



# OFIFC

Ontario Federation of  
Indigenous Friendship Centres

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FOOD SECURITY &  
THE ONTARIO  
FRIENDSHIP CENTRES:  
a discussion paper

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April 2016



## **INTRODUCTION**

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In 2000, the Ontario Federation of Indigenous Friendship Centres (OFIFC) released “*Urban Aboriginal Child Poverty: A Status Report on Aboriginal Children and their Families in Ontario*”.<sup>1</sup> The Report revealed the increasing difficulties urban Indigenous families across Ontario were experiencing in securing the most basic necessities of survival, such as obtaining enough money for food, clothing, housing, transportation, basic health care and recreation. The report candidly shared stories of the psychological effects that poverty was having on Indigenous children and their families.

In response, the OFIFC commissioned a follow-up report entitled, “*Child Hunger and Food Insecurity Among Urban Aboriginal Families (2003)*”. The study concluded that 79% of respondents indicated that they worried about running out of food, 35 % of their children had gone hungry, 11% reported that their children had missed school because there was no food, and 7% reported that they had been involved with the Children’s Aid Society (CAS) because of food shortage.<sup>2</sup> The study findings clearly demonstrated the reality that for many urban Indigenous families food shortage is an immense issue that has contributed to negative outcomes.

As it has been over ten years since the publication of our Child Hunger Report, it is a good time to reflect on the current realities many of our families are experiencing and to gather updated information that will support the Friendship Centres and OFIFC in their efforts to address issues of food security, nutrition, and poverty.

The purpose of this paper is to review contemporary food security issues as experienced in Friendship Centre communities across Ontario. This paper will identify the issue of food security as it applies to Indigenous people, determine its prevalence among urban Indigenous individuals, families and communities, review the experiences of Ontario Friendship Centres with food security, and discuss interventions to decrease Indigenous food insecurity and its impacts.

## **THE ROLE OF THE FRIENDSHIP CENTRES**

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Ontario has the largest Indigenous population in Canada with 301,425 First Nations, Métis and Inuit people residing there. Of the Ontario Indigenous population, currently 84.1% live off-reserve in urban and rural locales.<sup>3</sup> Migration off-reserve has been growing over the last 40 years.<sup>4</sup> Indigenous people are choosing to build their lives in urban areas for a variety of reasons, many of which are influenced by education,

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<sup>1</sup> Anderson, Kim, Blackwell, Sarah, & Dornan, David. (2000). *Urban Aboriginal Child Poverty: A Status Report on Aboriginal Children and their Families in Ontario*. OFIFC: Toronto. Retrieved from: <http://www.fsin.com/healthandsocial/childportal/images/Urban%20Aboriginal%20Poverty%20OFIFC.pdf>

<sup>2</sup> OFIFC (2003). *Child Hunger & Food Insecurity Among Urban Aboriginal Families*. Toronto: OFIFC. P. 3

<sup>3</sup> Statistics Canada. (2011). National Household Survey.

<sup>4</sup> OFIFC, The Ontario Métis Aboriginal Association, The Ontario Native Women’s Association. (2007). *Urban Aboriginal Task Force: Final Report*. OFIFC: Toronto. p. 17

employment, housing, violence, health, and the overall perception that city life is more stimulating.<sup>5</sup> The promise of increased opportunity and access of urban living is not always fulfilled. The Urban Aboriginal Task Force (UATF) found that Indigenous newcomers were often arriving in cities with little urban experience, low levels of education and few marketable skills. They often immediately “face major struggles of adjustment to the city including meeting such basic needs as housing, orientation to the city, transportation, lack of income and social support”.<sup>6</sup> Despite challenges, many Indigenous individuals and families are succeeding in making significant social and economic contributions to their urban locales in Ontario, creating support networks, and continuing to foster a strong Indigenous cultural identity.<sup>7</sup> And it is Ontario Friendship Centres who are playing a central role in supporting urban Indigenous people in surmounting their obstacles to achieve a better quality of life.

The primary mandate of the Ontario Federation of Indigenous Friendship Centres (OFIFC) is to advocate on issues of collective concern for its twenty-eight member Friendship Centres located in towns and cities throughout Ontario. The vision of the Friendship Centre movement is to improve the quality of life of Indigenous people living in an urban environment by supporting self-determined activities which encourage equal access to and participation in Canadian society and which respects Indigenous cultural distinctiveness. The Friendship Centres represent the most significant off-reserve Indigenous service infrastructure across Ontario and are dedicated to achieving greater participation of all urban Indigenous peoples in all facets of society, inclusive of First Nation – status/non-status, Métis, Inuit and all other people who identify as Indigenous. This necessitates responding to the needs of thousands of Indigenous people requiring culturally-sensitive and culturally-appropriate programs and services in urban communities.

The OFIFC administers culture-based, community-driven programs and initiatives in areas such as children and youth, education, employment and training, health including mental health and addictions, recreation, justice, and ending violence against Indigenous women delivered through 28 Friendship Centers. The OFIFC undertakes extensive policy work to advance work in the areas outlined above, sitting on numerous tables, and putting forward positions through regular government processes such as consultation, submissions to standing committees and more. The OFIFC carries out extensive primary, community-driven research, driven by the OFIFC’s USAI (utility, self-voicing, access, inter-relationality) research framework. As well, the OFIFC is actively involved in training, providing Aboriginal Cultural Competency Training to Indigenous and non- Indigenous institutions across Ontario.

