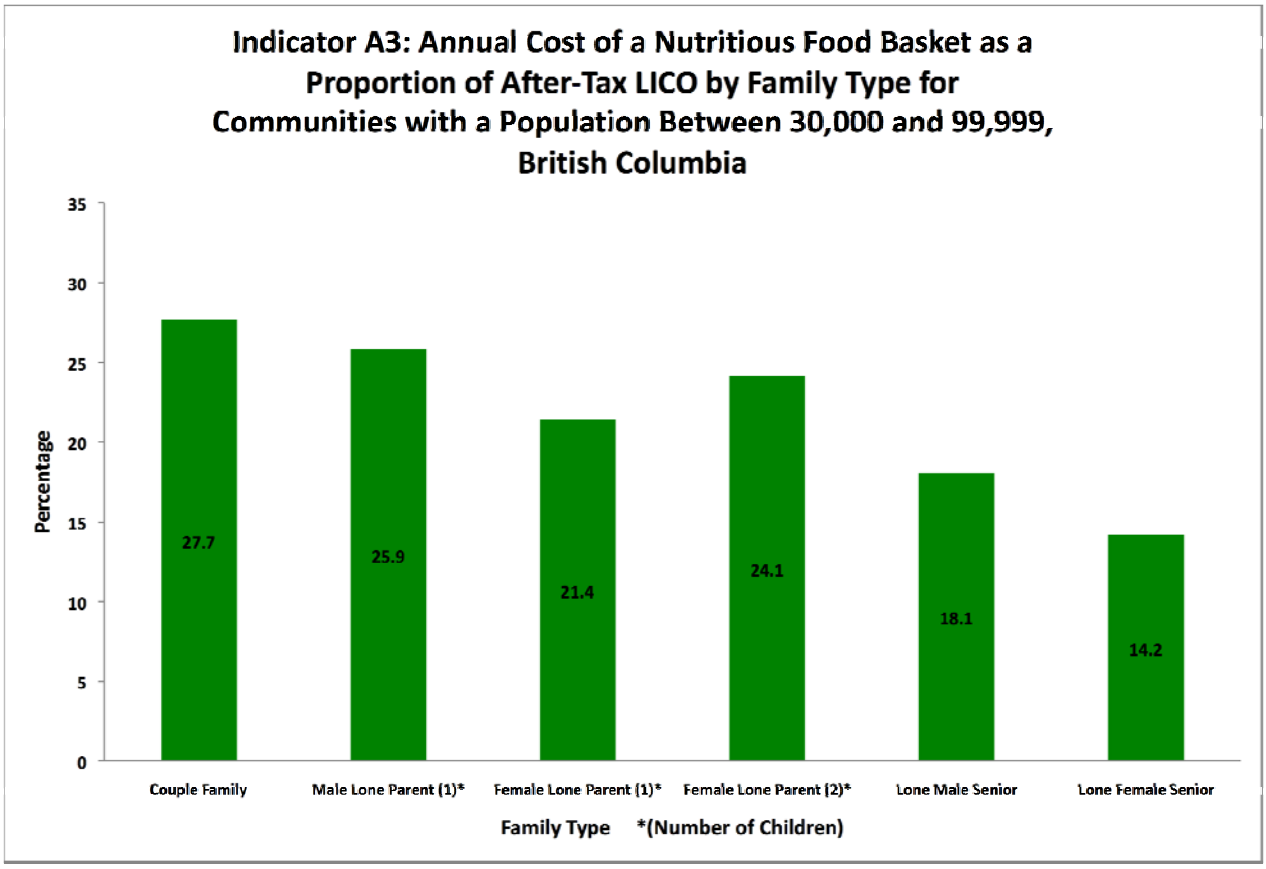


Data Source: The Cost of Eating in BC 2007, Statistics Canada 2006 Census Profile for BC prepared by the BCSTATS, BC Ministry of Labour and Citizen's Services, 2001 Canada Census Public Use Microdata File.

This chart shows a comparison of the cost of a nutritious food basket as a proportion of median pre-tax family income for couple families across BC. The percentage cost for couple families varies by minimally by region, with a range of 9.4% to 11.3% and a provincial average of 10.3%. Couple families in the Interior Health and Vancouver Coastal Health regions spend a slightly higher proportion of their income on a nutritious food basket than the provincial average.

(Please see the Appendix for provincial comparison of other family types).

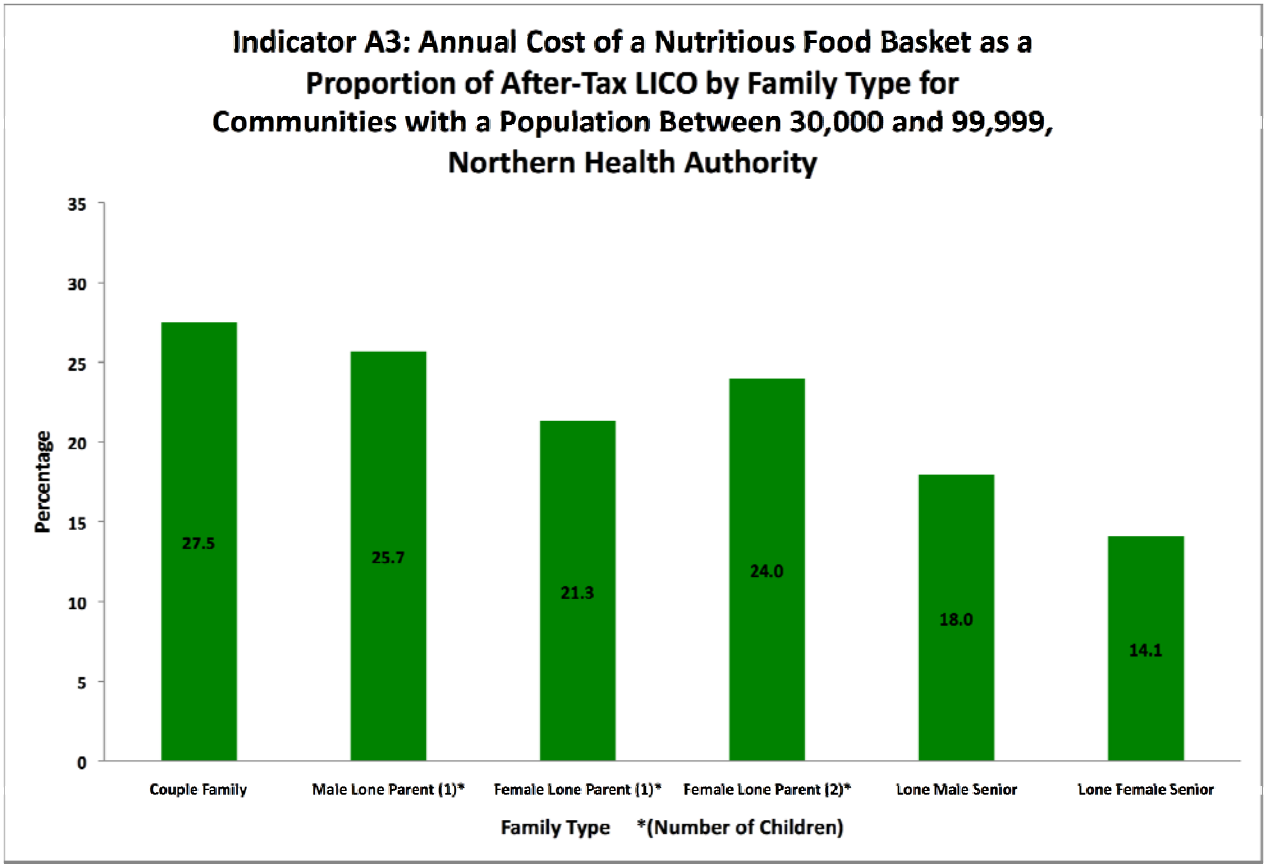
INDICATOR A3: AFTER-TAX LICO SERIES



Data Source: The Cost of Eating in BC 2007, Statistics Canada Low Income Cut-offs for 2007 and Low Income Measures for 2006, 2001 Canada Census Public Use Microdata File.

This chart shows a comparison of the cost of a nutritious food basket as a proportion of after-tax LICO for six family types in BC. At 27.7%, couple families with two children spend the highest proportion of their income on a nutritious food basket. A lone female parent with two children (24.1%) spends a higher proportion than a single lone female parent with one child (21.4%). The male lone parent family with a single child has the second highest relative cost at 25.9%, which reflects the allowance for greater consumption by an adult male in the calculation of the cost of the nutritious food basket. The male lone seniors show the same pattern, spending a higher proportion of their income (18.1%) on a nutritious food basket in comparison to their female counterparts (14.2%).

INDICATOR A3: AFTER-TAX LICO SERIES

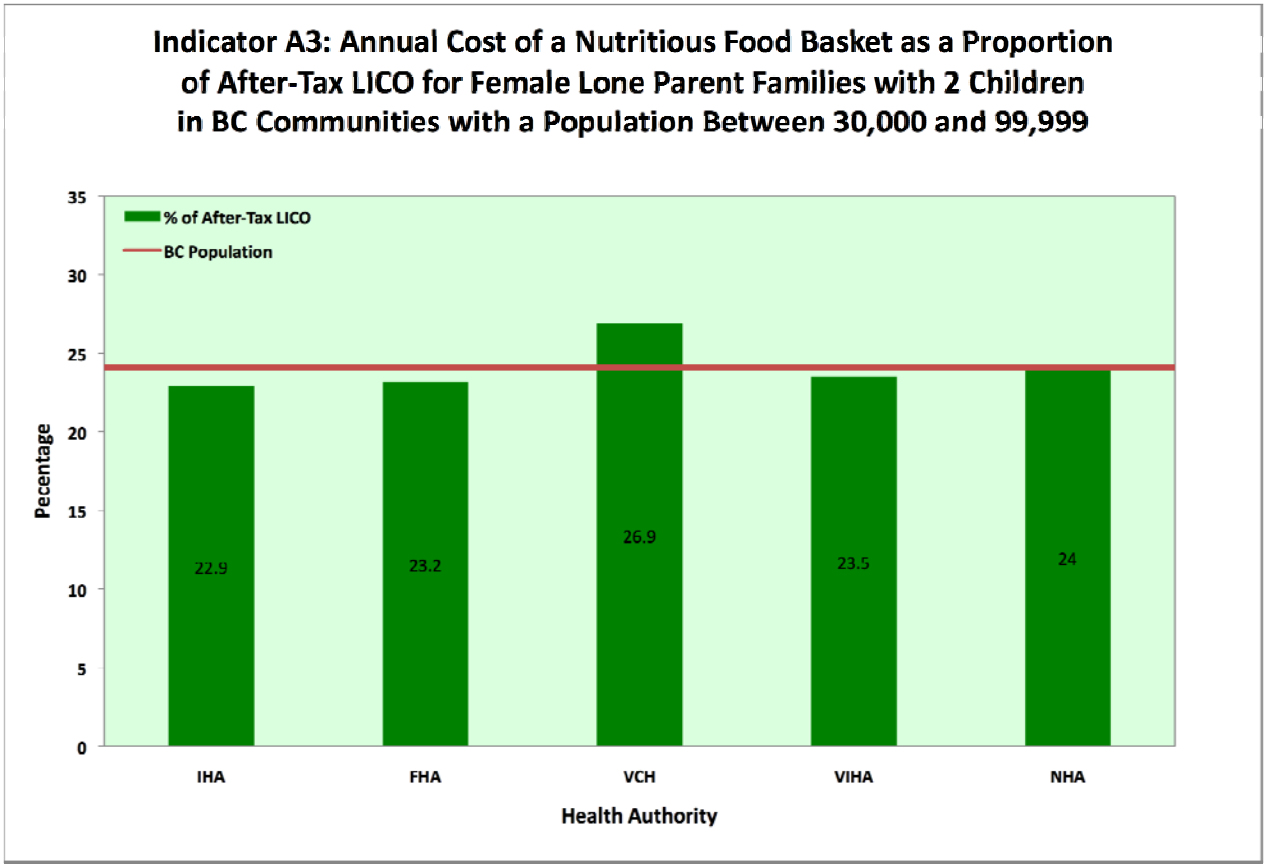


Data Source: The Cost of Eating in BC 2007, Statistics Canada Low Income Cut-offs for 2007 and Low Income Measures for 2006, 2001 Canada Census Public Use Microdata File.

This chart shows a comparison of the cost of a nutritious food basket as a proportion of after-tax LICO for six family types in the Northern Health Authority. This chart reflects approximately the same percentage costs and distribution as the provincial chart, with couple families with two children spending the highest proportion of income, and lone female seniors spending the lowest proportion of income on a nutritious food basket.

(Please see the Appendix for charts for all Health Authorities).

INDICATOR A3: AFTER-TAX LICO SERIES



Data Source: The Cost of Eating in BC 2007, Statistics Canada Low Income Cut-offs for 2007 and Low Income Measures for 2006, 2001 Canada Census Public Use Microdata File.

This chart shows a comparison of the cost of a nutritious food basket as a proportion of after-tax LICO for female lone parent families with two children across BC. The proportion of income spent on a nutritious food basket by female lone parent families varies minimally by region, with a range of 22.9% to 26.9% and a provincial average of 24.1%. Female lone parents in the Vancouver Coastal Health region spend a higher proportion of income on a nutritious food basket than the provincial average the proportionate costs is lowest for female lone parents in the Interior Health region.

(Please see the Appendix for provincial comparison of other family types).

INTERPRETATION

This indicator provides a snapshot of the affordability of sufficient, healthy food for a range of typical family types in BC, within and across Health Authorities. Results from the indicator test provide a baseline measure and over time, this indicator can illustrate trends in household food security for each family type. This information could inform further research, policies and programming.

The *median income series* enables Health Authorities to understand the relative financial burden of the nutritious food basket for the general population. As illustrated with the test results, the *LICO series* highlights the added financial burden for those families at or below the LICO. Families with an income at LICO spend a significantly higher proportion of their income on a nutritious food basket than families at the median income level. Given that LICO is a fixed value across the province, the regional fluctuations that are reflected in the test results stem from differences in food costs across the Health Authorities.

Unlike recommended allowances for housing, at this time there is no established upper limit beyond which households are considered to be spending too much on food. The greatest benefit this indicator can offer, therefore, is to monitor trends among families within a Health Authority or monitor differences between regions. This indicator can also highlight family types that may be experiencing greater financial barriers to securing sufficient, healthy food (e.g. families with higher numbers of dependents, families on lower income, etc.). For families living on a fixed/low income, lone male parent and lone male senior families spend proportionately more on a nutritious food basket than their female counterparts, based on higher food consumption. With families living on median income, however, female lone parent families spend a higher percentage of their income on food, a likely function of average income for women being lower than that of men.

Finally, this indicator also illustrates regional differences in the percentage of income spent on a nutritious food basket, with the potential to highlight differences that might indicate that a particular regional population is experiencing an unusually higher or lower financial burden related to the cost of the nutritious food basket.

ASSUMPTIONS AND LIMITATIONS

While this indicator shows differences in relative cost for a nutritious food basket across family types and regions, it does not reveal what factors underpin these differences. A number of variables affect the proportion of income spent on food including family income, family size, number of income earners in a family, number of dependents, sex of the parent, and cost of food within a Health Authority. The proportional differences may be influenced by a single variable, or multiple variables. Similarly, variables may interact to nullify potential differences.

Although this indicator will measure any changes that occur over time, it will not reveal what factors are influencing the direction of these trends. Fluctuations over time may be a function of regional changes in affordability, family income levels or the introduction of specific programs or interventions.

INDICATOR A4

Prevalence of nutrition-related health conditions.

DEFINITION

This indicator measures the presence of health conditions that are influenced by unhealthy eating. Monitoring the occurrence of these health states will highlight trends in their prevalence that may reflect on a population's ability to access healthy, nutritious foods. While a range of nutrition-related conditions exist, this indicator focuses on two for which data are readily accessible: diabetes and Body Mass Index.

THE MEASURE

This indicator measures the prevalence of diabetes and self-reported Body Mass Index (BMI) ≥ 25, in each Health Authority:[5]

- Proportion of the BC population within a Health Authority with a diagnosis of diabetes
- Proportion of the BC population within a Health Authority that self-reports a BMI that meets Health Canada's definition of overweight or obese (≥ 25)[6]

DETAILS OF THE MEASURE

NUMERATOR:

For diabetes, the numerator is the total number of the BC population diagnosed with diabetes, within each Health Authority.

For BMI, the numerator is the total number of the BC adult population who self-reported a BMI ≥ 25 in the Canadian Community Health Survey, within each Health Authority.

