

WORKING THE SYSTEM TO CHANGE THE SYSTEM?
ANALYZING INTERSECTIONS BETWEEN
THE FOOD MOVEMENT AND HEALTH ESTABLISHMENT IN BRITISH COLUMBIA

by

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Abstract

This dissertation looks at two provincial health-based programs (the Community Food Action Initiative and the Food Security Core Program in Public Health) in British Columbia (BC) that intersect with this province's vibrant and diverse food movement. Drawing on a critical and interpretive approach to research, and using qualitative research methods, this study analyzes these two programs according to: a) the health institutional dynamics that shape them; b) the programs' implications for BC's food movement; and c) the contribution of program activities to food system transformation. It argues that critical public health discourses have provided a pathway into health for these food-system-oriented programs, a pathway with many obstacles given the powerful role neoliberal and biomedical discourses play in shaping the health establishment. The capacity of these programs to contribute to BC's food movement has therefore been mixed. Facilitated by these programs, health staff and grassroots activists have been able to collaborate on a range of initiatives to move BC's food movement forward. However, limited funds, staff time, and institutional supports for these programs constrain this movement-supportive activity. The dissertation further suggests that these programs can be seen as microcosms of the broader BC (and North American) food movement, contributing to a range of food movement practices that are both more and less challenging of the status quo. For example, on the one hand, program activities risk reifying the local or unreflexively accepting neoliberal constraints, while on the other the programs contribute to critical consciousness raising, political reskilling, and challenging dominant discourses. The dissertation suggests that the transformative potential of these programs could further be strengthened through the conscious cultivation of collaborative praxis amongst program implementers and other BC food movement activists.

Preface

This dissertation is original, unpublished, independent work by Erika Mundel. The UBC research ethics certificate number that was associated with this study was: H10-02496

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List of acronyms

ALR	Agricultural Land Reserve
ALC	Agricultural Land Commission
BC	British Columbia
BCFSN	British Columbia Food Systems Network
CAFS	Canadian Association of Food Studies
CFAI	Community Food Action Initiative
CFS	Community food security
CIHI	Canadian Institute for Health Information
COABC	Certified Organic Association of British Columbia
CNC	Community Nutritionists' Council of British Columbia
CSA	Community Shared (or supported) Agriculture
CSDH	Commission on the Social Determinants of Health
FAO	Food and Agriculture Organization (of the United Nations)
FHA	Fraser Health Authority
FSC	Food Secure Canada
FSCP	Food Security Core Program in Public Health (in British Columbia)
FTE	Full-time equivalents
GMO	Genetically modified organism
HEAL	Health Eating Active Living (initiative linked with Northern Health)
IHA	Interior Health Authority
MIR	Meat inspection regulations
MOHS	Ministry of Health Services of British Columbia
NFU	National Farmers' Union (of Canada)
NHA	Northern Health Authority
OPHA	Ontario Public Health Association
PHABC	Public Health Association of British Columbia
PHAC	Public Health Association of Canada
PHAFS	Public Health Alliance on Food Security (in BC)
PHSA	Provincial Health Services Authority
RHA	Regional Health Authority
UBC	University of British Columbia
UN	United Nations
USDA	United States Department of Agriculture
VCH	Vancouver Coastal Health
VIHA	Vancouver Island Health Authority
WHO	World Health Organization
WTO	World Trade Organization

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Chapter 1~Introducing the food movement, health institutional complex, and study site

1.1 Introduction

The social and ecological problems associated with the dominant food system and the expansion of alternatives and challenges to this food system are occupying more and more space in the popular and academic press. With the popularity of exposés like Schlosser's (2002) *Fast Food Nation* on the perils of the fast food industry, and Nestle's (2002) *Food Politics* on the machinations of the food industry to influence dietary advice and habits, to more general critiques of the global food system and its negative social, ecological and health implications such as Pollan's (2008) *In Defense of Food* and the feature-length documentary *Food Inc* (Kenner 2008), it is clear that in North America and other industrialized countries the food system is of increasing public interest. Beyond avid consumption of food-system media it seems as though amongst the globally privileged (people in industrialized countries) and particularly the privileged amongst these privileged (upper/middle-class consumers), food consumption patterns are changing. Shopping at farmers' markets is becoming commonplace. Organic and local foods are growing in their market share and fair trade coffee is becoming normalized. More and more people are participating in community supported agriculture schemes, learning how to grow food in their backyard, rediscovering the art of food preservation, or participating in workshops on how to bake sourdough bread and make cheese.