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<sup>5</sup> Jessica Place. (2012). *The Health of Aboriginal People Residing in Urban Areas*. Prince George, National Collaborating Centre for Aboriginal Health.p.14.

<sup>6</sup> UATF. (2007). p.186

<sup>7</sup> Ibid. p. 18

## DEFINING FOOD SECURITY

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Health problems related to food security are complex and are an ever increasing global threat. The internationally accepted definition of food security comes from the World Food Summit, which has expanded upon the definition to include and emphasize the importance of nutrition.<sup>8</sup> Food and nutrition security is defined as existing “when all people at all times have physical, social and economic access to food, which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate sanitation, health services and care, allowing for a healthy and active life.”<sup>9</sup>

Breaking down the definition further, the World Health Organization (WHO) has categorized food security into three pillars:

- Food availability: sufficient quantities of food available on a consistent basis.
- Food access: having sufficient resources to obtain appropriate foods for a nutritious diet.
- Food use: appropriate use based on knowledge of basic nutrition and care, as well as adequate water and sanitation.<sup>10</sup>

While the OFIFC accepts the above definitions for food security, they are incomplete in their application to Indigenous people in Canada. Indigenous people, because of cultural conceptualizations of food, community and the environment, have a broader understanding of food security to include the concept of food sovereignty. Food sovereignty is based on the principle that decisions about food systems, including markets, production modes, food cultures, and environments, should be made by those who depend on them.<sup>11</sup> Indigenous food systems include traditional food consumption practices of harvesting, gathering, fishing, hunting, and sharing of traditional foods; traditional foods primarily mean wild-harvested foods such as wild meat, fish, birds, sea mammals, nuts, berries, and other plants.<sup>12</sup> Food obtained from traditional food systems is an essential component of cultural identity, health, and survival for Indigenous people. Therefore when discussing the WHO definition of food security in its application to Indigenous people, it must always consider the role of traditional food practices and systems in relation to “cultural food security” and prioritize the concept of the food sovereignty of Indigenous people.<sup>13</sup>

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<sup>8</sup> Council of Canadian Academies (2014). *Aboriginal Food Security in Northern Canada: An Assessment of the State of Knowledge*, Ottawa, ON. The Expert Panel on the State of Knowledge of Food Security in Northern Canada, Council of Canadian Academies. p. xiv

<sup>9</sup> Ibid.

<sup>10</sup> World Health Organization. Food Security. Retrieved from: <http://www.who.int/trade/glossary/story028/en/>

<sup>11</sup> CCA (2014).

<sup>12</sup> Power, Elaine (2008). *Conceptualizing Food Security for Aboriginal People in Canada*. Canadian Journal of Public Health. 99:2. p. 96

<sup>13</sup> Ibid.

Finally, this paper will also be using the term ‘food insecurity’, which is to be understood as the inability to acquire or consume an adequate diet of sufficient quality or quantity in socially acceptable ways. Food insecurity is often associated with the household’s financial inability to access adequate food.<sup>14</sup>

### *Food Security as a Social Determinant of Health*

The most influential predictors of health relate to the social, economic, physical, political, and cultural environments in which we live and they determine our ability to make choices that support a healthy and productive life.<sup>15</sup> These factors are often referred to as the social determinants of health. The social determinants of health do not operate in isolation of one another and several determinants combine to affect the same individuals or population at the same time.<sup>16</sup> Some commonly accepted examples include:

- Income and employment
- Physical environments
- Health behaviours
- Health care systems
- Environmental stewardship
- Education
- Education systems
- Housing
- Food security
- Community Infrastructure<sup>17</sup>

Food security has been identified as the most precarious of all determinants of health because the food budget is the most discretionary of all essential household expenditures.<sup>18</sup> Poverty and income levels are strongly linked to food security because they are strong factors in determining what kinds of foods people have available to them and what they can afford to purchase.<sup>19</sup> Managing food security represents significant challenges to low income households where a significant portion of income is spent on shelter. As food costs are easier to manipulate, often less is spent on food when shelter related expenses increase.<sup>20</sup>

Although it is difficult to separate the health effects of food insecurity from the effects of poverty more generally, data collection from the 2012 *Household Food Insecurity in Canada* report shows that individuals from food insecure households are more likely to report poor or fair self-rated health, poor functional health, restricted activity, multiple

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<sup>14</sup> Health Canada, Household Food Insecurity in Canada: Overview. Available at: <http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/insecurit/index-eng.php>

<sup>15</sup> World Health Organization, Social determinants of health key concepts, available at: [http://www.who.int/social\\_determinants/thecommission/finalreport/key\\_concepts/en/](http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/)

<sup>16</sup> WHO.

<sup>17</sup> Reading, Charlotte, Wien, Fred. (2009). *Health Inequalities and Social Determinants of Aboriginal Peoples’ Health*. BC: National Collaborating Centre for Aboriginal Health.