DENOMINATOR:

For diabetes, the denominator is the BC population, within each Health Authority.

For BMI, the denominator is the total number of the BC adult population from the Canadian Community Health Survey, within each Health Authority.

[5] For this Indicator only, data are also available at the level of the Health Service Delivery Area.

[6] Health Canada defines overweight as a BMI between 25 and 29.9 and obese as a body-mass index of 30.0 or greater. More details are available at http://www.hc-sc.gc.ca/fn-an/nutrition/weights-poids/guide-ld-adult/weight_book_tc-livres_des_poids_tm-eng.php

DATA SOURCES

Data for the proportion of people currently diagnosed with diabetes within each Health Authority were obtained from the BC Ministry of Health Services, as reported in the Quantum Analyzer PHC Knowledge Base, version 2.0.

The CCHS collects data on self-reported BMI as part of their core data set. The data for this indicator come from responses to HWT_Q2 & HWT_Q3 in the Height and Weight – Self Reported Module.[7]

FREQUENCY

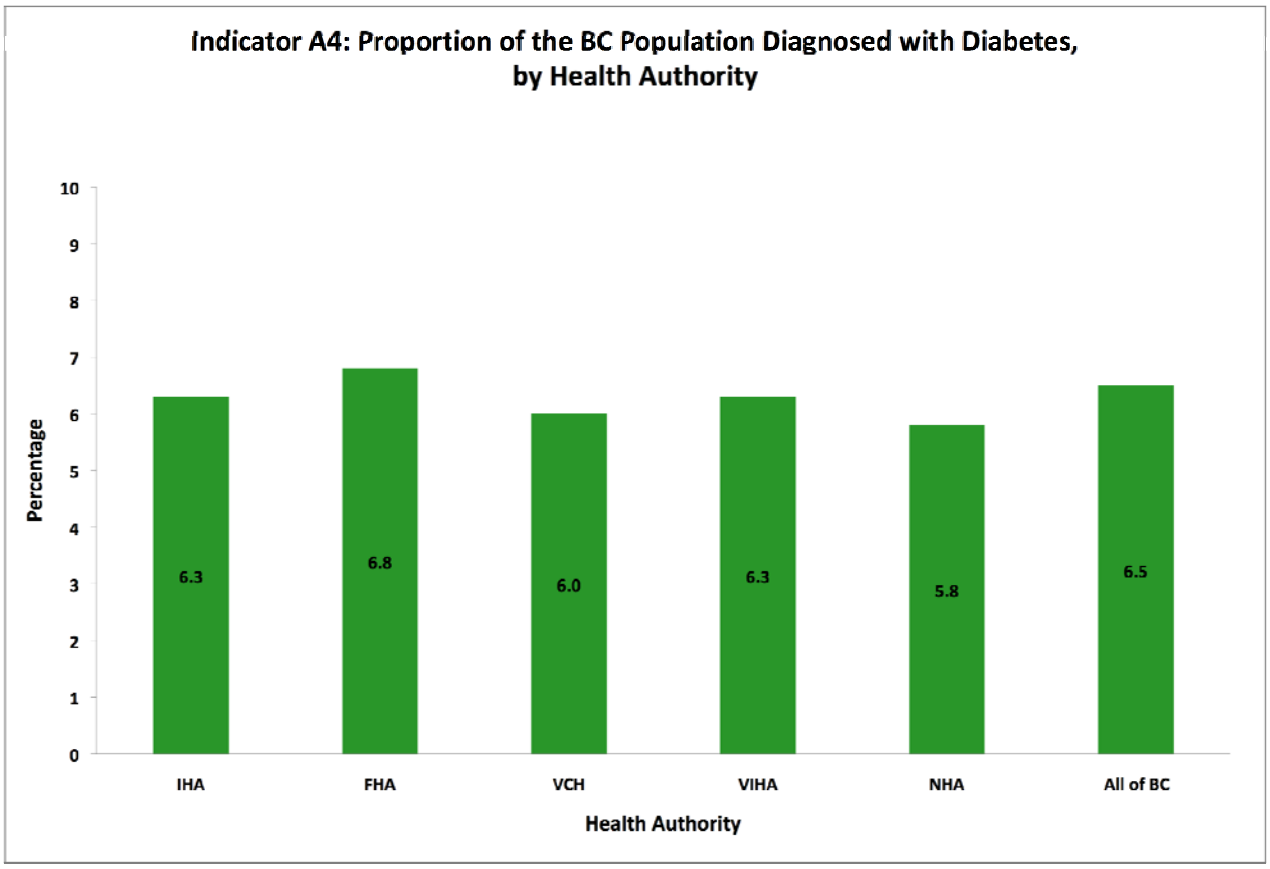
Core CCHS data is collected over a two-year period and reports based on the full sample are published every second year. While the CCHS data is available on a yearly basis, the recommendation is that this indicator be measured every two years using the full two-year sample.

[7] Please refer to the 2008 CCHS available at http://www.statcan.gc.ca/imdb-bmdi/instrument/3226_Q1_V5-eng.pdf

SAMPLE ANALYSES FROM INDICATOR TEST

Following is the complete set of sample results from the test of A4.

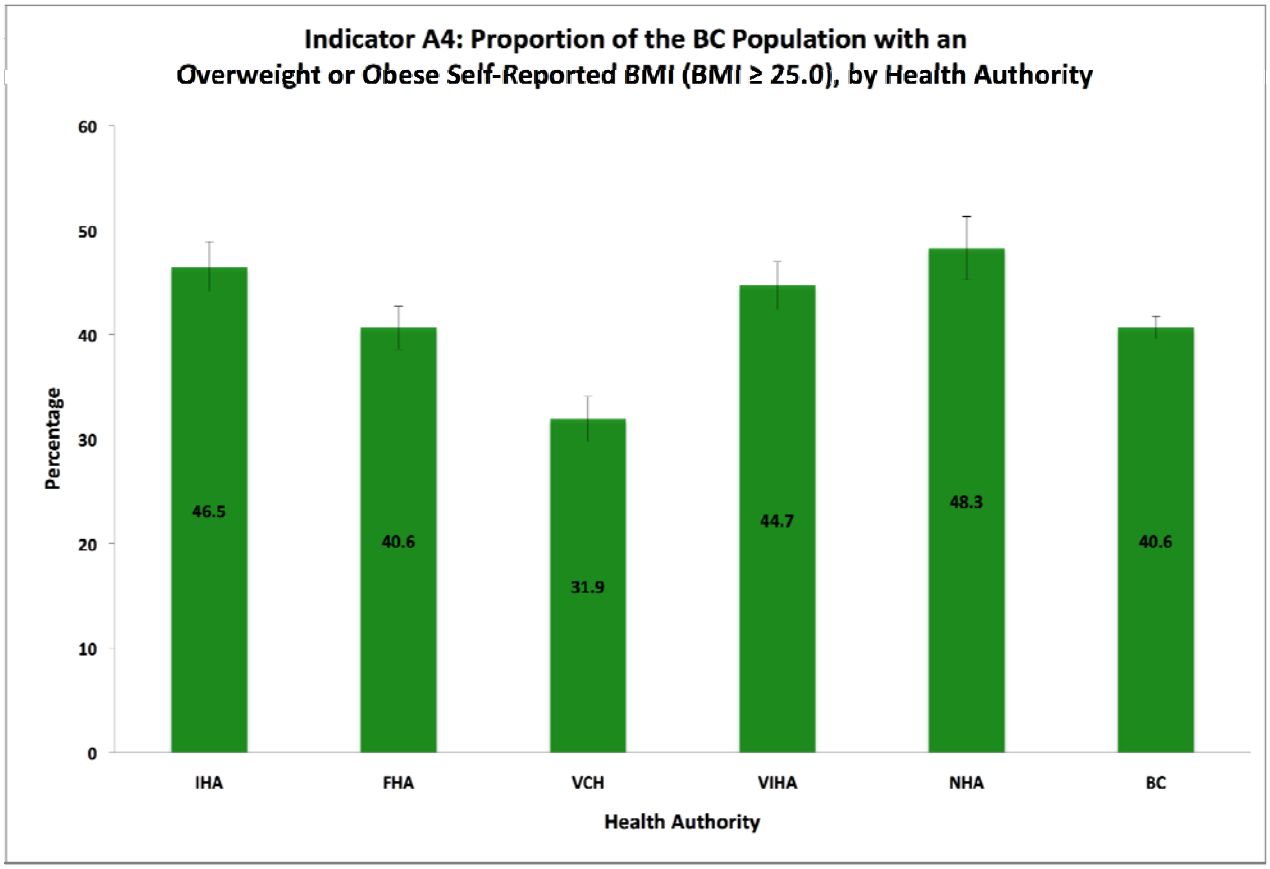
INDICATOR A4: DIABETES



Data Source: BC Ministry of Health Services, Primary Health Care Registry, extracted January 2009.

This chart shows a comparison of the proportion of the population within each Health Authority with a current diagnosis of diabetes. The proportion of British Columbians diagnosed with diabetes is 6.5%. There is little variation across the regions, with a low of 5.8% in the Northern Health Authority region and a high of 6.8% in the Fraser Health Authority region.

INDICATOR A4: BMI ≥ 25



Data Source: Statistics Canada Canadian Community Health Survey Cycle 3.1, 2005.

This chart shows a comparison of the proportion of the population within each Health Authority with a self-reported BMI ≥ 25. Provincially roughly 40% of the population is overweight or obese. There is considerable variation across regions, with a low of 31.9% in Vancouver Coastal Health Authority, compared to a high of 48.3% in the Northern Health Authority region.

INTERPRETATION

This indicator presents the proportion of the population within each Health Authority with one of two health conditions that have been linked to nutrition and healthy eating, namely diabetes or being overweight or obese. A high prevalence of either of these conditions might signal the presence of barriers to healthy food due to a range of factors including affordability (cost of food and income), availability and access to healthier food. The results from the test of this indicator provide each Health Authority with a baseline from which to monitor trends in the prevalence over several years.

ASSUMPTIONS AND LIMITATIONS

It is important to note that both diabetes and BMI are multi-factorial in their causation. Furthermore, healthy eating is also a function of many factors. As such, prevalence of these two health conditions do not allow for definitive assertions on food security. Current literature on obesity, however, indicates that at the population level, obesity results from a range of socio-economic and environmental factors that serve as barriers to healthy eating. Health condition data, therefore, can be used to make inferences about issues related to healthy eating. The best value for this indicator, however, will be gained if it is used in conjunction with other, related indicators, as well as for monitoring trends.

The BMI measure reflects self-reported data, a collection technique known to be subject to under-reporting, so these proportions may underestimate the true prevalence of overweight or obesity.

INDICATOR A5

Proportion of the BC population that eats fruits and vegetables 5 or more times per day.

DEFINITION

This indicator measures personal nutritional habits, which are a function of both personal awareness about healthy foods, and the ability to access them. For an adult, Canada's Food Guide recommends a minimum of seven servings of fruits and vegetables daily as part of a healthy diet.[8] This indicator measures the *frequency* of fruits and vegetables consumption, specifically the proportion of the population within each Health Authority that eats fruits and vegetables five or more times per day.

THE MEASURE

This indicator measures the proportion of the population reporting that they eat fruits and vegetables more than five times per day, across three different categories:

- Income quartiles relative to LICO
- Place of residence: urban or rural
- Age group

DETAILS OF THE MEASURE

INCOME QUARTILES RELATIVE TO LICO:

The numerators in this series represent the total number of the BC population over the age of 12, in each quartile, who indicated they ate fruits and vegetables five or more times per day, according to the 2005 Canadian Community Health Survey Cycle 3.1.

The denominators in this series are the BC population from the 2005 Canadian Community Health Survey Cycle 3.1, in each income quartile. These quartiles are calculated using the adjusted household income ratio based on number of people in a household, family income and community size.

PLACE OF RESIDENCE:

The numerator for this measure represents the total number of the BC population over the age of 12, in each residence category, who indicated they ate fruits and vegetables five or more times per day, according to the 2005 Canadian Community Health Survey Cycle 3.1.

The denominator represents the BC population from the 2005 Canadian Community Health Survey Cycle 3.1 in each place of residence category: urban and rural. Allocation of the population to the urban and rural categories was provided as an indicator field by Statistics Canada in the CCHS data.

[8] Available at: http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/choose-choix/fruit/need-besoin-eng.php

AGE:

The numerators in this series represent the total number of the BC population, in each age group, who indicated they ate fruits and vegetables five or more times per day, according to the 2005 Canadian Community Health Survey Cycle 3.1. The age groups are as follows:

- 12 to 17
- 18 to 44
- 45 to 64
- 65+

The denominators in this series are the BC population from the 2005 Canadian Community Health Survey Cycle 3.1, in each age category.

DATA SOURCES

The CCHS collects information on fruit and vegetable consumption as part of their core data set, including data on daily consumption of juice, fruit, salads, potatoes, carrots and other vegetables. The data for this indicator come from responses to FVC_Q2A & FVC_N2B; FVC_Q4A & FVC_N4B; FVC_Q5A & FVC_N5B; and FVC_Q6A & FVC_N6B in the Fruit and Vegetable Consumption Module,[9] captured in the derived and grouped variable FVCGTOT.[10]

FREQUENCY

Core CCHS data is collected over a two-year period and reports based on the full sample are published every second year. While the CCHS data is available on a yearly basis, the recommendation is that this indicator be measured every two years using the full two-year sample.

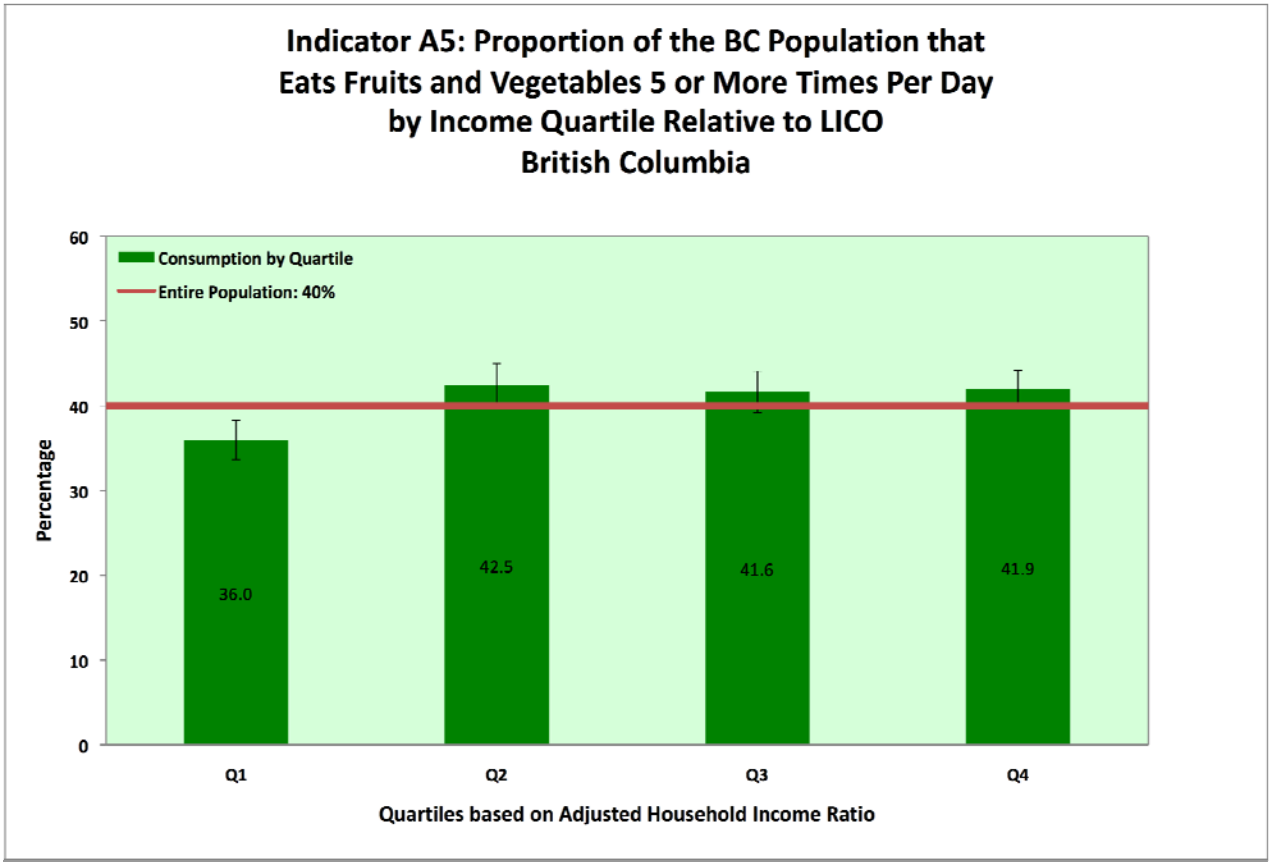
[9] Please refer to the 2008 CCHS available at http://www.statcan.gc.ca/imdb-bmdi/instrument/3226_Q1_V5-eng.pdf

[10] Please refer to the 2008 CCHS Data Dictionary available at http://www.statcan.gc.ca/imdb-bmdi/document/3226_D3_T9_V12-eng.pdf

SAMPLE ANALYSES FROM INDICATOR TEST

Following are sample results from the test of A5, representing the series for income, place of residence and age. The complete set of results may be found in the Appendix.