Observing these shifts in food consciousness and consumption/production, and the energy and enthusiasm of those participating in these shifts, Time's columnist Brian Walsh (2011) suggested that this emerging 'food movement' might be eclipsing the environmental movement in the US. Michael Pollan, a key player in the growing popularity of food system issues, described this food movement as a movement of movements, including movements for food sovereignty, slow food, organic food, fair trade food, farmworkers rights, community food security, GMO labeling, farm-to-school, animal rights, healthy food in schools, trans-fat bans and many more. He also described it as a "big, lumpy tent [where] sometimes the various factions beneath it work at cross-purposes" (Pollan 2010, para.11). Academic observers and participants in the food movement have similarly raised concerns about the diversity of approaches and goals of the food movement and have questioned whether, given this diversity and the strategies being chosen, the movement is capable of bringing about fundamental change

in the food system (Magdoff et al. 2000; Allen 2004; Patel 2009; Guthman 2011; Anderson and Cook 1999).

Stevenson and colleagues (2008) have suggested that finding a unifying master frame may help focus the movement's efforts. Observing increasing public and academic attention to health issues associated with the food system, they have argued that health could "develop into a master frame that encompasses multiple dimensions of environmental, biomedical, and sociocultural well-being" (Stevenson et al. 2008, p. 55). That food and health are linked is clearly not a new discovery. However, growing concern over the so-called obesity epidemic and other diet-related diseases, along with the now regular food-safety scares, such as the listeria outbreak in Maple Leaf Foods in 2008 that killed 22, has created concerns about the dominant food system that the food movement is capitalizing on. Seeking an explanation for the growth and popularity of the food movement Walsh (2011, para.6) has argued that: "The food movement has also directly jacked into that other great American obsession — health — in a way that distant concerns about climate change have largely failed to do." Similarly, Pollan (2010, para.15) suggests that "the food movement's strongest claim on public attention today is the fact that the American diet of highly processed food laced with added fats and sugars is responsible for the epidemic of chronic diseases that threatens to bankrupt the health care system."

Along with health concerns as a motivating factor for involvement in the food movement, or health as a conceptual resource for unifying the food movement, health-related organizations are also key institutional players in the food movement. The Toronto Food Policy Council, one of Canada's better known and longest-standing food movement organizations, has been situated within Toronto municipal board of Public Health since its inception in 1991. Community nutritionists, working within health authorities or other government-funded health organizations have been important players in the development of the community food security movement and have provided time, leadership, and resources to various food movement activities (Anderson and Cook 1999; Hamm and Bellows 2003; Seed 2011; Engler-Stringer 2011; Freudenberg et al. 2011; CNC 2004; OPHA 2002). With the important place that health, as a conceptual resource, is increasingly taking in food movement efforts, and the already established linkages with a wide range of health organizations, the influence on the food movement of institutionalized health organizations (with their bureaucratic structures, associated actors, and formative discourses) seems likely to grow.

A central question that has thus motivated my research is: what are the implications for the food movement of this turn to health and the involvement of associated institutions? In her study on food movement efforts in California, Patricia Allen (2004) found that there was a tendency for institutional involvement to pull the food movement towards less oppositional tactics, with energy instead directed towards developing minor alternatives to the dominant food system. In her case, one of the main institutional players under investigation was the US Department of Agriculture (USDA). As Mooney and Hunt explain: “While certain programs and individual actors within USDA may have provided moderate support to the community food security movement, the overall structural position of USDA instead has functioned largely to facilitate an agricultural and food production system grounded in a highly technical and productivist logic” which is contrary to what much of the food movement stands for (Mooney and Hunt 2009, p. 481). Would the tendency towards a de-radicalization of food movement efforts be different with the involvement of institution associated with the provision of health care? Or does any form of State involvement in the food movement necessarily erode the movement’s critical edge?