<sup>18</sup> Policy Options, Food Security: More than a Determinant of Health, 2003. Available at: <http://www.irpp.org/po/archive/mar03/mcintyre.pdf>

<sup>19</sup> Ibid. p. 14

<sup>20</sup> Gender and Poverty, The Management of Food Insecurity, available at: <http://www.genderandhealth.ca/en/modules/poverty/poverty-foodsecurity-01.jsp>

chronic conditions, and major depression.<sup>21</sup> In addition, individuals in food insecure households have poorer dietary intakes than those in food secure households and are more susceptible to malnutrition.<sup>22</sup> Individuals experiencing food insecurity may find it more difficult to manage medical conditions that require dietary interventions, such as obesity, anaemia, cardiovascular disease, diabetes, and stress. Individuals from food insecure households are at increased risk of poor nutritional status and negative health outcomes, which include physical and psychological outcomes in addition to social consequences. These include social exclusion and mental health problems, such as distress, reduced ability to learn, and depression in both children and adults.

In the context of Indigenous health, it is impossible to discuss the impact of social determinants of health without including historical and contemporary determinants of colonialism and racism that have shaped the health and wellbeing of Indigenous individuals, families, communities, and Nations.

Colonization and its imposition of colonial institutions, systems, and social order caused drastic disruptions to the traditional ways of life of Indigenous people.<sup>23</sup> Indigenous people, who have a unique relationship to the natural world, have seen the privatization and commoditization of the environment and its resources, the restriction of their mobility and land use, and the imposition of laws forbidding traditional and ceremonial practices. The *Indian Act, 1876* gives the Canadian government legislative control over “Indian” affairs and it forced First Nations people off their traditional territorial land onto reserves. It prohibited spiritual expressions by banning or regulating ceremonies, dance, singing and dressing, including those related to feasts.<sup>24</sup> Residential schools eroded traditional knowledge transfer systems around food systems, practices and values as well as their languages, culture and community connections.<sup>25</sup> The legacy of colonialism for Indigenous people in Canada has been one of isolation, extreme poverty, economic deprivation, lower educational achievement, poor housing and homelessness, poor health outcomes, substance abuse and domestic violence; all products which make Indigenous people especially vulnerable to higher rates of food insecurity.<sup>26</sup>

Because of the colonial systems, Canada has created social stratification along ethnic lines, “with a consequent hierarchical distribution of resources, power, freedom and control, all of which ultimately influence Indigenous health.”<sup>27</sup> By creating a system (i.e.

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<sup>21</sup> Tarasuk, V, Mitchell, A, Dachner, N. (2014). *Household food insecurity in Canada, 2012*. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <http://nutritionalsciences.lamp.utoronto.ca/>

<sup>22</sup> Health Canada, Household Food Insecurity in Canada in 2007-2008: Key Statistics and Graphics. Available at: <http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/insecurit/key-stats-cles-2007-2008-eng.php#b>

<sup>23</sup> Ibid. p. 1

<sup>24</sup> Risdale, Frank (1997) "A Discussion of the Potlach and Social Structure," Totem: The University of Western Ontario Journal of Anthropology: Vol. 3: Iss. 2, Article 3. Available at: <http://ir.lib.uwo.ca/totem/vol3/iss2/3>

<sup>25</sup> Food Secure Canada. *Discussion Paper 1 – Indigenous Food Sovereignty*. Food Secure Canada: Montreal. p. 4

<sup>26</sup> Reading.

<sup>27</sup> Ibid. p. 22

the *Indian Act*) whereby Indigenous people are separate citizens within Canada, it has created inequities in their participation and achievement in the economy, education, and health, resulting in their classification as a social problem.<sup>28</sup> Racism and social exclusion have subsequently resulted from this system of differentiation and have created barriers to Indigenous participation in Canadian society and their attainment of a positive quality of life. Today, Indigenous people continue to experience racism directed towards Indigenous traditions around foods, hunting and meal preparation, weakening their household food security.

## FOOD SECURITY IN CANADA AND ONTARIO

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In June, 2007, Health Canada released a report entitled *Canadian Community Health Survey, Cycle 2.2, Nutrition (2004) – Income Related Household Food Security in Canada*.<sup>29</sup> This was the first report in Canada to provide national and provincial estimates of income-related food security at the household, adult and child level. The report provided the income-related food security status of households in ten provinces. As it does not include First Nations people living on reserve in its data sets; its Indigenous data is only applicable to the Indigenous off-reserve population. As reported by Health Canada, 9.2% of all households experienced food insecurity sometimes, 6.3% were moderately food insecure and 2.9% were severely food insecure. In Ontario it was found that 8.4% of all households reported being food insecure, 5.6% being moderately so and 2.7% being severely so.<sup>30</sup>

Research undertaken to additionally analyse Health Canada's report examined key socio-demographic indicators according to regional variations in household food security in Ontario. The findings determined that the highest levels of food insecurity were reported for Toronto (10.1%) and North Ontario (9.7%), with the lowest reported in South West (6.9%) and Central East (6.9%) health regions.<sup>31</sup> It was determined that one in ten households in the Toronto and North Ontario health regions experienced some degree of food insecurity, whereas 1 in 15 households in the South West and Central East health regions experienced some degree of income-related food insecurity.<sup>32</sup>

In terms of socio-demographic indicators, such as source of income and dwelling, the analysis identified the highest prevalence of food insecurity occurred in households in which the main source of income was social assistance (Ontario Works and Ontario Disability Support Program). Over 60% of Ontario households where the main source of

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<sup>28</sup> Loppie, Samantha, Reading, Charlotte, & de Leeuw, Sarah. *Aboriginal Experiences with Racism and its Impacts*. National Collaborating Centre for Aboriginal Health: Prince George.