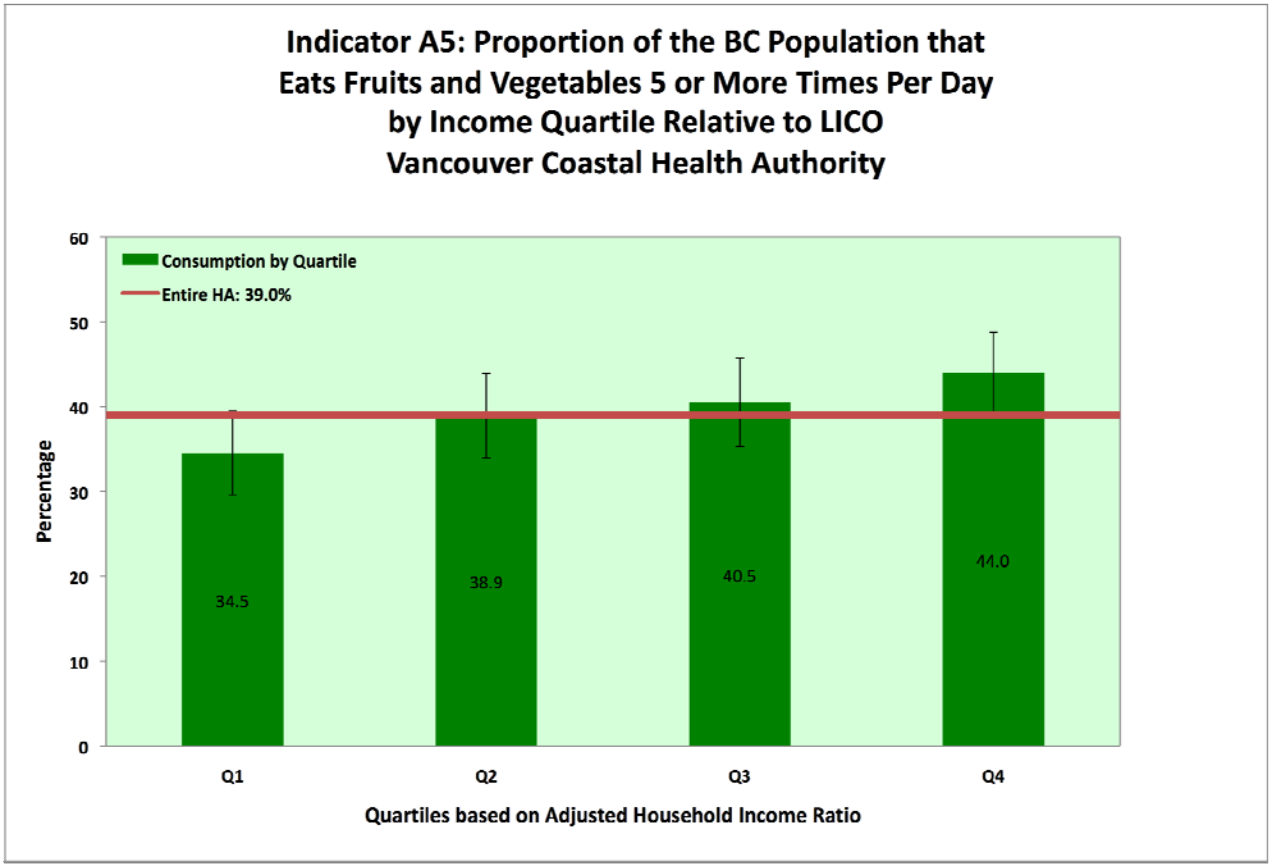
INDICATOR A5: INCOME RELATIVE TO LICO SERIES



Data Source: Statistics Canada Canadian Community Health Survey Cycle 3.1, 2005.

This chart shows a comparison of the proportion of the BC population that reported eating fruits and vegetables five or more times per day, across income quartiles. Overall, the frequency of fruit and vegetable consumption is low across the province, with an average of about 40% of the population eating these foods five or more times per day. The chart indicates that the proportion of the population (36%) that achieved the five or more times per day frequency was lowest in the lowest income quartile, while the proportion of population that achieved this frequency remained roughly the same (about 40%) across the remaining income quartiles.

INDICATOR A5: INCOME RELATIVE TO LICO SERIES

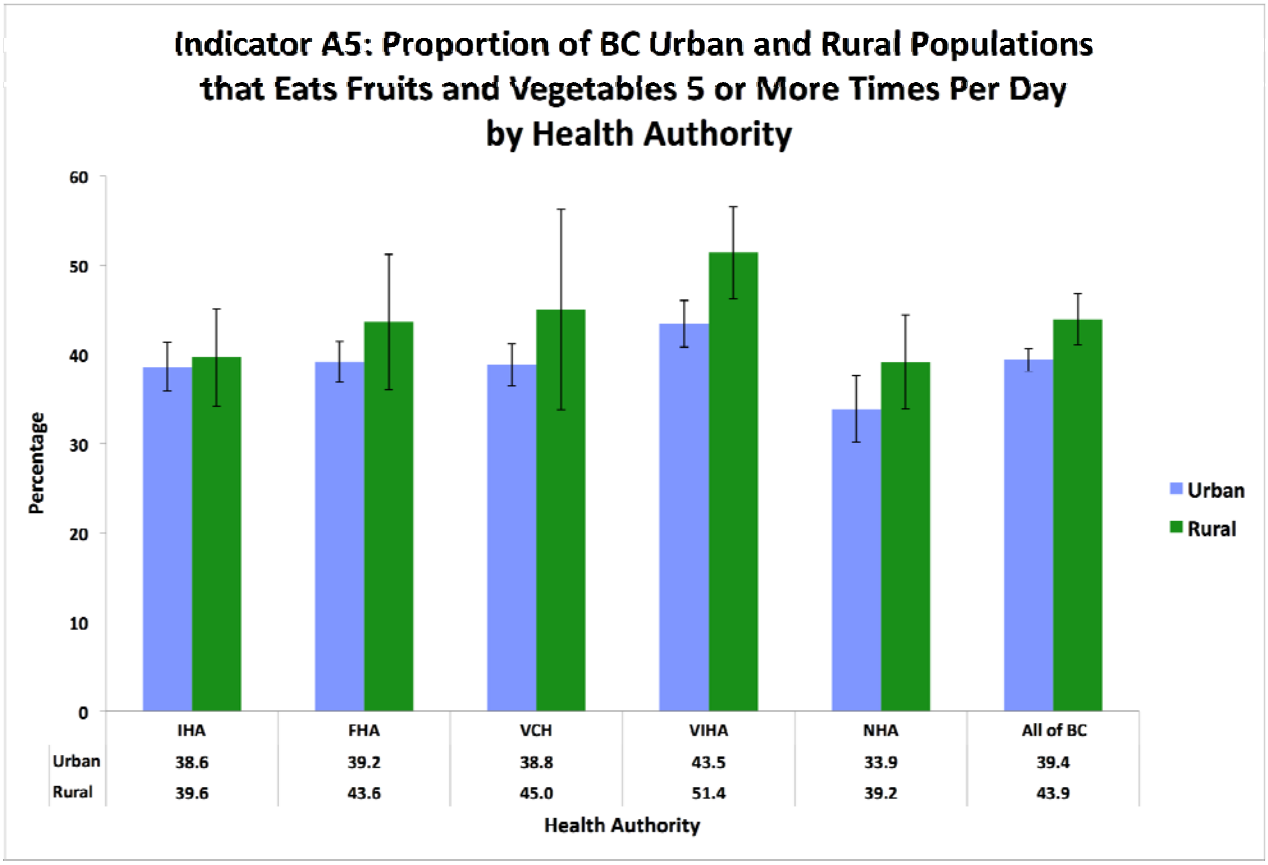


Data Source: Statistics Canada Canadian Community Health Survey Cycle 3.1, 2005.

This chart shows a comparison of the proportion of the population in the Vancouver Coastal Health Authority region that reported eating fruits and vegetables five or more times per day, across income quartiles. The proportion of the population that consumes fruits and vegetables five times or more per day in this Health Authority is low, with an average of 39%. Consumption by quartile reveals a slight gradient, with the percentage of the population eating fruits and vegetables five or more times per day in the wealthiest quartile being almost 10 percentage points higher than the percentage in the lowest quartile.

(Please see the Appendix for charts for all Health Authorities).

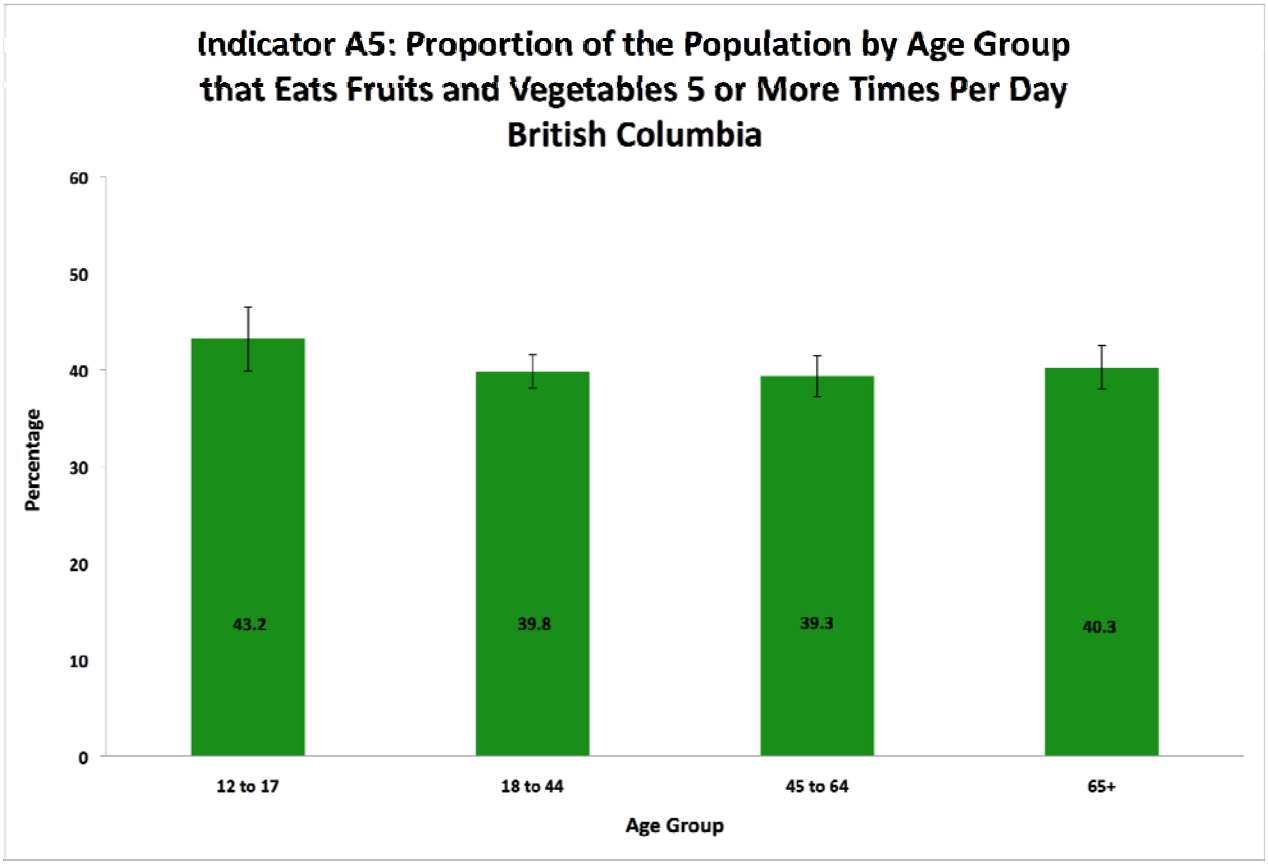
INDICATOR A5: PLACE OF RESIDENCE



Data Source: Statistics Canada Canadian Community Health Survey Cycle 3.1, 2005.

This chart shows a comparison of the proportion of the BC population that reports eating fruits and vegetables five or more times per day, by place of residence. The highest proportion of the population in both categories is in the Vancouver Island Health Authority region. Both provincially and within each Health Authority, a higher proportion of the rural population eats fruits and vegetables five or more times per day, compared to the urban population. In the Interior Health Authority region, however, the proportion of the population in the two groups is almost equivalent. The greatest variance between urban and rural rates of consumption is in the Vancouver Island Health Authority region.

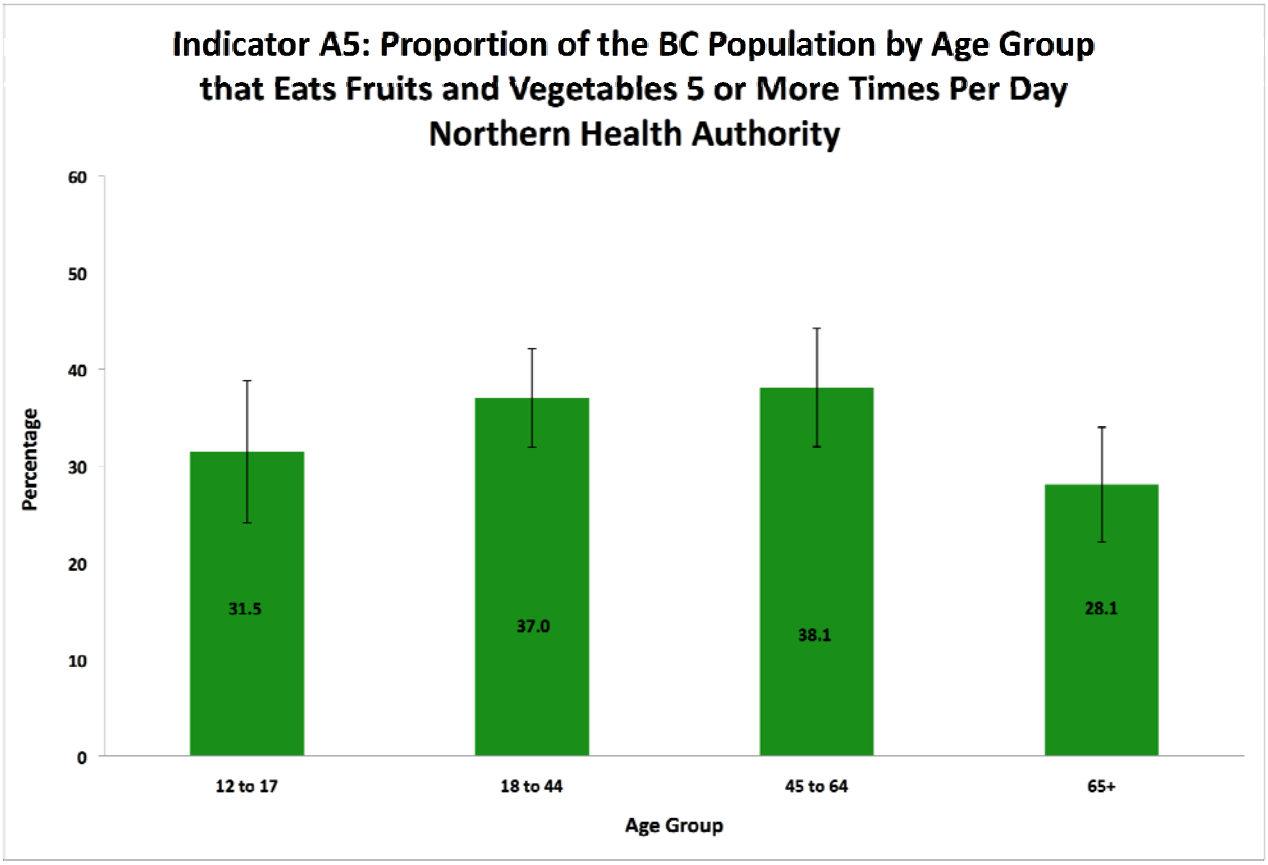
INDICATOR A5: AGE SERIES



Data Source: Statistics Canada Canadian Community Health Survey Cycle 3.1, 2005.