Two programs in British Columbia (BC) provided a unique opportunity to explore this interest. In 2005 BC’s Ministry of Health and Health Authorities began a province-wide program, the Community Food Action Initiative (CFAI), to support community-based food actions, making the province’s Health Authorities important funders of food movement activity. In 2006 the province created a Food Security Core Program in public health (the FSCP), which legally mandated even broader involvement of the Ministry of Health and Health Authorities in food security work. The focus of this study is on the implications of these two programs for BC’s diverse food movement, embedded as they are in an organizationally and discursively complex, and socio-politically shaped health establishment.

When I make reference to BC’s health establishment throughout this dissertation I am referring to provincial governmental health institutions, particularly the BC Ministry of Health and the one provincial and five regional Health Authorities. The Ministry of Health receives close to 40% of provincial government’s annual revenue and approximately 67% of these funds are then transferred to the province’s six Health Authorities (Doyle 2013). These organizations, their relationship to each other, and their responsibility with respect to the CFAI and FSCP are discussed more fully in Chapter 3. Key discourses on health that shape and are created by these

institutions are introduced briefly in section 1.5 below and explored more fully in Chapter 4. In Chapters 2 and 3 I introduce the main actors who are most directly involved in the CFAI and FSCP, both those working within and outside of these health institutions.

In the following sections of this chapter I will further unpack key issues surrounding the dominant food system and food movement responses to it, globally, and then I will focus in more specifically on BC's food system and its diverse food movement expressions. Following this I introduce the varied organizational and discursive terrain of health care and specifically public health in Canada. I end this introduction by highlighting the specific questions that guide my exploration of the CFAI and FSCP as sites intersection between BC's food movement and health establishment.

1.2 The dominant food system

As suggested at the outset of this chapter, there is growing public awareness that all is not well with the dominant food system. This system produces a huge volume of food, and appears remarkable in its ability to, for example, defy the limitations of seasonality by providing fresh fruits and vegetables to global consumers (with adequate means) year round (Clapp 2012). Yet closer scrutiny of the ways this food is produced and who it is available to, the kinds of foods that are produced and marketed, the livelihoods of those directly involved in producing the food, and the health of those eating it, reveals a much more disturbing picture.

A key feature underlying many of the troubling aspects of the dominant food system is the increasing commodification of food. Food is seen and treated as a commodity, like television sets or plastic toys, rather than as a source of nutrition or important basis for cultural practices (Clapp 2012; Friedmann 1993; Kneen 1993; Winson 1993). The implication is that people's access to food is increasingly dependent on their access to money. Furthermore, food as a commodity is being traded on a global scale, trade that is dominated by transnational corporations who are able to act across vast distances and at very large scales (Clapp 2012; Holt-Giménez and Shattuck 2011). As the global industrial food system has developed, there has also been an increasing concentration of control over food trade in the hands of an exceptionally small number of corporations (Clapp 2012; Heffernan 2000; Qualman 2001; Stuckler and Nestle 2012). Beyond removing control of the food system from the hands of direct-producers (i.e., farmers, farmworkers, hunters, fishers, gatherers) and eaters of food, the effect of this

concentrated corporate control is that food is produced with more concern for profits than for the health of those who eat the food (Dixon and Banwell 2004; Lang, Barling, and Caraher 2009; Nestle 2002; Stuckler and Nestle 2012), or the well-being of those who labour to produce it (Allen 2010; Brown and Getz 2011).

This corporate-controlled food system threatens human and ecosystem health, and social justice. Threats to human health can be seen through the rise in diet-related health concerns linked to the proliferation of (aggressively marketed) ‘value-added’ foods high in salt, fat, and sugar, which are favoured by the food industry because they ship and store easily and have high profit margins (Pollan 2006, 2008; Nestle 2002; Stuckler and Nestle 2012; Friedmann 1993; Winson 2004). While health concerns are rising related to consumption of too much of the ‘wrong’ foods, health concerns related to the more long-standing issue of not enough food persist, as millions continue to go hungry, not just in the Global South but in industrialized nations as well (Patel 2008; Tarasuk 2009).