<sup>29</sup> Health Canada, *Canadian Community Health Survey, Cycle 2.2, Nutrition (2004)*. Available at: [http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/cchs\\_guide\\_escs-eng.php](http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/cchs_guide_escs-eng.php)

<sup>30</sup> Ibid.

<sup>31</sup> Public Health Research, Education & Development, *Food security status of Ontario households, in relation to key socio-demographic characteristics*, available at: <https://www.publichealthontario.ca/en/LearningAndDevelopment/PHREDArchives/Ontario%20sample%20community%20health%20survey%20report.pdf>

<sup>32</sup> Ibid.

income was social assistance experienced food insecurity.<sup>33</sup> But, even though households on social assistance are more vulnerable to food insecurity, 55% of food insecure household are reliant on employment for their incomes.<sup>34</sup> This demonstrates that public policy interventions to address food insecurity must go beyond social assistance to address sufficient living wages for individuals and families.

Statistics Canada released more recent data obtained from the 2007-2012 Canadian Community Health Survey (CCHS) in their 2015 *Food Insecurity in Canada* report. According to the report, 8.3% of Canadian households experienced food insecurity, 5.8% were moderately food insecure, and 2.5% were severely food insecure.<sup>35</sup> Key findings of the household food insecurity prevalence report include:<sup>36</sup>

- In 2011–2012, 8.2% of adults and 4.9% of children lived in households that were food insecure;
- 10.3% of households with children and 7.5% of households without children were food insecure;
- Lone-parent families with children under 18 reported the highest rate of household food insecurity at 22.6%; and
- The rate of food insecurity was more than three times higher in households where government benefits were the main source of income (21.4%) compared with households with an alternate main source of income (6.1%).

While the Statistics Canada report makes the claim that food security rates have remained relatively stable over time,<sup>37</sup> a follow-up report by PROOF<sup>38</sup> has found that rates of food insecurity are progressively getting worse. They are reporting that 70% of households whose major source of income was social assistance were food insecure (up from 60% in 2007 in Ontario).<sup>39</sup> Of food insecure households, 62.2% are reliant on wages or salaries from employment (up from 55% in 2007 in Ontario).<sup>40</sup> PROOF has concluded that household food insecurity has risen “significantly since 2008, and since 2011 an additional 130,000 Canadians were living in food insecure households, bringing the national total to over 4 million people (4,005,000) and a prevalence of 12.5%.”<sup>41</sup>

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<sup>33</sup> Ibid.

<sup>34</sup> Ibid.

<sup>35</sup> Roshanafshar, Shirin, & Hawkins, Emma (2015). Health at a Glance: Food Insecurity in Canada. Ottawa: Statistics Canada. Retrieved from: <http://www.statcan.gc.ca/pub/82-624-x/2015001/article/14138-eng.pdf>

<sup>36</sup> Ibid.

<sup>37</sup> Ibid. p. 3

<sup>38</sup> PROOF is an international, interdisciplinary team of researchers who are committed to the reduction of household food insecurity, which is the inadequate or insecure access to adequate food due to financial constraints. In 2011, the Canadian Institutes of Health Research (CIHR) awarded PROOF a 5-year Programmatic Grants to identify viable and effective policy interventions to reduce household food insecurity in Canada.

<sup>39</sup> Tarasuk, V, Mitchell, A, Dachner, N. (2014). *Household food insecurity in Canada, 2012*. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <http://nutritionalsciences.lamp.utoronto.ca/>

<sup>40</sup> Ibid.

<sup>41</sup> Ibid. p. 8

Most recently, Food Banks Canada released their annual “Hunger Counts” report for 2015 and they found that food bank usage has remained at record level highs. In March 2015, 358,963 people received food from a food bank in Ontario and one-third of those helped were children.<sup>42</sup> Food bank use in Ontario is 14.2% higher than in 2008, before the start of the global financial crisis.<sup>43</sup> Nationally, 16% of individuals accessing food banks self-identified as First Nations, Métis or Inuit.<sup>44</sup> The report rightly acknowledged that “while food banks provide an essential service in their communities, they are nevertheless a partial and imperfect solution to the problems caused by widespread poverty and food insecurity.”<sup>45</sup>

The research data reaffirms that food security is largely the result of low income and financial insecurity among households. Increasing levels of food insecurity is linked to growing poverty and inequities in Canada. It has been argued that this growing disparity among Canadian households has resulted from successive recessions over the last thirty years, combined with reduced social spending by both the federal and provincial governments.<sup>46</sup>

### *Indigenous Food Insecurity*

From current available data, it is clear that Indigenous people experience food insecurity at higher rates than non-Indigenous people and are more vulnerable to food insecurity due to the convergence of their social determinants of health. According to the 2011 Canadian Community Health Survey (CCHS), off-reserve Indigenous households in Canada were more than twice as likely (at 27%) than other Canadian households to be food insecure. In fact, in comparison to all other cultural and racial groups in Canada, Indigenous Canadians fared the poorest in households that were food secure.<sup>47</sup> According to the PROOF report, 5.1% of Indigenous households experience marginal food insecurity, 14.8% experience moderate food insecurity, and 8.3% experience severe food insecurity. Being Indigenous in Canada is listed as a household characteristic that is associated with higher likelihoods of food insecurity.<sup>48</sup>