This chart shows a comparison of the proportion of the population in British Columbia that reports eating fruits and vegetables five or more times per day, by age group. The proportion of the population achieving this frequency of fruits and vegetables consumption is low across all age groups, averaging roughly 40%.

INDICATOR A5: AGE SERIES



Data Source: Statistics Canada Canadian Community Health Survey Cycle 3.1, 2005.

This chart shows a comparison of the proportion of the population in the Northern Health Authority region that reports eating fruits and vegetables five or more times per day, by age group. The proportion of the population achieving this frequency of fruits and vegetables consumption is lower than the provincial average across all age groups, and varies considerably with a low of only 28.1% of the 65+ population compared to a higher of 38.1% in the 45-64 age group.

INTERPRETATION

This indicator measures the proportion of the population that consumes fruits and vegetables five or more times per day. In all the categories (income, rural/urban, age), the proportion of the population that consumes fruits and vegetables five or more times per day is low. This signals a lack of awareness of the nutritional importance of these foods, and/or lack of access to these foods.

Comparing levels of consumption across income quartiles, it is evident that the lowest proportion of the population consuming fruits and vegetables five or more times per day is typically in the lowest income quartile. Affordability of fruits and vegetables (cost and income) could be influencing this trend, as well as lack of availability and awareness of nutritional importance. Comparing consumption rates between urban and rural populations, there is a trend toward a greater percentage of the rural-based population consuming fruits and vegetable more frequently than their urban counterparts. This could reflect greater access to farm or backyard produce. Test results did not indicate a consistent pattern across age groups; however, monitoring over time might illustrate patterns within or among age groups.

ASSUMPTIONS AND LIMITATIONS

This indicator is based on a self-reported data about frequency of consumption, which may be vulnerable to various biases. The CCHS survey collects data about the *frequency* of consumption – not quantity, so actual consumption may vary considerably. It might, for example, be possible to consume the total Canada Food Guide recommended minimum servings of fruits and vegetables (for adults), eating fruits and vegetables fewer than five times per day.

The confidence intervals in the test results comparing rural and urban consumption overlapped in all Health Authorities except VIHA, so these differences may or may not be valid. At the provincial level, however, the confidence intervals did not overlap, indicating that this trend holds with sufficient sample size.

INDICATOR A6

Proportion of the BC population that always had enough of the foods they wanted to eat in the last 12 months.

DEFINITION

This indicator assesses a dimension of household food security using a self-report of consistent access to preferred foods. It compares food security in households designated as *poverty households* to *non-poverty households.* The designation of *poverty* or *non-poverty* is based on household income (see *Details of the Measure*). By comparing the proportion of households in each income category that report food security, this indicator demonstrates an association between household income and household food security.

THE MEASURE

This indicator measures the proportion of households reporting that they had consistent access to the foods they wanted to eat in the previous 12 months, based on their response to Q1 in the Canadian Community Health Survey Food Security Survey Module Questionnaire, Question FSC 010. These households are divided into two income categories:

- Poverty households
- Non-poverty households

DETAILS OF THE MEASURE

NUMERATOR:

The proportion of the BC population, in each income category, who selected yes to the first response (#1) to Q1 in the Canadian Community Health Survey Food Security Survey Module Questionnaire, Question FSC 010, in the Canadian Community Health Survey Cycle 3.1.[11]

Q1: Which of the following statements best describes the food eaten in your household in the past 12 months, that is since [current month] of last year:

1. *You and other household members always had enough of the kinds of food you wanted to eat.*[12]

[11] From the Canadian Community Health Survey Food Security Survey Module Questionnaire, Question FSC 010. Please refer to the 2008 CCHS available at http://www.statcan.gc.ca/imdb-bmdi/instrument/3226_Q1_V5-eng.pdf

[12] Q1 in Question FSC 010 included three other possible responses, reflecting various levels of food insecurity. Attempts were made to incorporate these responses into a measure for Indicator A6, but in all instances the respondent sample sizes were too small to render valid measures.

DENOMINATOR:

The denominators represent the proportion of overall households in the *poverty* and *non-poverty* categories. The *poverty* category comprises the proportion of the population (16.6%) with the lowest income, based on the adjusted household income distribution of BC, which takes into account total household income, household size and community size.[13] The *non-poverty* category comprises the remaining 83.4% of households. Accordingly, the *poverty* denominator represents the 16.6% of the CCHS sample with the lowest household income, and the *non-poverty* denominator encompasses the remaining 83.4% of the sample.

DATA SOURCES

The CCHS collects information on household food security as part of its optional data set. The data for this indicator come from responses to FSC_010 in the Household Food Security Module.

It should be noted that this indicator is based on a single question from the CCHS Household Food Security Module, whereas the CCHS section on household food security comprises an entire suite of questions. The CCHS uses this suite of questions in a more involved assessment; our method used one overarching measure, in keeping with our aim of developing indicators that could be readily calculated.

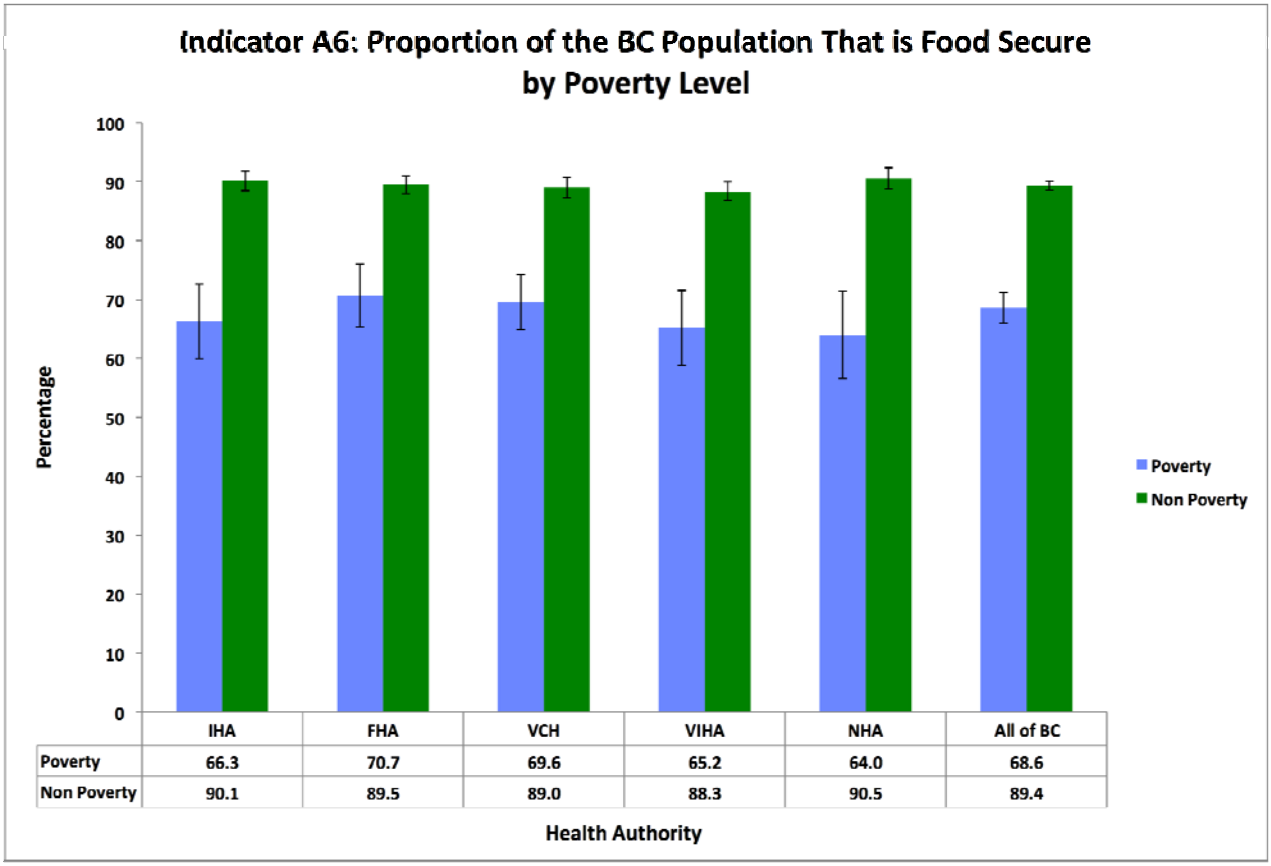
FREQUENCY

Core CCHS data is collected over a two-year period and reports based on the full sample are published every second year. Optional modules, however, must be selected and approved for inclusion in each cycle. Assuming the food security module is included in each cycle going forward, the recommendation is that this indicator be measured every two years, using the full two-year sample.

[13] Please see: *Low Income in Canada: 2000-2007 Using the Market Basket Measure.*

SAMPLE ANALYSIS FROM INDICATOR TEST

Following is the complete set of sample results from the test of A6.



	IHA	FHA	VCH	VIHA	NHA	All of BC
Poverty	66.3	70.7	69.6	65.2	64.0	68.6
Non Poverty	90.1	89.5	89.0	88.3	90.5	89.4

Data Source: Statistics Canada Canadian Community Health Survey Cycle 3.1, 2005.

This chart shows a comparison of the percentage of households in each income category that indicate they were able to access the foods they wanted in the previous 12 months. The pattern is consistent across all regional Health Authorities and the province: roughly 65-70% of the households in the *poverty* category reported consistent access to the foods they wanted in the last 12 months, compared to 88-90% of the *non-poverty* category.

INTERPRETATION

This indicator shows that across BC, as well as in each Health Authority, a much lower proportion of the poorest households have consistent access to the kinds of foods they want to eat, compared to the remainder of the households. This suggests that income is a barrier to the quantity and quality of food consumed by the poorest households. While it is not possible to ascertain if "enough of the kinds of food you wanted to eat," reflects quantity and/or quality of food, this indicator clearly illustrates a difference in the ability to consistently access preferred foods between the *poverty* and *non-poverty* households. The value of this indicator is that will enable Health Authorities to monitor trends over time to see how access to food might change in the two household categories.

ASSUMPTIONS AND LIMITATIONS

This indicator is based on a self-reported response to a single, general question on access to sufficient and desired foods. Its intent is to signal trends related to household income and the ability to access food; it is not a definitive definition of food security.

This indicator does not define what is meant by the "kinds of food you wanted to eat," so these foods may not necessarily be nutritionally sound. Further, while this indicator will show trends in household food security, it does not reveal what factors influence these trends. While income is a primary factor determining ability to purchase food, availability and cost of food also affect access and therefore may influence the responses to this question. Changes in this indicator over time could indicate changes in cost of food, household income levels or the introduction of specific programs or interventions.

Implementing the Food Security Indicators

A range of actions is required to implement the six indicators, including: accessing data (either through existing data sources or through collection); synthesis; analysis; interpretation; and reporting. Accessing existing data (e.g. Statistics Canada), including the data that needs to be purchased, can be done centrally by PHSA. The data that must be collected will need to be done at a regional level, while coordination of the collection can be done through PHSA. Data synthesis, and analysis can be done by PHSA. Interpretation and reporting will need to be done at a regional level by the Health Authorities and at the provincial level by PHSA. The following table describes the responsibilities for each action required in implementing the indicators.

INDICATOR	RESPONSIBILITIES				
	Data Access	**Data Synthesis**	**Data Analysis**	**Interpretation**	**Reporting**
A1	▪ Collection (complete survey) – RHA ▪ Coordination – PHSA	PHSA	PHSA	Regional: RHA Provincial: PHSA	Regional: RHA Provincial: PHSA
A2	▪ Collection (complete survey) – RHA ▪ Coordination – PHSA	PHSA	PHSA	Regional: RHA Provincial: PHSA	Regional: RHA Provincial: PHSA
A3	**Costing a NFB** ▪ Collection – RHA ▪ Coordination – PHSA ▪ Entry - PHSA **Income** ▪ PHSA	PHSA	PHSA	Regional: RHA Provincial: PHSA	Regional: RHA Provincial: PHSA
A4	**All required data** ▪ PHSA	PHSA	PHSA	Regional: RHA Provincial: PHSA	Regional: RHA Provincial: PHSA
A5	**All required data** ▪ PHSA	PHSA	PHSA	Regional: RHA Provincial: PHSA	Regional: RHA Provincial: PHSA
A6	**All required data** ▪ PHSA	PHSA	PHSA	Regional: RHA Provincial: PHSA	Regional: RHA Provincial: PHSA

Conclusion

Through a collaborative research and decision-making process, a set of six indicators for the *Food Security Core Program* has been identified, defined and tested. They are now ready for implementation. These indicators allow the monitoring of a range of aspects related to food security including organizational commitment to food security, community capacity, and personal and household food security. The best value of these indicators is in monitoring trends related to key issues that either impact, or are impacted by, food security. The indicators, therefore, provide a valuable resource for the surveillance, monitoring and evaluation of the *Food Security Core Program* within each Health Authority.

This report provides a collaborative framework for implementing the indicators. This framework will allow the regional Health Authorities and PHSA to work in a partnership to monitor and report food security trends in British Columbia.

Appendix

INDICATOR A1 RESULTS

INTERIOR HEALTH AUTHORITY AND FRASER HEALTH AUTHORITY

Food Policy Components Supporting Food Security Interior Health Authority	Present
Procurement	0/7
Consumption	0/8
Disposal	0/2
Surveillance, Monitoring and Evaluation	0/4
TOTAL	0/21

Food Policy Components Supporting Food Security Fraser Health Authority	Present
Procurement	1/7
Consumption	1/8
Disposal	0/2
Surveillance, Monitoring and Evaluation	0/4
TOTAL	2/21

Food Policy Components Supporting Food Security Vancouver Coastal Health Authority	Present
Procurement	0/7
Consumption	0/8
Disposal	0/2
Surveillance, Monitoring and Evaluation	0/4
TOTAL	0/21

Food Policy Components Supporting Food Security Vancouver Island Health Authority	Present
Procurement	1/7
Consumption	1/8
Disposal	1/2
Surveillance, Monitoring and Evaluation	2/4
TOTAL	5/21

Food Policy Components Supporting Food Security Northern Health Authority	Present
Procurement	TBD
Consumption	TBD
Disposal	TBD
Surveillance, Monitoring and Evaluation	TBD
TOTAL	TBD

Food Policy Components Supporting Food Security Provincial Health Services Authority	Present
Procurement	7/7
Consumption	7/8
Disposal	1/2
Surveillance, Monitoring and Evaluation	1/4
TOTAL	16/21

DATA COLLECTION INSTRUMENT FOR A1

Indicator A1: Health Authority Food Policy Survey_Final

Introduction

A food policy in the health domain includes all decisions that impact how food is obtained, consumed and disposed of within a healthcare organization. Since a primary objective of the Food Security Core Program is to support healthy eating, a comprehensive food policy will include decisions about food procurement and consumption within the workplace and health care facilities.

These decisions cover food provided or made available to staff, patients and their families, visitors and volunteers through:
- food services;
- programs for patients and clients;
- cafeterias;
- vendors; and
- vending machines.

In support of a healthy planet, a food policy also covers decisions about food disposal and waste management.

This survey is designed to determine whether a Health Authority's existing food policy contains the elements that support food security. Following is an inventory of food policy components which support food security. Please note, these components may be covered in one comprehensive food policy, or multiple food policies.

Background

1. Name of Health Authority:

- ◯ Fraser Health Authority
- ◯ Interior Health Authority
- ◯ Northern Health Authority
- ◯ Provincial Health Services Authority
- ◯ Vancouver Coastal Health Authority
- ◯ Vancouver Island Health Authority

2. Do you currently have food policies in place? (If Yes, please proceed to the next page; if No please proceed to question 3.)

- ◯ Yes
- ◯ No
- ◯ Don't know

Page 1

Indicator A1: Health Authority Food Policy Survey_Final

3. If No, does your Health Authority have plans to implement food policies in the near future?

- ◯ Yes
- ◯ No
- ◯ Don't know

Food Policy Components

For the following questions, please see the Reference Guide for examples of these food policy components.

Please note: there are 5 questions to be answered on this page.

1. PROCUREMENT COMPONENTS

Does your food policy contain any of the following procurement components that support food security?

Please select all that apply.