Given the global scale of the dominant food system, ecosystem health is threatened by the fossil fuels burned moving food products around the globe—a concept popularized by the phrase ‘food miles’ (Lang, Barling and Caraher 2009; Smith and MacKinnon 2007). While the distance that food travels from seed-to-plate has been an important way that activists have drawn attention to the negative ecological consequences of the food system, this is merely one ecologically destructive aspect amongst many (Ostry, Miewald and Beveridge 2011). Ecological threats range from contamination due to agricultural inputs (such as pesticides and fertilizers), to deforestation, greenhouse gas emissions, biodiversity loss, and water resource depletion (Lang, Barling and Caraher 2009; Lang 2009; Kloppenburg et al. 1996).

Threats to social justice created by the dominant food system are closely tied to its negative human and ecological health impacts. It is the bodies of the world’s most marginalized that disproportionately bear the brunt of its dysfunctions. Farmworkers are routinely exposed to dangerous chemicals, and those with limited financial means suffer from hunger and/or the over-consumption of highly processed foods (Allen 2010; Dixon et al. 2007; Guthman 2011, Jackson et al. 2009). Additionally, those who labour to produce food receive inadequate compensation for their work, Indigenous peoples and peasants the world over are displaced from their lands as industrial agriculture expands, and labourers in the food processing industry face unsafe working conditions (Anderson 2008; Morrison 2011). Meanwhile profits accrue to a select few in the

food system. Furthermore, the wealthy can buy their way out of some of the threats this food system creates; they can purchase organic fresh fruits and vegetables, or live in clean, uncrowded homes far away from spray drift. The benefits and burdens of the food system are unfairly distributed, however the injustices of the food system extend beyond this to the more fundamental unfair distribution of power in the food system (Alkon and Agyeman 2011). What ends up in agricultural fields and on dinner plates, and thus in our bodies and ecosystems, is largely determined by decisions being made by the corporate players and corporate-supportive States that dominate the food system.

This unjust, unhealthy, and unsustainable dominant food system does not exist in a vacuum. As Lang (1999, p.218) has argued: “Ultimately, food is both a symptom and a symbol of how we organize ourselves and our societies. It is both a vignette and a microcosm of wider social realities.” The dominant food system is embedded in the global capitalist system and it both shapes and is shaped by this system (Holt-Giménez and Shattuck 2011). The corporate dominance that I have suggested is at the root of many of the ills of the food system is also a key characteristic of the world economy, and this corporate dominance is supported by a regulatory, or often anti-regulatory, environment maintained by State policies and international bodies such as the World Trade Organization (WTO).

The overarching suite of policies, practices and ideas—or discourse—shaping the global capitalist system, is neoliberalism. Harvey has defined neoliberalism as being centrally concerned with “liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, and free trade” (Harvey 2005, p.2). At the global scale with respect to food and agriculture, this has meant pressures for regional specialization and the continual erosion or absolute dismantling of tariffs, marketing boards, supply-management systems and other techniques that national governments had previously used to protect their country’s agricultural production, with concomitant shifts to production for an export economy (Holt-Giménez and Shattuck 2011; Qualman and Wiebe 2002).

While neoliberalism is responsible for creating a global marketplace for the trade of food and agricultural products, its effects extend much beyond the marketplace. As Peck and Tickell explain:

neoliberalism combines a commitment to the extension of markets and logics of competitiveness with a profound antipathy to all kinds of Keynesian and/or collectivist

strategies. The constitution and extension of competitive forces is married with aggressive forms of state downsizing, austerity financing, and public service “reform.” And while rhetorically antistatist, neoliberals have proved adept at the (mis)use of state power in the pursuit of these goals. (Peck and Tickell 2002, p.381)

Thus neoliberalism can be seen as shaping not just the marketplace, but also the functioning of the State, and increasingly, citizens’—or rather consumers’—ways of thinking. Food-growers now compete in a global market place. Food-eaters are encouraged to see themselves as consumers. And when food-growers fail to be competitive in this expanded market place, or food-eaters fail to exhibit effective demand (capacity to pay), they can no longer fall back on the safety nets of a welfare State. Furthermore, neoliberalism encourages people to think of any such ‘failures’ as the fault of the individual as opposed to the result of a political economic system that is predicated on creating (a few) winners and (many) losers (Harvey 2005).