Given the mobility of First Nations people between reserve and urban residency, it bears including on-reserve statistics in an examination of urban Indigenous food insecurity. When First Nations individuals and families experiencing food insecurity on reserve move into an urban centre, they bring with them their social barriers and challenges. The First Nations Regional Longitudinal Health Survey (RHS 2008/10)

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<sup>42</sup> Food Banks Canada (2016). Hunger Count 2015. Retrieved from: [https://www.foodbankscanada.ca/getmedia/01e662ba-f1d7-419d-b40c-bcc71a9f943c/HungerCount2015\\_singles.pdf.aspx](https://www.foodbankscanada.ca/getmedia/01e662ba-f1d7-419d-b40c-bcc71a9f943c/HungerCount2015_singles.pdf.aspx)

<sup>43</sup> Ibid.

<sup>44</sup> Ibid.

<sup>45</sup> Ibid. p. 7

<sup>46</sup> Hennessy, Trish, & Stanford, Jim (2013). *More Harm Than Good: Austerity's Impact in Ontario*. Ottawa: Canadian Centre for Policy Alternatives | Ontario.

<sup>47</sup> Tarasuk. p. 25

<sup>48</sup> Ibid. p. 3

found that more than half of all households surveyed are moderately to severely food insecure.<sup>49</sup> The RHS findings found that 17.8% of First Nations adults (ages 25-39) and 16.1% of First Nations adults (ages 40-54) reported being hungry but did not eat due to lack of money for food.<sup>50</sup>

The United Nations Special Rapporteur on the Right to Food, Olivier De Schutter, undertook an official visit to Canada in 2012, to examine the way in which the human right to adequate food was being realized in Canada. He stated that Canada needs a national food strategy and was disconcerted by the deep and severe food insecurity faced by Indigenous people across Canada living both on- and off-reserve in remote and urban areas.<sup>51</sup> In his follow-up account, it was reported that among off-reserve Indigenous household, approximately one in five households were food insecure. Furthermore, he highlighted the disproportionate amount of Indigenous people who relied on food banks across Canada for sustenance – one in ten for the 851,014 who relied on food banks across Canada self-identified as an Indigenous person.<sup>52</sup>

Of striking concern are the astronomical rates of poverty among urban Indigenous people. In *Our Health Counts*, a study looking at the health of First Nations adults in Hamilton, it was found that 78.2% of the First Nations persons living in Hamilton earned less than \$20,000 per year. This poverty is accompanied by marked challenges in access to housing and food security. In fact, 63% of First Nations community members in Hamilton had to give up important things (i.e. buying groceries) in order to meet shelter-related (housing costs) and only 22% of the First Nations population always had enough of the kinds of foods they wanted to eat.<sup>53</sup>

## **FOOD SECURITY AND FRIENDSHIP CENTRES**

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The OFIFC and Ontario Friendship Centres play important roles in addressing food security issues in urban Indigenous communities. Friendship Centres are community hubs addressing health and nutrition needs as well as the surrounding social determinants of health of urban Indigenous people to alleviate the pressures and impacts of food insecurity. Almost all Friendship Centre programs involve food-related activities (e.g. preparation, serving, purchasing, skill building, education, etc.) and food-related events (e.g. community feasts, community kitchen, holiday food fundraisers, etc.). Friendship Centres understand the essential role of food in community building in Indigenous communities and the manner in which food can be used to strengthen cultural identity, resiliency, and overall health.

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<sup>49</sup> First Nations Information Governance Centre (FNIGC) (2012). *First Nations Regional Health Survey (RHS) 2008/10: National report on adults, youth and children living in First Nations communities*. Ottawa: FNIGC.

<sup>50</sup> Ibid.

<sup>51</sup> De Schutter, Olivier. (2012). *Special Rapporteur on the Right to Food: Visit to Canada from 6 to 16 May 2012*. New York: United Nations.

<sup>52</sup> Ibid.

<sup>53</sup> Smylie J, Firestone M, Cochran L, Prince C, Maracle S, Morley M, et al. *Our health counts - Community report*. Toronto, Ontario: Centre for Research on Inner City Health; 2011.

As a display of their commitment, the OFIFC membership at their 2003 Annual General Meeting passed Resolution #3-02 on healthy lifestyles – a resolution that encourages OFIFC membership to support on-going efforts of Friendship Centres to provide healthful choices in the food that is provided or sold in Friendship Centres, to reduce the risk of chronic diseases.

The OFIFC administers numerous programs that include food-related activities as part of their program deliverables.