- ☐ Purchasing strategies that support availability of healthy food
- ☐ Purchasing strategies that support affordability of healthy food
- ☐ Purchasing strategies that support availability of local food
- ☐ Purchasing strategies that support affordability of local food
- ☐ Guidelines in support of food safety
- ☐ Guidelines about acceptable nutritional labeling, packaging and delivery modes in support of sustainability
- ☐ Purchasing strategies that support availability of food that is appropriate for a culturally diverse population

Page 2

Indicator A1: Health Authority Food Policy Survey_Final

2. CONSUMPTION COMPONENTS

Does your food policy contain any of the following consumption components that support food security?

Please select all that apply.

- ☐ Pricing strategies that support affordability of healthy food
- ☐ Guidelines in support of availability of healthy food
- ☐ Guidelines in support of food safety
- ☐ Guidelines in support of provision of food that is appropriate for a culturally diverse population
- ☐ Guidelines in support of availability of local food
- ☐ Guidelines for food preparation methods in support of sustainability
- ☐ Guidelines promoting breastfeeding
- ☐ Guidelines and programs supporting education and knowledge dissemination about healthy eating

3. DISPOSAL COMPONENTS

Does your food policy contain any of the following disposal components that support food security?

Please select all that apply.

- ☐ Strategies in support of sustainable disposal and waste management practices
- ☐ Guidelines and programs supporting education and knowledge dissemination about responsible disposal practices

Page 3

Indicator A1: Health Authority Food Policy Survey_Final

4. SURVEILLANCE, MONITORING AND EVALUATION COMPONENTS

Does your food policy contain any of the following surveillance, monitoring and evaluation components that support food security?

Please select all that apply.

- ☐ Identification of desired / expected food security outcomes for the Health Authority
- ☐ Stipulation of compliance with Health Authority food security guidelines for all third party food service contracts in support of food safety
- ☐ Benchmarking: provision of standards of current best practices in support of food security
- ☐ Program evaluation for progress toward specific food security outcomes

5. Does your food policy include any components that support food security over and above those listed in the preceding questions? If so, please describe below:

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REFERENCE GUIDE FOR A1

HEALTH AUTHORITY FOOD POLICY SURVEY REFERENCE GUIDE

Introduction

Sufficient, safe and nutritious food is critical to health and wellbeing. Food security is achieved when all people have consistent access to sufficient, safe and nutritious food. In recognition of the importance of food as a determinant of health, the Food Security Core Program provides a public health strategy with the intent of increasing food security in BC.

Food Security practice is about creating environments that makes the healthy option the easy choice. Organizational policies, especially in healthcare facilities, can help. ***Indicator A1****: Presence of food policy that supports food security, within Health Authorities* is designed to measure ***Organizational Commitment to Food Security.***

The survey you are about to complete will help health authorities measure progress over time on their organization's commitment to food security. To assist in the completion of this survey, examples are provided, where available, to clarify what information is being requested.

Procurement Component

Purchasing strategies that support availability of healthy food:

- Supplier and vendor contracts that specify acceptable types of foods, emphasizing healthy foods and indicating restrictions on unhealthy foods, e.g. restrictions on trans fats
- Negotiating contracts with vendors that favour increases in availability of healthy foods in vending machines, e.g. juices rather than soft drinks

Purchasing strategies that support affordability of healthy food:

- Negotiating preferred pricing on healthy food through mechanisms such as bulk purchasing

Purchasing strategies that support availability of local food:

- Supplier and vendor contracts that emphasize the purchase of local foods in season,
- Negotiating contracts with vendors that favour increases in availability of local foods in vending machines

Purchasing strategies that support affordability of local food:

- Negotiating preferred pricing on local food through mechanisms such as bulk purchasing

Guidelines in support of food safety:

- Stipulating acceptable levels of hormones, antibiotics, genetically modified foods, etc.

HEALTH AUTHORITY FOOD POLICY SURVEY REFERENCE GUIDE

Procurement Component, cont.

Guidelines about acceptable nutritional labeling, packaging and delivery modes in support of sustainability:

- Supplier and vendor contracts that specify acceptable types of foods, favouring sustainably produced foods – e.g. purchasing Ocean Wise seafood; Fair Trade purchasing
- Preferential use of suppliers and vendors who supply locally produced food in an effort to decrease green house gases (GHG) (foods not produced in energy intensive greenhouses, less meat)
- Specifications about minimizing packaging

Purchasing strategies that support availability of food that is appropriate for a culturally diverse population

Consumption Component

Pricing strategies that support affordability of healthy food:

- Preferred pricing for healthy foods in vending machines/retail sales

Guidelines in support of availability of healthy food:

- Use of Canada's Food Guide to set nutritional standards for cafeterias and vending machines
- Providing patient food based on individual dietary requirements
- Use of nutritional labeling indicating percentages of Required Daily Allowance (RDA)
- Providing and identifying healthy choices on menus and in cafeterias
- Management of portion sizes
- Food labelling
- Provision of food that is nutritionally appropriate for unique patient populations
- Minimal nutritional or "no junk food" guidelines for vending machines – e.g. following the Nutritional Guidelines for Vending Machines in B.C. Public Buildings (May 2007)
- Preferential product placement for healthy foods
- Serving healthy foods in meetings

Guidelines in support of food safety:

- Annual third party audits using the Hazard Analysis Critical Control Points (HACCP) system
- Restricting access to high risk foods for high risk patient populations
- Food preparation guidelines to control for bacteria such as salmonella and listeriosis

Guidelines in support of provision of food that is appropriate for a culturally diverse population

HEALTH AUTHORITY FOOD POLICY SURVEY REFERENCE GUIDE

Consumption Component, cont.

Guidelines in support of availability of local food:

- Preferential use of fresh local food in-season; canned or frozen local food off-season
- Preferred pricing for local foods in retail sales
- Promotion of local foods at specialty events
- Preferential product placement for local foods

Guidelines for food preparation methods in support of sustainability:

- Waste reduction in preparation
- Guidelines for food service in support of sustainability
- Use of reusable, washable implements

Guidelines supporting breastfeeding within your organization:

- Providing a supportive environment
- Providing areas for feeding and pumping milk and storage for pumped milks

Guidelines and programs supporting education and knowledge dissemination about healthy eating:

- Promoting awareness through various media of the benefits of:
  - Healthy foods
  - Local foods
  - Effect of climate change on access to food
- Providing food preparation classes

Disposal Component

Strategies in support of sustainable disposal and waste management practices:

- Promotion of
  - Recycling
  - Composting
  - Reusable implements
  - Donation of edible surplus food to charities
- Guidelines about acceptable levels of waste

Guidelines and programs supporting education and knowledge dissemination about responsible disposal practices:

- Promoting awareness through various media of the benefits of
  - Recycling
  - Composting

HEALTH AUTHORITY FOOD POLICY SURVEY REFERENCE GUIDE

Surveillance, Monitoring and Evaluation Component

Identification of desired / expected food security outcomes for the Health Authority:

- Achieving Food Security Core Program outcomes
- Carbon footprint reduction
- GHG reduction

Stipulation of compliance with Health Authority food security guidelines for all third party food service contracts in support of food safety

Benchmarking: provision of standards of current best practices in support of food security

Program evaluation for progress toward specific food security outcomes

INDICATOR A2 RESULTS

FRASER HEALTH AUTHORITY

FRASER HEALTH AUTHORITY	
ACTIVITIES SUPPORTED IN 2008	**COUNT**
Food Forum	3
Needs Assessment	9
Action Plan	5
Policy Councils	3
Food Charters	0
Info Event/Workshop Single Session	38
Info Event/Workshop Multiple Session	0
Food Bank	4
Soup Kitchen	0
Food Gleaning	0
Community Gardens	6
Community Kitchens	5
Farmers Markets	5
Food Co-ops	0
Miscellaneous Other Activities	11

Activities under *Miscellaneous Other* include Harvest Box research with Simon Fraser University; Harvest Box fresh produce buying club; and the Biggest Little Garden project, providing mini-gardens for low-income families.

INTERIOR HEALTH AUTHORITY	
ACTIVITIES SUPPORTED IN 2008	**COUNT**
Food Forum	0
Needs Assessment	0
Action Plan	0
Policy Councils	0
Food Charters	2
Info Event/Workshop Single Session	4
Info Event/Workshop Multiple Session	5
Food Bank	0
Soup Kitchen	0
Food Gleaning	1
Community Gardens	4
Community Kitchens	0
Farmers Markets	1
Food Co-ops	1
Miscellaneous Other Activities	7

Activities under *Miscellaneous Other* include the development of a media package and Farm Fresh Guide; the creation of a local food map; and planning for a community root cellar.

VANCOUVER COASTAL HEALTH AUTHORITY	
ACTIVITIES SUPPORTED IN 2008	**COUNT**
Food Forum	3
Needs Assessment	0
Action Plan	2
Policy Councils	1
Food Charters	1
Info Event/Workshop Single Session	45
Info Event/Workshop Multiple Session	10
Food Bank	10
Soup Kitchen	2
Food Gleaning	5
Community Gardens	11
Community Kitchens	24
Farmers Markets	5
Food Co-ops	1
Miscellaneous Other Activities	26

Activities under *Miscellaneous Other* include the development of local food guides; the Take a Break Program on health and nutrition at the Trout Lake Food Bank; and the development of school food gardening policies to support school food gardens across the Vancouver School Board jurisdiction.

VANCOUVER ISLAND HEALTH AUTHORITY

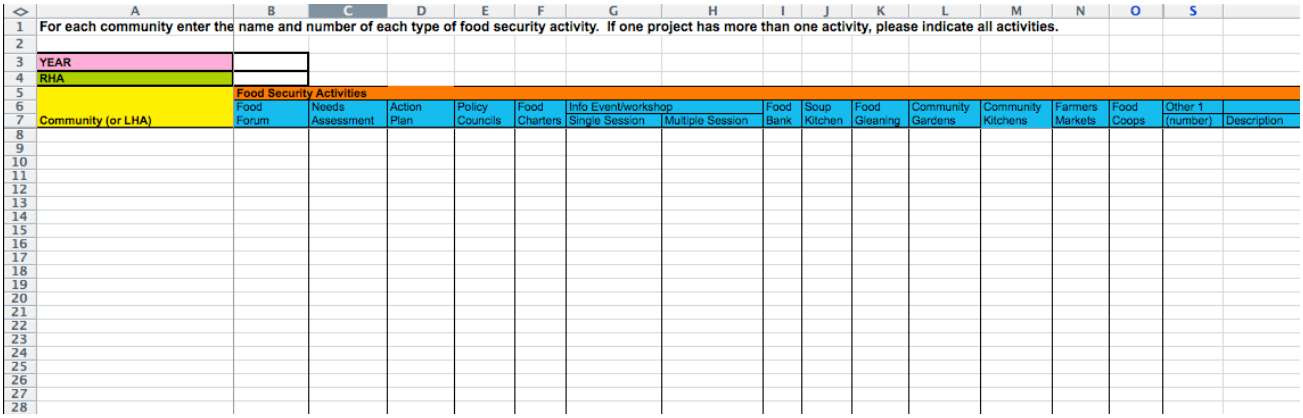
VANCOUVER ISLAND HEALTH AUTHORITY	
ACTIVITIES SUPPORTED IN 2008	**COUNT**
Food Forum	11
Needs Assessment	10
Action Plan	8
Policy Councils	0
Food Charters	3
Info Event/Workshop Single Session	132
Info Event/Workshop Multiple Session	25
Food Bank	3
Soup Kitchen	1
Food Gleaning	6
Community Gardens	10
Community Kitchens	4
Farmers Markets	2
Food Co-ops	1
Miscellaneous Other Activities	8

Activities under *Miscellaneous Other* include the development of networks and on-going research into food security and homelessness.

NORTHERN HEALTH AUTHORITY	
ACTIVITIES SUPPORTED IN 2008	**COUNT**
Food Forum	0
Needs Assessment	1
Action Plan	0
Policy Councils	0
Food Charters	0
Info Event/Workshop Single Session	0
Info Event/Workshop Multiple Session	7
Food Bank	0
Soup Kitchen	0
Food Gleaning	0
Community Gardens	8
Community Kitchens	8
Farmers Markets	0
Food Co-ops	0
Miscellaneous Other Activities	3

Activities under *Miscellaneous Other* include the development of networks and on-going research into food security and homelessness.

DATA COLLECTION INSTRUMENT FOR A2



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	S	
1	For each community enter the name and number of each type of food security activity. If one project has more than one activity, please indicate all activities.																
2																	
3	YEAR																
4	RHA																
5		Food Security Activities															
6		Food	Needs	Action	Policy	Food	Info Event/workshop		Food	Soup	Food	Community	Community	Farmers	Food	Other 1	
7	Community (or LHA)	Forum	Assessment	Plan	Councils	Charters	Single Session	Multiple Session	Bank	Kitchen	Gleaning	Gardens	Kitchens	Markets	Coops	(number)	Description
8																	
9																	
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REFERENCE GUIDE FOR A2

REFERENCE GUIDE FOR INDICATOR A2: *Measuring Community Capacity for Food Security*

Introduction

This indicator provides a measure of community capacity for food security within the geographic area covered by a Health Authority; by measuring all community food actions that are supported in any manner through the *Community Food Action Initiative* (CFAI). Support can include financial or human resources, or other contributions such as facilities and materials. The intent with this indicator is to establish a baseline measure, allowing ongoing data collection to capture trends over time.

Community capacity in this context refers to the activities and resources within a community that enable a response to issues affecting food security and healthy eating – ranging from short term emergency responses to skill building activities to actions that underwrite system transformation. Community action indicates that a community is able to identify issues and take action to respond; as such, community action is a measure of community capacity.

The survey you are about to complete will assist each Health Authority to identify the types and numbers of community actions they currently support and will enable Health Authorities to monitor community-based activity over time. The data collected will not evaluate the effectiveness of these actions (outcomes), nor will it collect data on the contributions (inputs such as dollars provided, meetings attended etc.) the Health Authority makes.

To assist in the completion of this survey, definitions for the survey terms are provided below.

REFERENCE GUIDE FOR INDICATOR A2: *Measuring Community Capacity for Food Security*

DEFINITIONS

Food Forum: A planned community gathering that brings people together to discuss and plan on issues related to food and food security.

Needs Assessment: A systematic process of gathering information to understand the strengths and needs of a community or population in relation to food and the food system; this information could be used to inform policies and programs.

Action Plan: A plan outlining the chosen method or process to achieve one or more objectives.

Policy Council: A forum/body that advocates for a sustainable, socially just and economically viable food system and proposes strategic policy recommendations for achieving this.

Food Charter: A public declaration of a community's vision, values, principles and goals with regard to its food system.

Information Event / Workshop: A planned gathering/meeting, usually a single session, for sharing information/knowledge/skills related to food and food security.

Food Bank: A community organization that systematically acquires and distributes food to those in need in their community.

Soup Kitchen: A facility that provides free meals to those in need.

Food Gleaning: The collection and processing of surplus and leftover produce or prepared foods from farmers, food retailers, restaurants, manufacturers and others – for distribution to organizations that provide free food to those in need.

Community Garden: A designated parcel of land within a community, divided into plots, that provides community members the opportunity to grow their own produce.

Community Kitchen: A community facility that provides equipment, materials, knowledge and skills to community members who meet on a regular basis for food preparation, cooking and preparing meals.

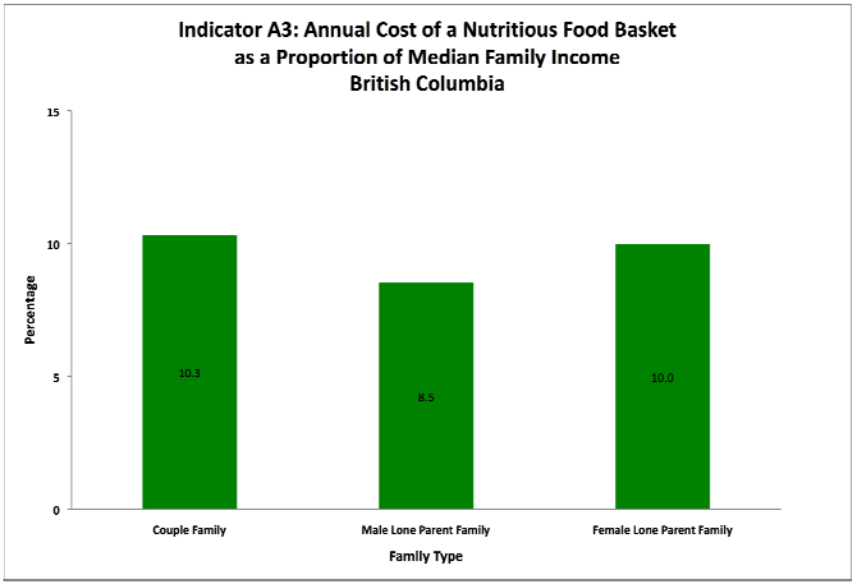
Farmers' Market: Venues that enable food growers to sell their produce directly to consumers.