Describing the dominant food system under neoliberalism, Holt-Giménez and Shattuck suggest it is:

currently characterized by the unprecedented market power and profits of monopoly agrifood corporations, globalized animal protein chains, growing links between food and fuel economies, a ‘supermarket revolution’, liberalized global trade in food, increasingly concentrated land ownership, a shrinking natural resource base, and growing opposition from food movements worldwide (2011, p.111).

The “opposition from food movements worldwide” is particularly germane. Neoliberalism can have an air of inevitability to it, and in fact its strength comes in part from its being taken-for-granted (Fairbairn 2010; Wakefield et al. 2013). However as Holt-Giménez and Shattuck argue, the corporate food regime is also sowing the seeds of discontent that may lead to its transformation or reform. This growing opposition and its potential to radically transform or reform the dominant food system is central to the research I report on here and is the focus of the following section.

1.3 Food movement responses to the dominant food system

There is a wide range of, not necessarily linked or coordinated, activities being undertaken as part of the food movement. Most efforts to pin-down and categorize the different movements or activities grouped under the food movement tent are doomed to fail because the reality on the ground is so dynamic; conditions and strategies change quickly, even focused actions have spill over effects in other areas, and the people involved generally have complex

and shifting motivations. Recognizing these limitations, I have found Holt-Giménez and Shattuck's (2011) attempt at categorization useful. They have divided the food movement up into two main trends: a Progressive Trend and a Radical Trend. They suggest that the Progressive Trend is the larger of the two trends and manifests mostly in industrialized countries. It tends to be practice-oriented with a focus on increasing local food production and processing as well as developing social-enterprises and other means to serve marginalized communities. Included in this trend are Slow Food chapters, many initiatives that identify as being about building community food security (such as community kitchens, community gardens, good food boxes, school food programs), food policy councils, farmers' markets, community-supported agriculture, and environmental and food justice organizations. The Radical trend is organized around the concept of food sovereignty, "the right of nations and peoples to control their own food systems, including their own markets, production modes, food cultures and environments" (Wittman, Desmarais and Wiebe 2010, p.2) and is more openly oppositional of the neoliberal policies and mentalities which create the dominant food system.

Because much of the activity and energy directed at changing the food system in Canada and BC specifically has been identified as being about building community food security (BCFSN 2013; CNC 2004; Dietitians of Canada 2007; Epp 2011; FSC 2013; MOHS 2006; OPHA 2002; Welsh and MacRae 1998), I want to spend a bit more time discussing this aspect of the Progressive Trend. The most commonly accepted definition of community food security (CFS) states that "community food security is a situation in which all community residents obtain a safe, culturally acceptable, and nutritionally adequate diet through a sustainable food system that maximizes community self-reliance and social justice" (Hamm and Bellows 2003, p.37). Those who initially developed the concept of CFS, including community nutritionists, anti-poverty activists and academics, were critical of the way that hunger was being dealt with through the charitable food system and at an individual level (Riches 2002; Gottlieb 2001; Winne et al. 1997; Poppendieck 1998). By contrast, they saw CFS as shifting the focus away from the individual and to the community as the locus for change, with an emphasis on systems-change to prevent hunger from occurring in the first place (Allen 2004; Winne et al. 1997).

While CFS was initially developed as an approach to address in a systemic way the needs of the urban poor, it has grown to be a much more encompassing movement. CFS goals and activities include efforts to make food production more local and sustainable for the benefit of

growers, eaters and the environment, increase individuals' and communities' skills and capacities to produce their own food, promote access to healthful foods, and make the food system more democratic by encouraging greater citizen participation. CFS can thus be seen as a movement that seeks to address social justice, health, and ecological concerns (Allen 2004; Hamm and Bellows 2003; Johnston and Baker 2005; Wekerle 2004; Welsh and MacRae 1998; Winne et al 1997).