- **Aboriginal Healthy Babies Health Children:** parental support program with nutritional activities as a component of programming.
- **Healing and Wellness Coordinators, Health Outreach Workers, and Kizhaay Anishnaabe Niin:** three programs focused on family violence elimination and improvement of Indigenous health which includes the development of client-based strategies to address issues of food security.
- **Akwe:go and Wasa-Nabin:** children and youth programs which provides snacks and meals, administers the Student Nutrition Program (SNP), and educates on meal-planning, preparation, and cooking.
- **Alternative Secondary School Program:** secondary school programming for Aboriginal students to work towards obtaining their Ontario Secondary School Diploma. It administers the SNP, and provides educational workshops on meal-planning, preparation, and cooking.
- **Aboriginal FASD and Child Nutrition Program:** objectives include increased awareness of pregnant women regarding proper nutrition and the impact of malnutrition on infant development, and improved access to FASD and nutrition services.
- **Canada Prenatal Nutrition Program:** programming for Indigenous pregnant women, new moms and their babies with the objectives of increasing the rates of breastfeeding initiation and decreasing the rates of unhealthy birth weights.
- **Life Long Care:** supportive health program for all ages that offers congregant dining, transportation and caregiver supports.
- **Urban Aboriginal Healthy Living Program:** an all-ages health promotion program. One of its four core components is focused on nutrition – provision and education to increase healthy eating habits.
- **Urban Aboriginal Healthy Living Program – Healthy Kids:** Same mandate as UAHLP, but it is focused specifically on children and youth.

In 2012, the OFIFC began conducting Integrated Field Visits, a policy and program process of review and support for all Friendship Centres and their programs. The Integrated Field Visits were delivered annually in all 28 Friendship Centre sites from 2012 to 2016 and they allow the OFIFC to form a complete profile of each Friendship Centre, including its program delivery, internal and external integration, and overarching policy issues. While each Friendship Centre is unique in its program and policy implementation, all Friendship Centres in every region of Ontario have identified food insecurity as a prominent issue among their clients and in their communities. While not

intended to be an exhaustive list of all issues, the following section will highlight key issues experienced and named by Friendship Centres affecting their programs, members and communities as primarily identified within the 2012-2014 OFIFC Integrated Field Visits.

### *Food Security Issues in Friendship Centres*

The demand for food security support among the urban Indigenous community is increasing, pushing Friendship Centres to identify and implement innovative and creative solutions to overlapping social poverty issues.

Access to traditional foods was strongly identified by Friendship Centres as a key component in the success of their service delivery. The consumption, preparation and gathering of Traditional Foods are important to community members' cultural identity and signifies connection to the land. When traditional foods are served or when programs are engaging in traditional food practices, the programs are enthusiastically attended. One Northern Friendship Centre brings community members, who are struggling with overlapping issues of homelessness, mental health, and addictions, out onto the land for hunting, fishing and berry picking. They receive one portion of the traditional meats/foods for themselves and share another portion with community members in long-term care homes or in hospital. The cultural connection to the land, traditional food practices and community responsibilities are inspiring the participants change their lifestyle habits and to seek stabilizing care.

Many Friendship Centres are successfully running community gardens. Community gardens are able to address seasonal and small scale issues of food access among community members, but due to the large contributions needed in labour, cost, time, land access, knowledge and skills, it is difficult to turn community gardens into larger scale and long-term solutions of food security. Instead many Friendship Centres have found community gardens to be useful tools in community building, personal healing, and in generating interest and knowledge of food and nutrition.

Friendship Centres have included food literacy into the programming of multiple programs to ensure that Indigenous people throughout the lifecycle have the skills and knowledge to access, process and enjoy nutritious foods. Friendship Centre workers are reporting that community members do not have adequate food literacy skills, knowledge and behaviours needed in order to make informed food choices and to prepare nutritious foods. When individuals lack knowledge about healthy diets, they may not choose foods that meet their nutrition and dietary needs, which can be dangerous if they are managing a chronic health condition. Furthermore, not knowing how to budget adequately for sufficient nutritious foods to meet their dietary needs can lead to household financial instability and the inability to afford the foods required.<sup>54</sup>

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<sup>54</sup> Howard, Alison, and Edge, Jessica (2013) *Enough for All: Household Food Security in Canada*. Conference Board of Canada. Retrieved from:  
<http://www.conferenceboard.ca/cfic/research/2013/enoughforall.aspx>

The high cost of food, in conjunction with the high cost of living, is particularly acute for Friendship Centres, particularly in the North. Food prices for fresh produce are generally higher in the North, forcing many Indigenous individuals and families, as well as Friendship Centre programs, to compromise on both the quality and quantity of market food purchased. High cost has also been identified as a barrier to traditional foods. Expenses associated with hunting, fishing, and gathering (e.g. hunting licenses, gas, equipment, butchering, vehicles and boats) are inhibiting the access and availability of traditional foods in Friendship Centres.

The Liquor Control Board of Ontario (LCBO) subsidizes the cost of liquor sales offering uniform prices across the province, despite differential costs incurred by transportation and distribution. But the only government subsidy available for food costs is the Nutrition North Canada (NNC) program, which provides Northerners in isolated communities with improved access to perishable nutritious food. Despite the many shortcomings of the NNC program,<sup>55</sup> no urban Friendship Centre community is eligible for the NNC and must pay the full price of rising food costs (market and country/traditional).

High costs associated with food security was identified in all Friendship Centre communities, leading to the conclusion that food insecurity is primarily an issue of widespread poverty among urban Indigenous people. Friendship Centre workers are describing increasing numbers of urban Indigenous people unable to afford daily meals and food. Echoing Canadian statistics, Friendship Centres identified food insecurity as particularly severe among individuals or families living on fixed incomes (e.g. unemployment/underemployment, Ontario Works, Ontario Disability Support Program (ODSP)). These individuals are often forced to choose between the provision of housing or food – paying rent or buying groceries.