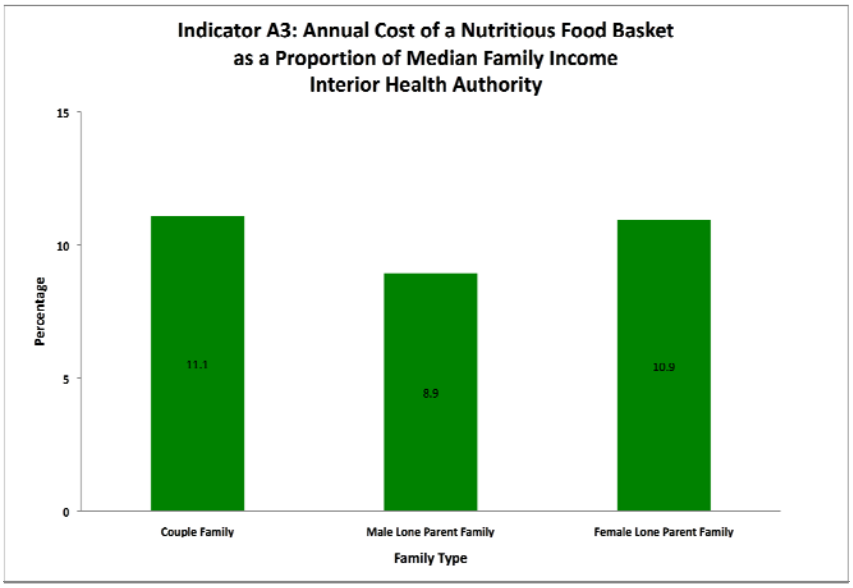
Food Co-op: A commercial venture that is cooperatively owned, governed and sometimes operated by their members who may be producers, processors, distributors, retailers or consumers of food.

Miscellaneous Other Activities: Any CFAI-supported activity that supports food security. Examples include research initiatives; health and nutrition programming; the development of local food guides and maps; and the creation of community food gardens.

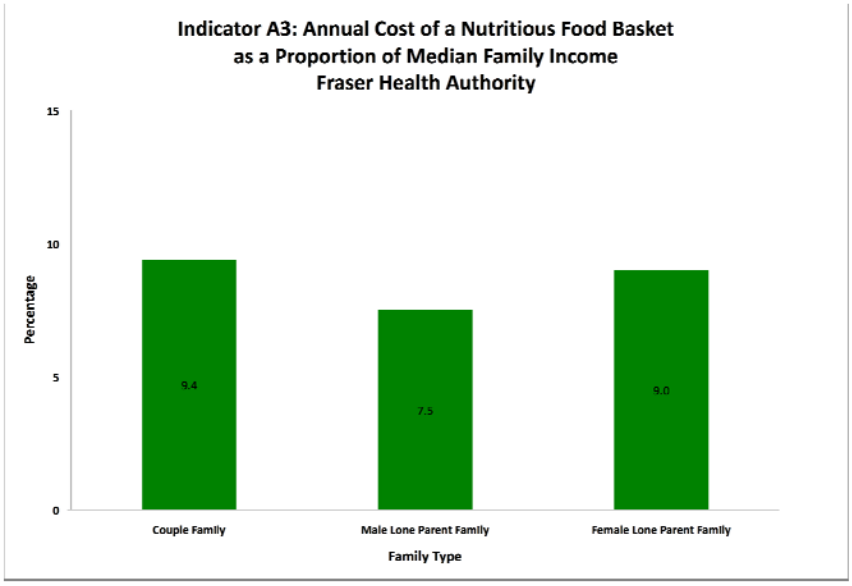
INDICATOR A3 RESULTS

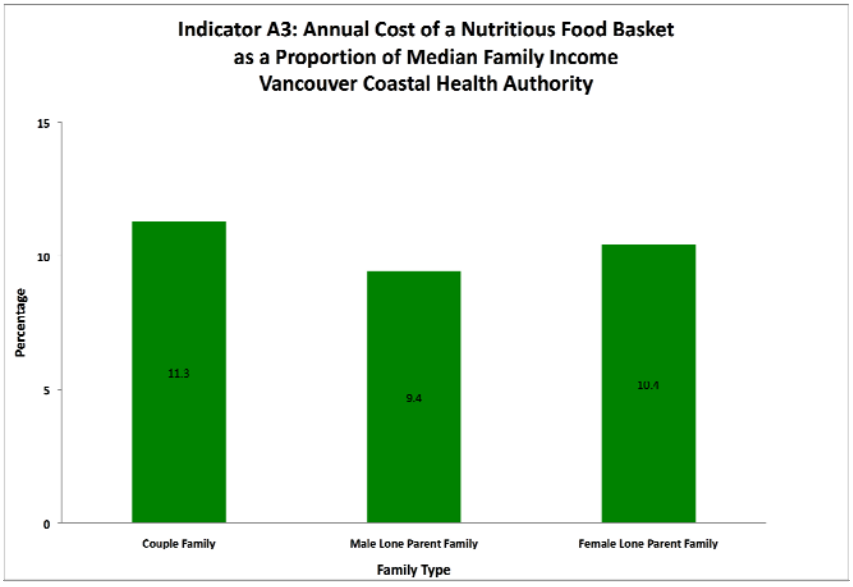
A3: MEDIAN INCOME SERIES: FAMILY TYPES WITHIN EACH HEALTH AUTHORITY



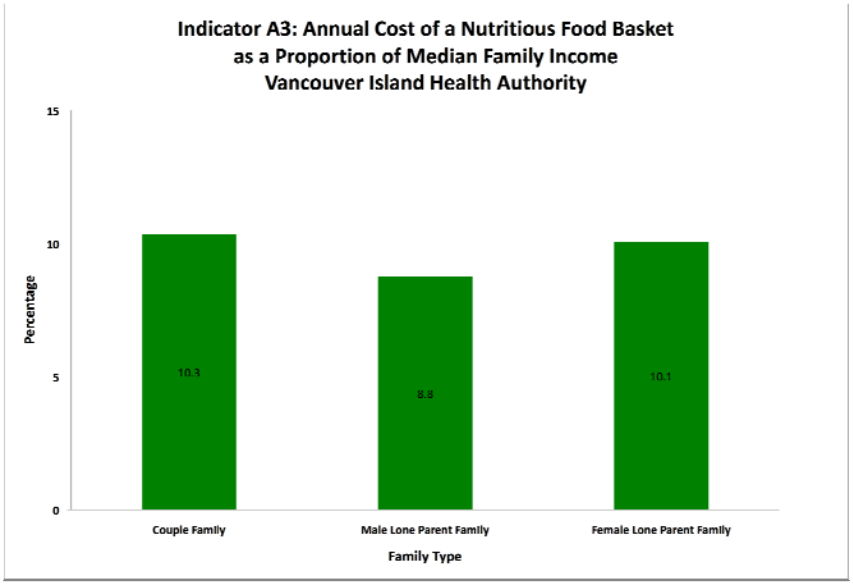


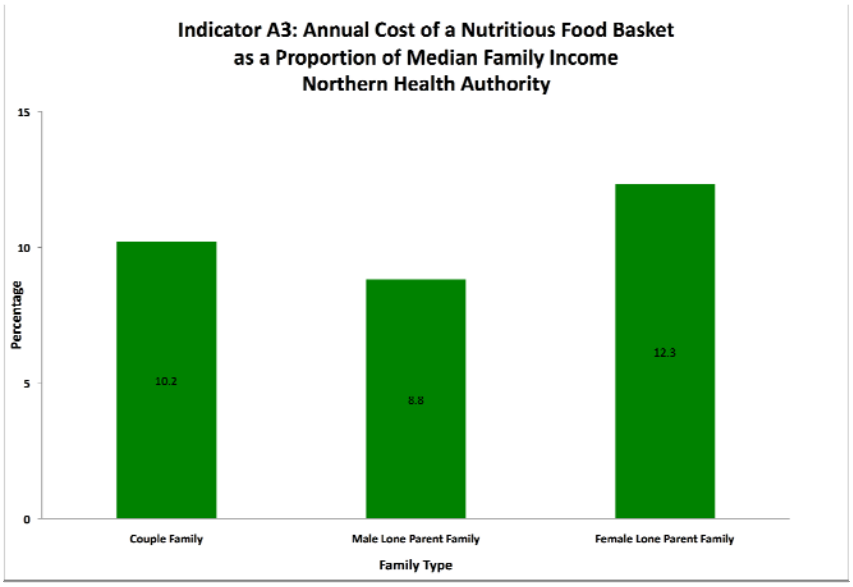
A3: MEDIAN INCOME SERIES: FAMILY TYPES WITHIN EACH HEALTH AUTHORITY



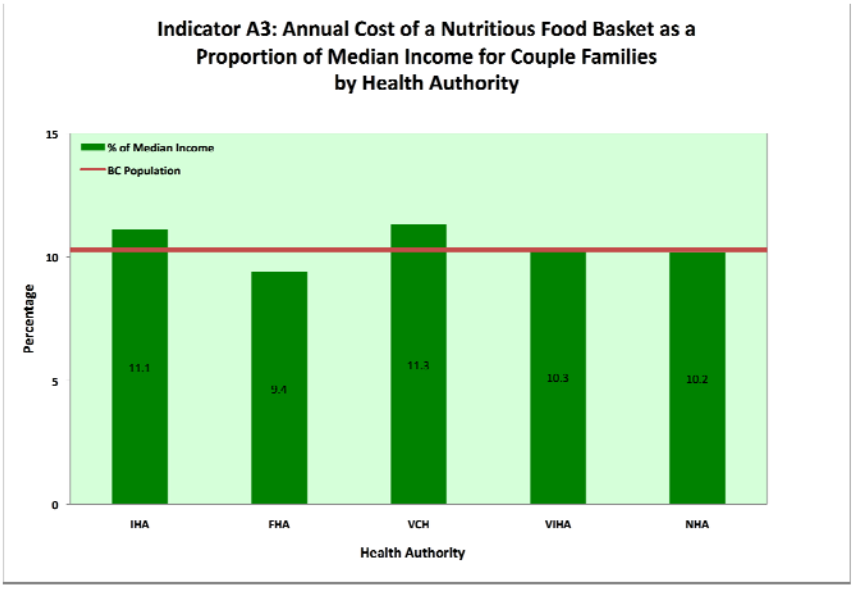


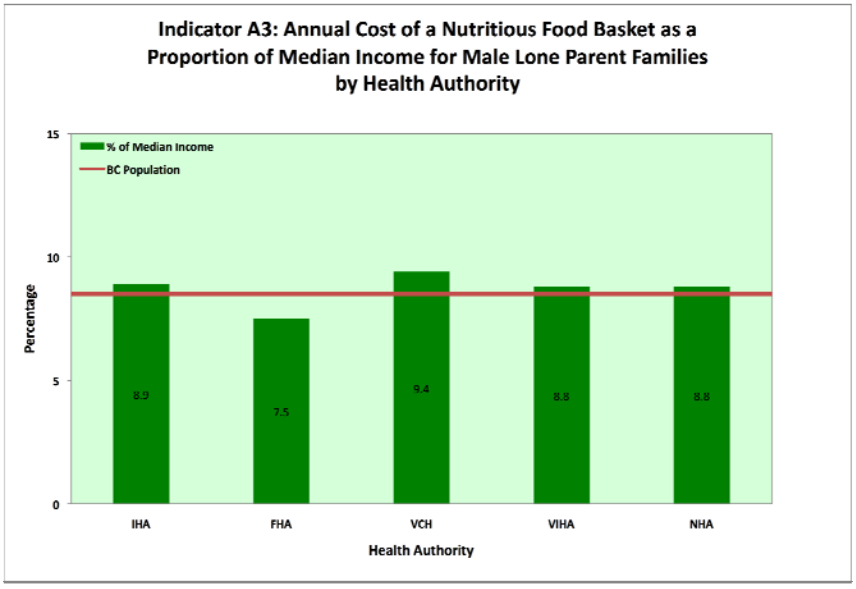
A3: MEDIAN INCOME SERIES: FAMILY TYPES WITHIN EACH HEALTH AUTHORITY



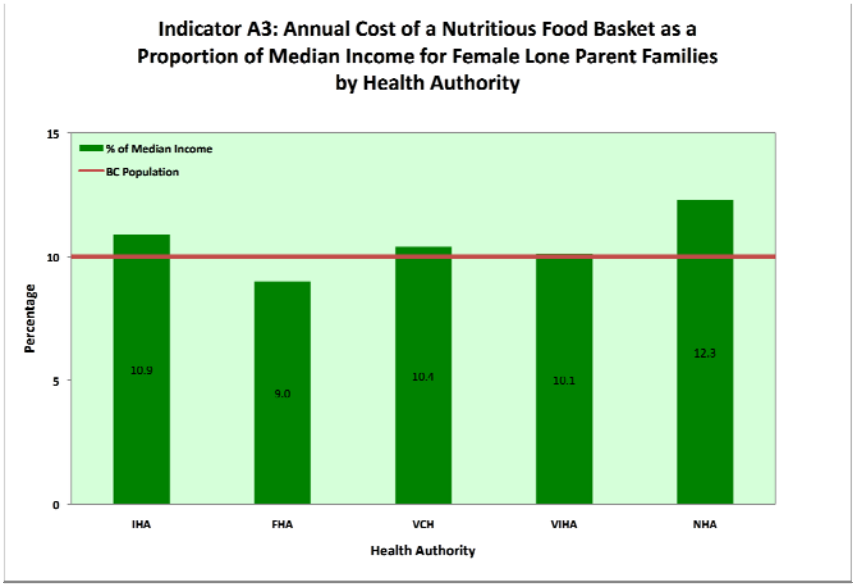


A3: MEDIAN INCOME SERIES: COMPARISON ACROSS HEALTH AUTHORITIES BY FAMILY TYPE

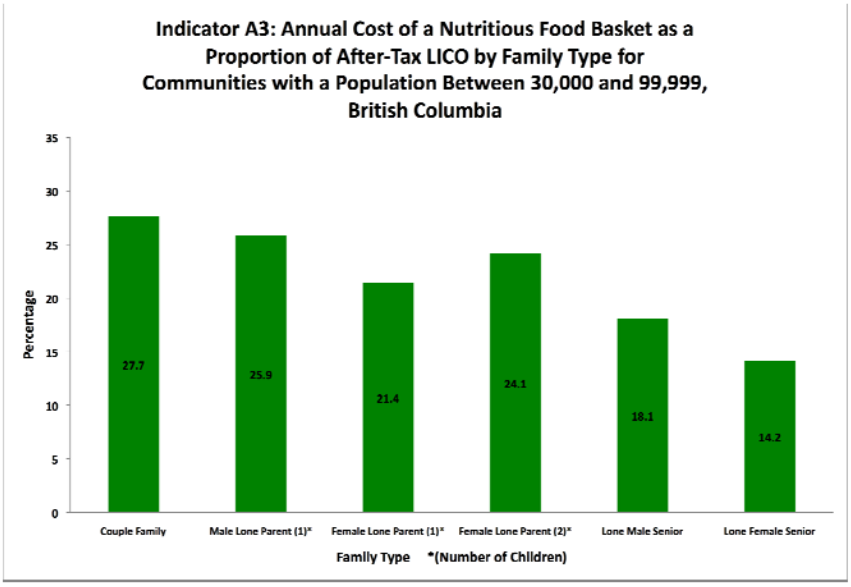


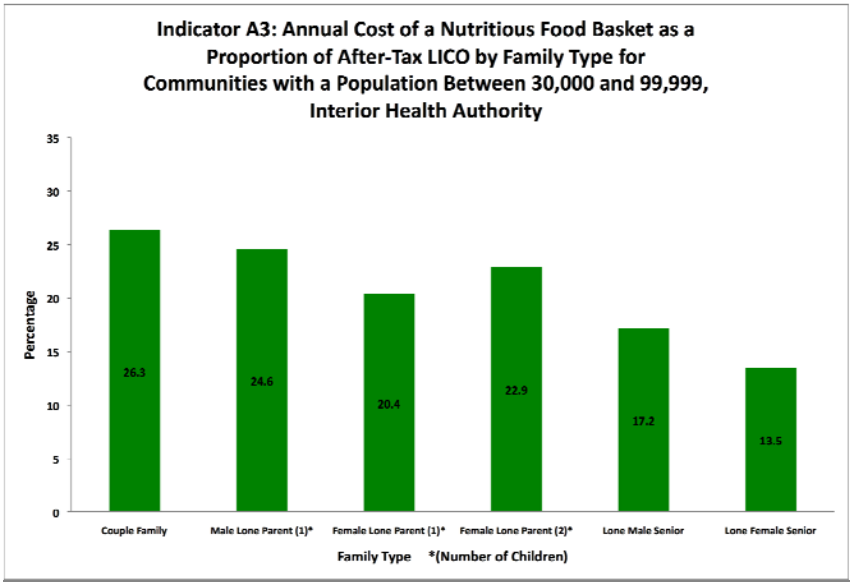


A3: MEDIAN INCOME SERIES: COMPARISON ACROSS HEALTH AUTHORITIES BY FAMILY TYPE



A3: AFTER-TAX LICO SERIES: FAMILY TYPES WITHIN EACH HEALTH AUTHORITY





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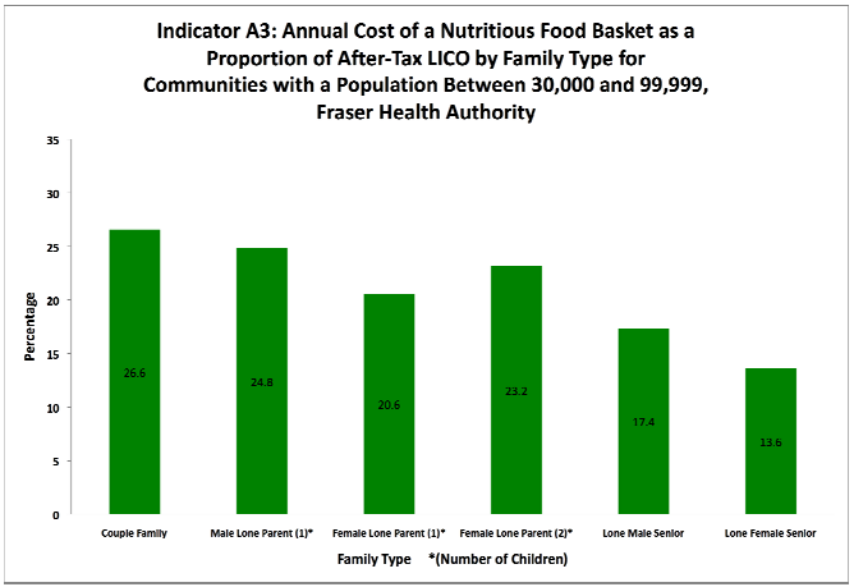