Holt-Giménez and Shattuck see some potential for the CFS movement and others grouped in the Progressive Trend to challenge the corporate food regime, however they suggest that on the whole it is an eclectic model for change that creates “a patchwork of successes and failures” that are localized in nature and not systematic or coordinated (Holt-Giménez and Shattuck 2011, pp.125-126). Observing the types of strategies being employed by the CFS movement, Allen (2004) has argued that they tend to focus on developing alternatives to the dominant food system rather than using oppositional strategies to directly challenge the most powerful architects of this system—corporate players and the governments which support them. Others (Dowler and Caraher 2003; Tarasuk 2001) have argued that the self-help ethos of CFS projects such as community kitchen or gardens, at best, merely serve to help people deal with the conditions of poverty rather than changing these conditions.

Given the eclectic nature of the Progressive trend, with its emphasis on building alternatives to the dominant food system rather than directly challenging it, some (eg Allen 2004; Magdoff et al. 2000; Guthman 2008a, 2008b, and 2011) have suggested that food system transformation—and the societal transformation this would require—is unlikely to come from this trend. On the other hand Stevenson and colleagues (2008, p. 56) point out that “because it is positive, less contentious, and more accessible to more people, builder work [building alternatives] can succeed in attracting and mobilizing adherents” to the movement. Furthermore, Holt-Giménez and Shattuck suggest that the increasing number of food policy councils across Canada and the United States, with their commitment to equity, sustainability, and diverse citizen participation, demonstrate growing local resistance to the corporate food regime. For some food movement scholars (Hassanein 2003; Kloppenburg and Hassanein 2006; Kloppenburg et al. 1996; Koc et al. 2008; Welsh and MacRae 1999) it is precisely through increased citizen participation in shaping the food system, which often starts in specific localized initiatives, that the conditions for changing the dominant food system are created.

The Radical Trend that Holt-Giménez and Shattuck (2011) identify is similar to the Progressive Trend in its grassroots promotion of local, community-based food systems, but it also explicitly seeks deep structural change to the food system. Thus “to achieve a system transformation in which these grassroots alternatives can scale up, the organizations of the Radical Trend advocate dismantling corporate agri-foods monopolies, parity, redistributive land reform, protection from dumping and overproduction, and community rights to water and seed” (Holt-Giménez and Shattuck 2011, pp.128-9). Via Campesina is the main international food sovereignty movement organization and makes these demands for system transformation in international fora such as the United Nations (UN) and Food and Agriculture Organization (FAO) as well as through the work of member organizations making demands of their national governments (Desmarais 2007). While the main drivers of this movement are peasants and associated organizations in the Global South, there are member organizations in industrialized nations as well, including Canada’s National Farmers’ Union (NFU) and Food Secure Canada (FSC). Other food organizations and activists within North America are increasingly drawing on the food sovereignty discourse (Alkon and Mares 2012; Holt-Giménez and Shattuck 2011).

In practice, there are overlaps and tensions between and within the Progressive and Radical trends. However it is in strategic alliances between these two trends, and associated organizations and activists, that Holt-Giménez and Shattuck (2011) see the greatest potential for food system transformation. They suggest that where the Radical trend “has a radicalizing effect on the politics of the food movement” (p.130), the Progressive trend brings to the movement energy, enthusiasm, and a great number of adherents. The challenge, they argue, is to ensure that the less clearly politically-positioned Progressive trend is increasingly aligned with the Radical trend rather than being pulled towards a reformist project which leaves the neoliberal, corporate-dominated food system largely uncontested.

The preceding discussion has outlined some of the key contours of the food movement as well as the ongoing debates amongst scholars and activists about how best to address the problems of the dominant food system. It therefore provides an important background to an exploration of the specific British Columbian food movement manifestations and struggles to be discussed in the following chapters.