Poverty and food insecurity is forcing many individuals and families to rely on emergency food programs, such as food banks, food cupboards and community meal programs. Currently, 13-15 Friendship Centres in Ontario operate a food bank, food cupboard, or food hamper. Friendship Centres are seeing a rise of first time users of food banks within the Indigenous community, but also in chronic users of food banks. This is worrisome because food banks are not viable long term solutions to hunger.<sup>56</sup> Food banks offer solutions to the immediate crisis of hunger but they fail to address the systemic issues of unaffordable housing, ineffective social assistance, and lack of employment options or skills building for low-income individuals and families. Furthermore, according to the Friendship Centres, urban Indigenous people are finding food banks fairly inaccessible due to their infrequent distribution times and restrictive policies. For example, one food bank reportedly will only allow individuals it considers “employable” to use the food bank for six months, despite being in a Northern municipality with both a dwindling population and local economy. Overall, Indigenous and non-Indigenous people alike are facing a significant number of barriers to

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<sup>55</sup> Madeleine Chin-Yee, and Benjamin H. Chin-Yee. *Nutrition North Canada: Failure and Facade within the Northern Strategy* in University of Toronto Medical Journal 92: 3 May 2015

<sup>56</sup> Food Banks Canada.

emergency food supplies including stigmatization, capacity, and availability and adequacy of food security programs.<sup>57</sup>

One unfortunate by-product of the food security efforts of the Friendship Centres is the stigma that is attached to accessing their food programs. One Akwe:go program provides lunches to children in school but children are not attending the program because they will be seen as “poor” by the other children. The OFIFC Child Hunger report found that adults are often stereotyped as alcoholics or drug users who do not spend their money on food and are often blamed if they cannot feed their children.<sup>58</sup> In the smaller towns, community members know which families are accessing the food banks and daily soups. Because of this stigma and shame, many individuals and families in need are avoiding the food security support they desperately need.

The lack of available and affordable transportation options, reported in both Northern and Southern Friendship Centres, impacts access of commercial food markets and food security services. Indigenous people in larger urban centres with a central transportation system report difficulties affording the cost of the transportation. In small towns and cities without a central transportation system, in order to travel to and from grocery stores, Indigenous people without personal vehicles are reliant on city taxi services (which can be costly), Friendship Centre programs (which are limited by space, time, and availability), and/or friends and family members (which are not always dependable). As a result of limited access to transportation to reach food retail outlets, Indigenous households are forced to rely on less nutritious or more costly options that are closer to home (e.g. convenience stores or fast food outlets) or go without sufficient food supplies.<sup>59</sup> While Friendship Centres have made real differences in urban Indigenous people’s lives in spite of the state of local and regional transportation, a lack of funding and capacity continue to threaten Friendship Centres’ abilities to provide transportation-related services. Urban Indigenous people require specific transportation support for urban Indigenous not-for-profit organizations alongside government-funded transportation systems that support individuals to safely and affordably access essential services including food provisions.<sup>60</sup>

When food insecurity intersects with domestic violence, urban Indigenous women can find themselves in vulnerable and dangerous situations. For Indigenous women in domestic violence situations, they often lack the social agency and stable home environments required to provide for consistent meals to themselves or their families or earn incomes to cover adequate food costs. Food insecurity can also exacerbate the frequency and intensity of domestic violence in urban Indigenous families. The added stress and hunger can contribute to the escalation of domestic situations to violent crisis situations.

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<sup>57</sup> Brennan, Conor, Herod, Megan, and Swanson, Delaney. (2011). Barriers to the Use of Emergency Food Programs by Low Income Populations in Waterloo Region. Retrieved from: [http://www.wrfoodsystem.ca/files/www/Barriers to Emergency Food Programs.pdf](http://www.wrfoodsystem.ca/files/www/Barriers_to_Emergency_Food_Programs.pdf)

<sup>58</sup> OFIFC. (2003).

<sup>59</sup> Ibid.

<sup>60</sup> OFIFC. (2015). *Friendship Centre Communities and Ontario’s Northern Ontario Multimodal Transportation Strategy*. OFIFC: Toronto.

Friendship Centres have identified that families in their communities have been involved with the Children's Aid Society (CAS) because of food insecurity issues. Families struggling with household food insecurity are increasingly at risk for CAS involvement for reasons of neglect. Because of the fear of CAS involvement, families are worried about seeking out mainstream supports like emergency food programs. Parents will find themselves under intensified scrutiny over situations of poverty, which are largely outside of their abilities to control. In a Southern community, school children who were not compliant with their district school board's policy on nutrition (i.e. that each meal include a vegetable/fruit, grain, milk or protein), the school would inform CAS. Friendship Centres are working with families in order to provide additional supports to address food insecurity issues, including making meals for the week with the parents and children.

School performance and attendance of urban Indigenous children are impacted by food insecurity. Friendship Centres are reporting that children without proper or daily meals are being kept out of school by their parents for fear of being CAS reported. The results are that the children will fall more and more behind in their peers in their academic learnings and achievements. And children who are malnourished (because of food insecurity issues) find their academic performance abilities are compromised because malnutrition affects cognitive development, physical growth, and immune system functions.<sup>61</sup>

Even though Friendship Centres are seeing remarkable successes with their food programming, they are facing great challenges with resources and capacity. Our programs are reporting the underfunding of their food programming activities; workers must stretch their limited funding throughout the year and are often supporting multiple programs on food provision activities. Despite the rising food costs and increasing demand for food security measures among Friendship Centre members, our programs have not seen an increase in funding for food budget items and activities.