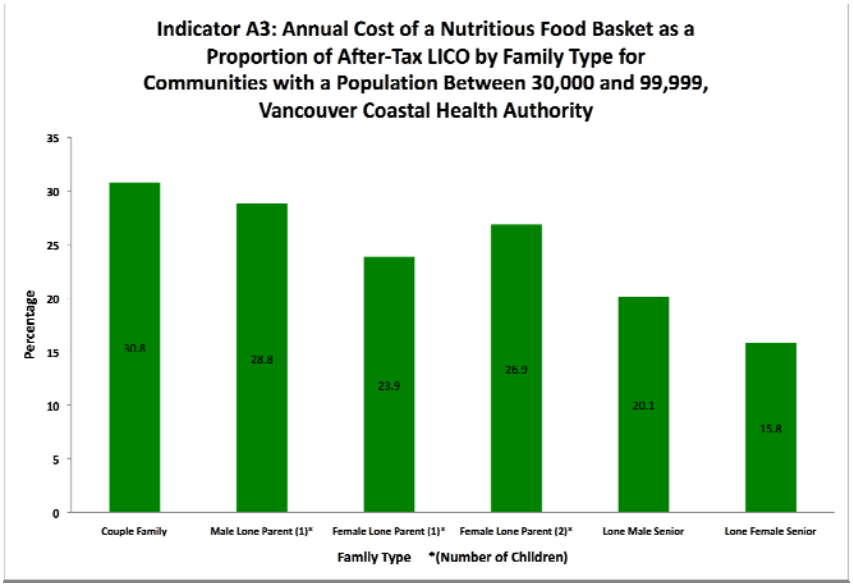

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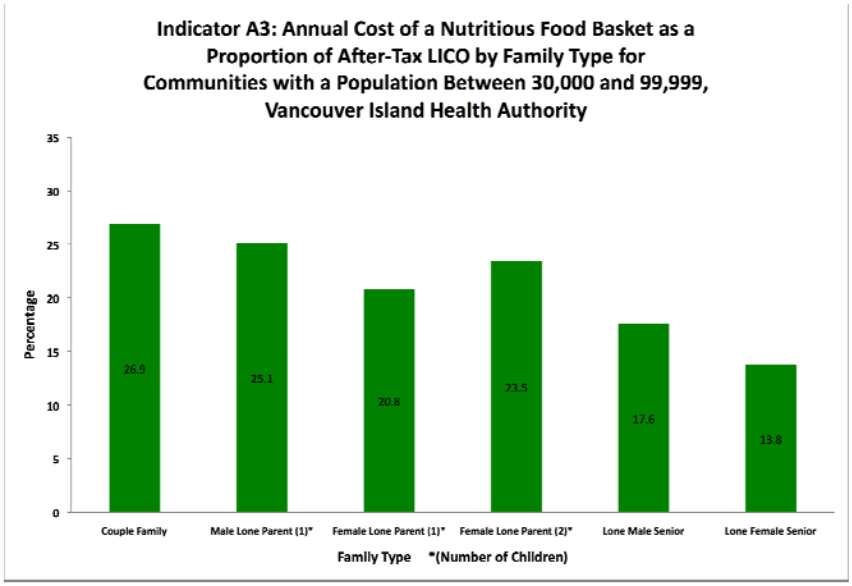
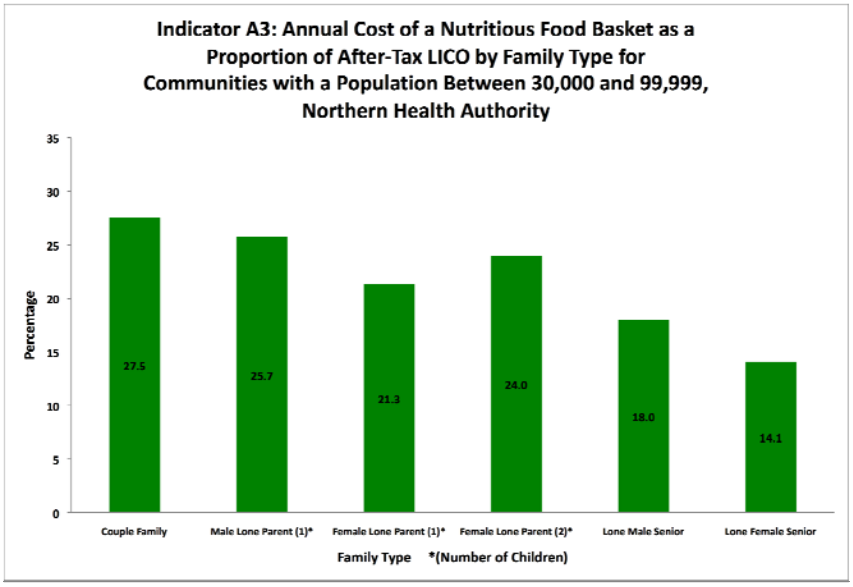
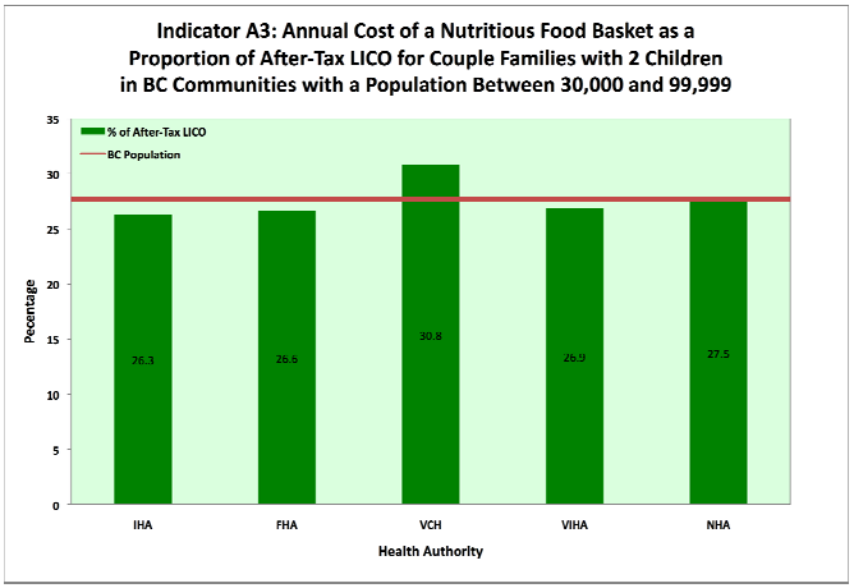
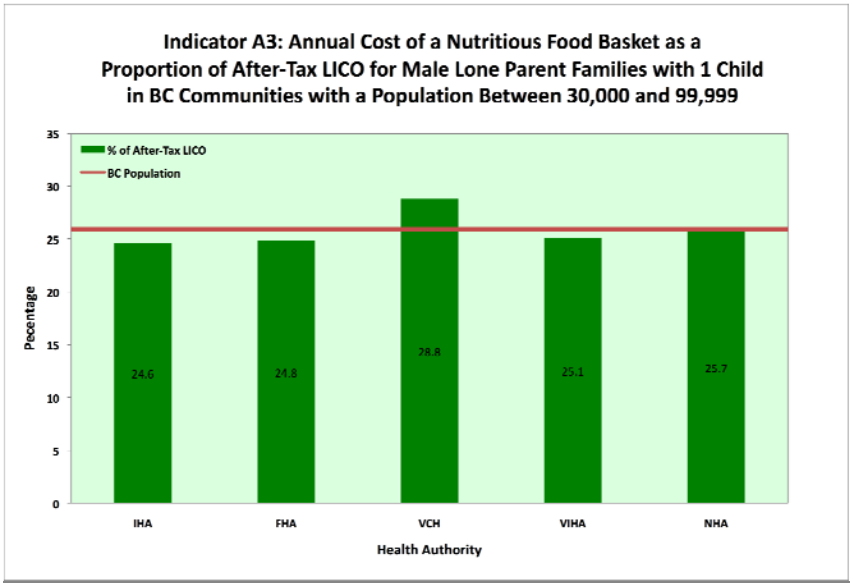




A3: AFTER-TAX LICO SERIES: COMPARISON ACROSS HEALTH AUTHORITIES BY FAMILY TYPE





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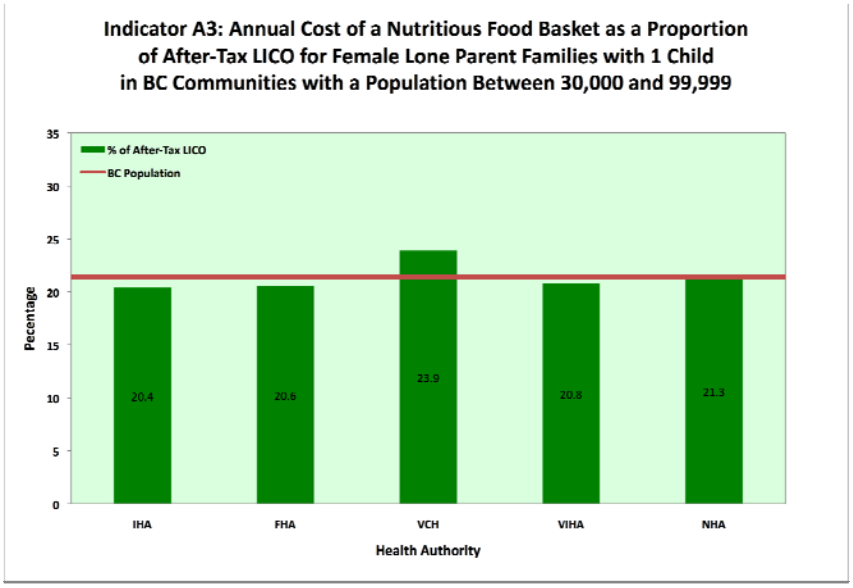