1.4 Study context and site

Thus far I have sketched out the food movement in very general terms and at a global scale. However, my research focuses on food movement activity within the industrialized nation of Canada, and specifically the province of BC. While the global nature of the dominant food system means that there are important similarities in food movement concerns and foci in the Global South and industrialized nations, there are also important differences. It is therefore important to highlight that the food movement that I speak to here, and the associated literature that I draw on in the remainder of this dissertation, is largely focused on industrialized nations.

Within the literature on the food system and food movement in industrialized nations there are also important distinctions between scholars working in different regions of the industrialized world. For example, there are those who focus predominantly on the Western European context (eg Morgan, Marsden and Murdoch 2006; Kneafsey et al. 2008; Lang, Barling, Caraher 2009) and the North American context (eg Allen 2004, Guthman 2011, Gottlieb and Joshi 2010; Hassanein 2003; Hinrichs and Lyson 2008; Kloppenburg et al. 1996; Nestle 2002; Pollan 2006 and 2008), with important collaborations that draw on data from both regions (eg Goodman, Dupuis and Goodman 2012). The literature based in North America has tended to be dominated by authors focused on the US (with a high proportion of these are focused on California), although this is beginning to change. As a Canadian scholar and activist I feel it is important to contribute to the growing body of literature reflecting on the Canadian food system context and movement struggles (eg. Johnston and Baker 2005; Johnston 2008; Koc, Sumner and Winson 2012; Levkoe and Wakefield 2011; Welsh and MacRae 1998; Wittman, Desmarais and Wiebe 2011). Furthermore, as an activist involved in Canada's food movement, I wish to generate research that is useful to the practice of those I collaborate with in this movement.

The province of BC provides a unique and useful place to carry out an exploration of Canadian food movement dynamics. It is one of Canada's most diverse and productive provinces when it comes to food production with a wide range of land-based and marine based foods (Wittman and Barbolet 2011), and contains some of the richest Indigenous cultural and biological diversity including an abundance of traditional Indigenous foods (Morrison 2011). It also has a small but growing number of governmental policies in support of local, healthy and sustainable foods (CNC 2004; Epp 2011).

In terms of agricultural food production, BC has a distinctive legislation for protecting agricultural land, called the Agricultural Land Reserve, which is intended to protect prime agricultural land, and comprises about 5% (or 4.7 million hectares, not all in production) of BC's land base (ALC 2013). If all the food produced in BC were consumed in BC, the province would be 48% food self-sufficient, one of the highest levels of potential sufficiency in the country (Wittman and Barbolet 2011). BC is almost entirely self-sufficient in dairy and to a lesser extent meat production (Ostry, Miewald and Beveridge 2011; Ostry and Morrison 2010). It is worth noting that these are agricultural sectors supported through supply management systems such as quota which trade liberalization schemes threaten. Furthermore, BC is one of the biggest fruit producing provinces in the country, second only to Ontario, however much of this fruit production (such as blueberries) is targeted for export, and there are significant shifts being made towards grape production for wine (Ostry and Morrison 2010). The story is similar with vegetables. A fair amount of vegetables are produced in the province but the majority is in potatoes (for processing) and greenhouse vegetables, both destined for export markets (Ostry and Morrison 2010). Thus, BC has the potential to develop the type of diversified, locally-consumable food production favoured by food movement activists, but currently bears obvious marks of the globalized corporate food system. Observing this agricultural food production landscape, Wittman and Barbolet characterize it as contested, where "a growing interest in local food cultures and food sovereignty occurs within a context of neoliberalism that discounts the value and possibility of local production" (2011, p. 206).

Through the experiment of two Vancouverites, BC was also the launching place of the 100 mile diet concept (Smith and MacKinnon 2007), and urban centers like Vancouver are developing a reputation as being a mecca for foodies and locavores. At the same time, BC is the province with the highest level of child poverty and one of the highest levels of income inequality (Dietitians of Canada 2012, BCStats 2012). Families who are on income assistance in the province need to spend anywhere from 34%-49% of their disposable income to afford basic nutritious food for the month, and in 2010-2011 over 90,000 BC individuals had to rely on food banks (Dietitians of Canada 2012). Thus, the two-tiered food system that some (eg Alkon and Agyeman 2011; Allen 2008; Guthman 2011) rightly fear may be developing—where local, organic, high-end foods are consumed by the well-off, and over-processed industrial food is consumed by the rest—can be seen in BC and quite starkly in the streets of downtown Vancouver,

which are populated by people who must subsist on industrial food left-overs alongside frequenters of upscale, local-food touting restaurants.