Friendship Centres are often grappling with limited capacity issues in infrastructure and human resources that are impeding their food and nutrition efforts. Many Friendship Centres do not have fully functional kitchens and have limited space and equipment for food storage, which very much obstructs their food delivery activities. The time and effort it takes to purchase, prepare, serve and clean up from food and meals for community members and programs is quite cumbersome. It places a great responsibility on often a single worker to manage food preparation and manage their accompanying clients and programming. In Friendship Centres that have been able to secure a devoted chef/cook (through funding or volunteerism), they have shown remarkable success in serving consistent, nutritious meals and snacks that can be served fresh or stored for later programming and community needs.

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<sup>61</sup> Sawaya, Sandra Maria. (2006). *Malnutrition and Poor Academic performance: critical contributions*. In ESTUDOS AVANÇADOS 20 (58), 2006

Health promotion programs, like the Urban Aboriginal Healthy Living Healthy Kids (HK), are successfully addressing the food security and nutritional needs of urban Indigenous people throughout the life cycle. By having nutrition being one of four foundational program components, the community members are able to receive healthy meals while learning about importance of nutrition to overall health and wellbeing. By being proactive with nutrition promotion, the UAHL and HK programs are working to reduce the burden of chronic diseases, such as diabetes, on the lives of urban Indigenous people. Furthermore, many Friendship Centres' UAHL and HK programs have used the nutrition component to do outreach to the community and formed new and novel partnerships. Meals, cooking classes, and food security activities have been held with local Police Services, schools, Youth Detention Centres, and local and regional Justice programs. The healthy messages provided in programming and access to food and nutrition activities is permeating families as a unit and providing healthy and safe opportunities for families to connect, learn and have fun together.

## **CONCLUSION**

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As food insecurity is experienced differently across households, Friendship Centres, and regions, strategies to decrease its prevalence must be widespread, culturally-informed and community-based. Because the crisis of food insecurity is so severe among urban Indigenous people, it requires concurrent action in short-term interventions (e.g. food banks, community feeding programs, daily meals), capacity building and skills development programs (e.g. community gardens, food literacy training), and long-term social and policy changes to address root causes (e.g. poverty reduction, social inclusion).<sup>62</sup> And all measures in the implementation of effective, multi-sectoral responses to support food security must be founded upon and support Indigenous people's cultural understandings and practices around food, community and the environment.

As the main predictor of food insecurity is the presence and pervasiveness of poverty, implementing any effective strategies on urban Indigenous food insecurity must include poverty reduction as a key component. Urban Indigenous people find themselves in food insecure households because they cannot afford safe, nutritious foods in adequate quantities. Indigenous people find themselves stigmatized for their poverty and food insecurity with no considerations given to the underlying causes of colonialism, social and economic exclusion, and restricted political, social, cultural, and economic rights. The provincial and Federal government must work collaboratively and inclusively with urban Indigenous people and organizations to determine inclusive policies and programs to improve the food insecurity issues in our communities.

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<sup>62</sup> CCA. (2014).

## RECOMMENDATIONS

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There is an imminent need to develop new strategies and approaches that can foster transformative, long-term social change in urban Indigenous communities in Ontario. To address Ontario food security, issues affecting the individuals and families need to be targeted in a wholistic manner that reaches the root causes of poverty. For urban Indigenous people, the root causes of poverty are intrinsically linked to centuries of colonization and the resulting systemic racism and loss of culture. Food security and poverty must be approached inclusively of the social determinants of health, as part of network of factors each layering and influencing the attainment of a healthy quality of life of individuals, families, and groups. For this, governments, agencies and partners must capitalize on the success of Ontario Friendship Centres who continue to build up the capacities, skills and knowledge of Indigenous individuals and families in the areas of food security and nutrition. Friendship Centres have extensive knowledge of their urban Indigenous communities' needs; they incorporate Indigenous culture and traditions into their approaches to food issues; and they have built widespread networks of community partners to support their food security efforts.

To maximize opportunities in Friendship Centres and alleviate food insecurity in the urban Indigenous population, it is recommended that investments must be made in preventative, promotional and wholistic programs, services and infrastructure to Friendship Centres to address Indigenous health and the social determinants of health in the area of food and nutrition.

The following investments are recommended:

1. Increase funding to Friendship Centre programs and programming to support their efforts to increase access to traditional foods and systems for the urban Indigenous community.
2. Increase funding to the food budgets of Friendship Centre programming that is in line with current and rising food costs throughout the province.
3. Increased funding and resources to support the establishment and sustainment of community gardens within Friendship Centres.
4. Provide funding to all Friendship Centres for a full-time dedicated chef/cook position to devote to the preparation of healthy and nutritious meals and snacks.
5. Upgrade all Friendship Centres' kitchens to fully equipped industrial-style kitchens with adequate food storage space.
6. Support the continuation and expansion of the OFIFC's Healthy Kids program to all Friendship Centres across Ontario.

7. Support the efforts, such as canning, cooking classes, good food boxes and food banks, of Friendship Centres to address their community food security issues.
8. Support the transfer of traditional knowledge and skills around hunting, fishing and harvesting by supporting the placement of traditional elders and knowledge keepers in Friendship Centres.