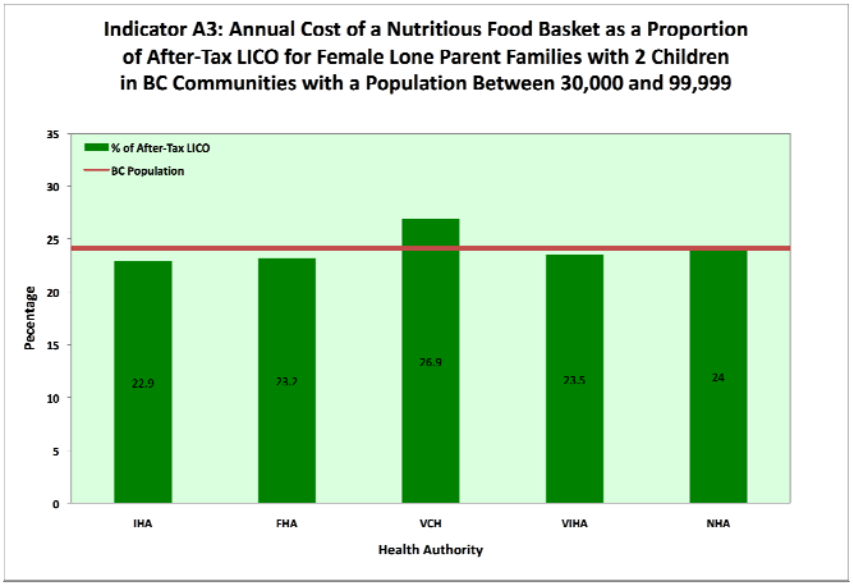

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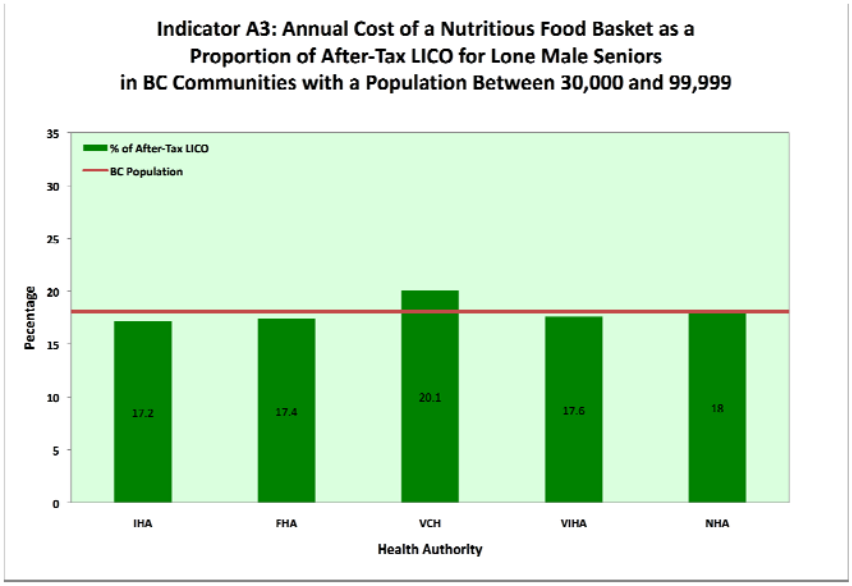
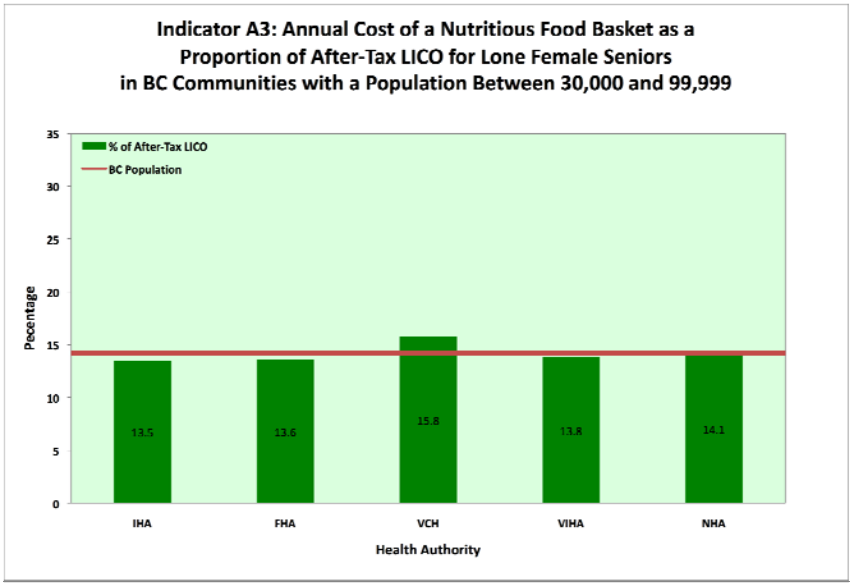
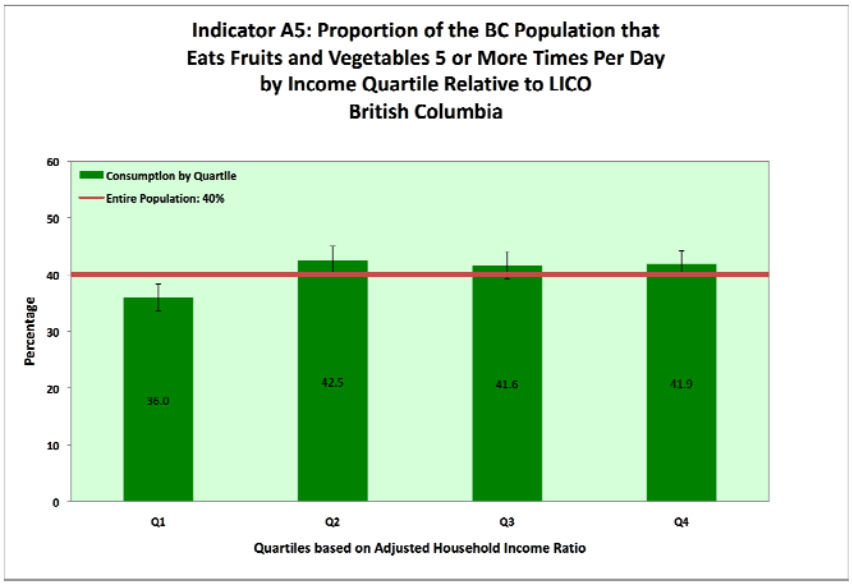
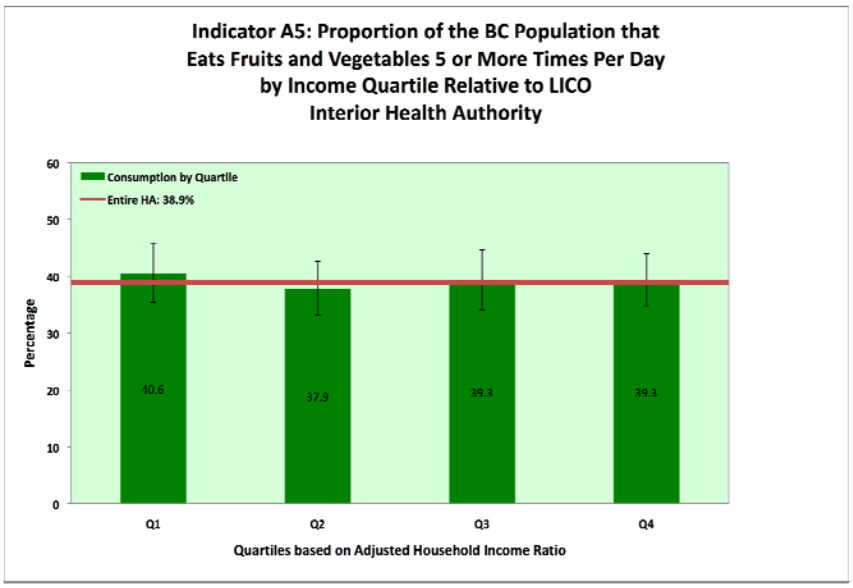




INDICATOR A5 RESULTS

A5: INCOME RELATIVE TO LICO SERIES





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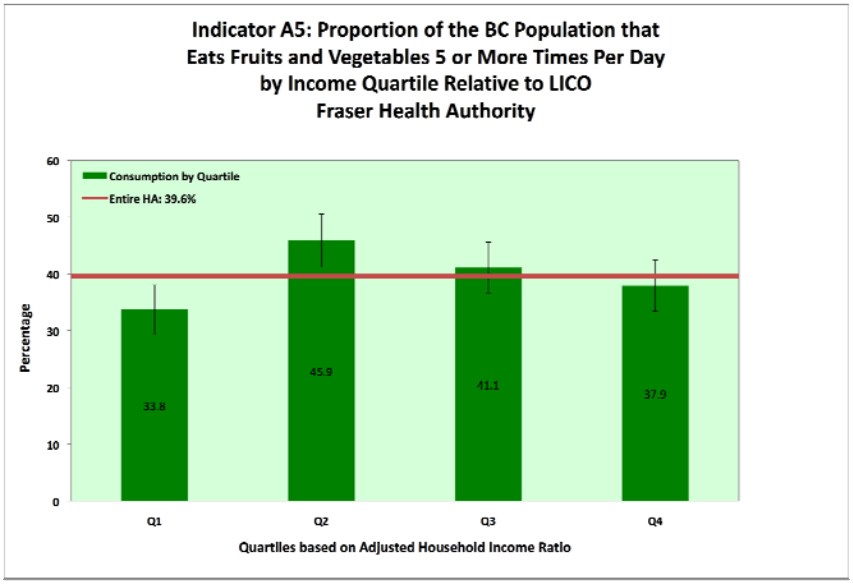

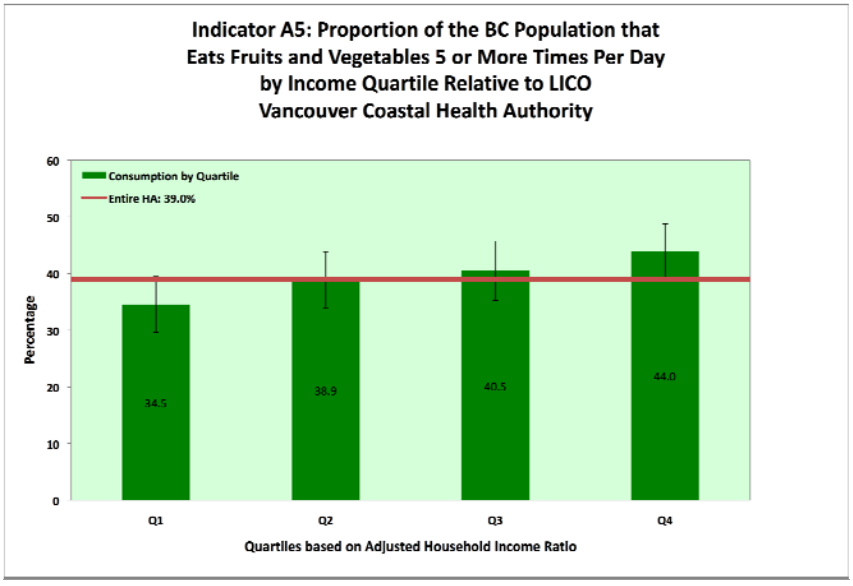

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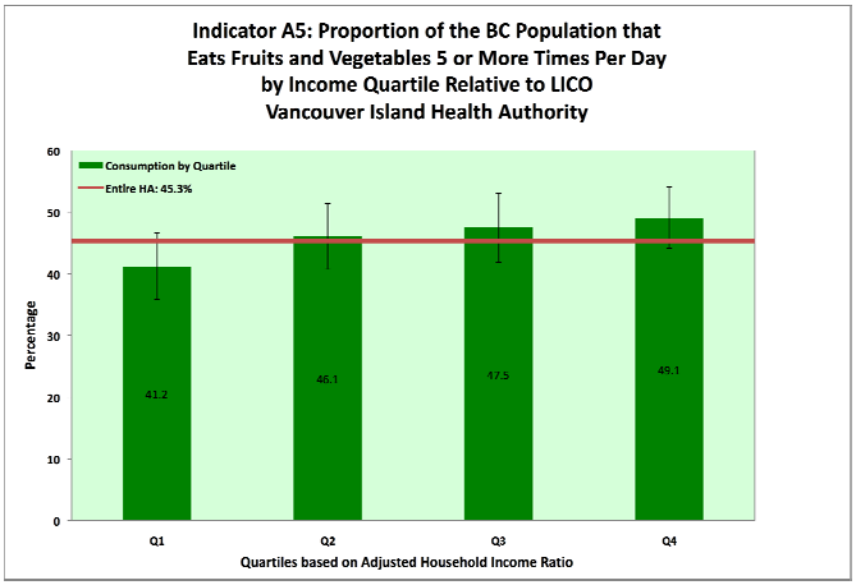
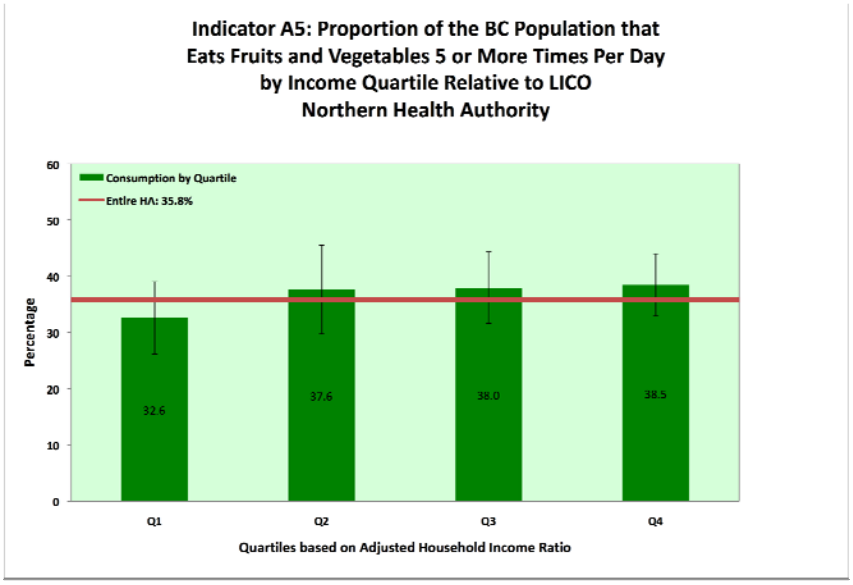
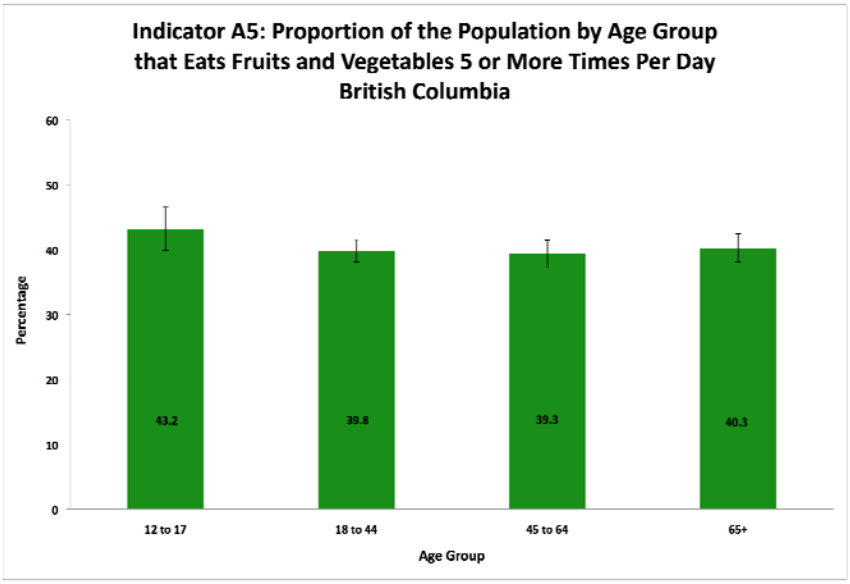
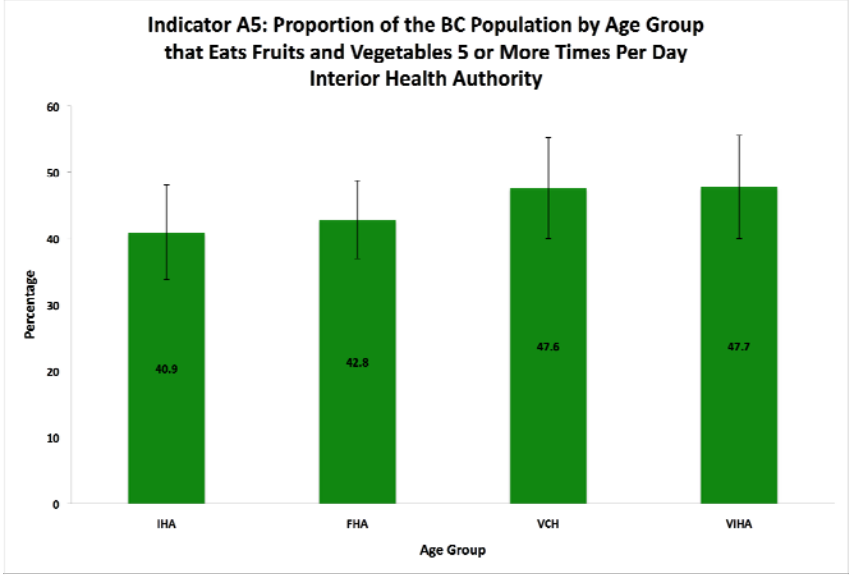


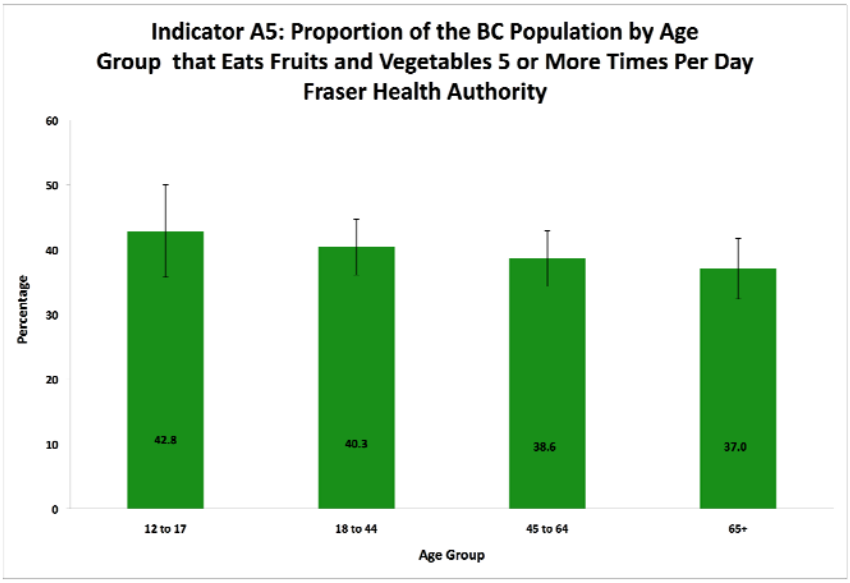


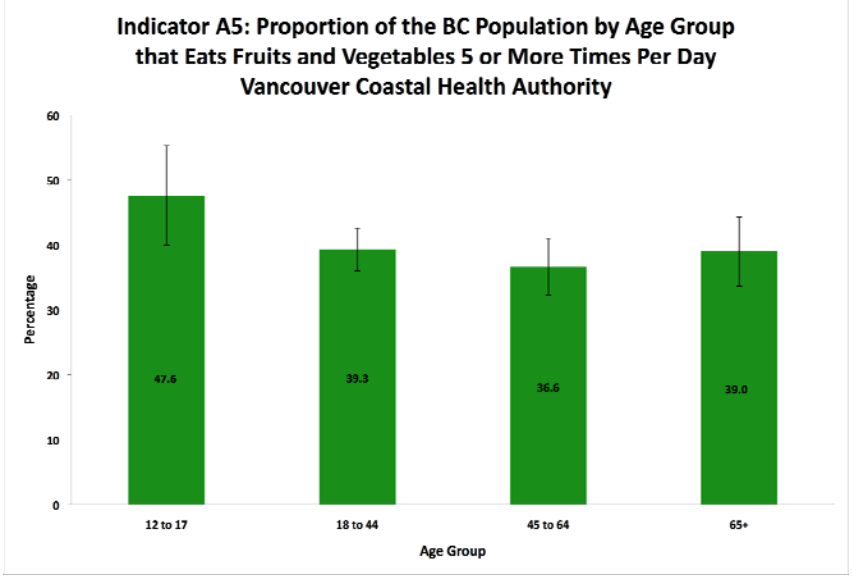
A5: AGE SERIES





A5: AGE SERIES





A5: AGE SERIES