These sorts of contrasts have not gone unaddressed, however. SoleFood (solefoodfarms.com) and the Downtown Eastside Kitchen Tables project (dteskitchentables.org) both strive to provide paid employment for residents of BC's poorest neighbourhood, while improving the nutritional (and esthetic) quality of the food served there. These are just two examples, amongst many, of BC's thriving food movement. There are innovative and contextually sensitive projects spread across the province's cities, smaller towns, and rural and remote regions. For example, the small town of Powell River attracted media attention when it launched a 50-Mile diet challenge that was taken up by a surprising number of its residents (MacKinnon and Smith 2006). There are vibrant community food networks in places ranging from the remote Bella Coola Valley, to the boat-access only Sunshine Coast (onestraw.ca), the rural Comox Valley on Vancouver Island (lushvalley.org), the northern town of Terrace (terracefoodsecure.ca), and the interior mountainous community of Kaslo (nklcss.org/food.php) to name just a few examples.

At the provincial scale, BC has one of the first provincial government-approved certifying bodies, the Certified Organic Association of BC (COABC) incorporated since 1993 (www.certifiedorganic.bc.ca/), thanks to its dynamic organic agriculture community. Linking production and consumption issues, FarmFolk/CityFolk was also established in 1993 (Wittman and Barbolet 2011) and continues to run a range of events and programs across the province to support the development of a local, sustainable food system (farmfolkcityfolk.ca). BC is also home to one of Canada's longest standing provincial food movement organizations—the British Columbia Food Systems Network (BCFSN). The BCFSN was established in 1999 to provide a place for the many individuals and organizations engaged in food movement activity across the province to share ideas, energize each other, and strategize together. Along with its members, it engages in a range of alternative food system building activities as well as critique and advocacy for policy-change (fooddemocracy.org/). Working collaboratively with the BCFSN as well as independently, BC also has a strong Indigenous Food Sovereignty movement (Morrison 2011), supported through the Working Group on Indigenous Food Sovereignty (www.indigenousfoodsystems.org/) and regional groups, such as the Vancouver Island and

Coastal Communities Indigenous Food Network (www.indigenousfoodsvi.ca/) and the Vancouver Native Health Society Kitchen/Garden Project (www.vnhs.net/).

An important feature of BC's food movement, which parallels trends in the global food movement discussed earlier, is its diversity. While I refer to it as a 'food movement', like the global food movement, BC's food movement is perhaps best understood as a collection of food related movements and activities, with more and less radical trends. It is, in short, a big lumpy tent. Another key feature of this food movement is the centrality of health concerns. For example almost all of the BC food movement organization websites cited above mention improving health or increasing access to healthy foods as a goal of their work. At the same time there is growing importance of the Ministry of Health and Health Authorities in BC's food movement (Epp 2011; CNC 2004; Seed 2011; Seed et al. 2013). Epp's 2011 scan of provincial and territorial government food security policies and programs revealed not only that BC was a national leader in respect to such policies and programs, but also that the majority of these policies and programs in BC originated from health institutions. Community nutritionists, as staff within the province's Health Authorities have been important players in many food initiatives and organizations in BC, including FarmFolk/CityFolk, the Vancouver Food Policy Council, the BC Food Systems Network and the Vancouver Island and Coastal Communities Indigenous Food Network (Wittman and Barbolet 2011; CNC 2004; Seed 2011).

The FSCP and CFAI, introduced on page 3, set the stage for even more profound intersections between health institutions and the food movement in BC. The creation of these programs was due in no small part to the efforts of Community Nutritionists and other staff people working with the province's Health Authorities who collaborated¹ with grassroots food system activists to push decision-makers with the Ministry of Health and Health Authorities to include food security² as an official public health priority for the province (CNC 2004; Seed 2011). They observed that in BC, "food security programs and services remain fragmented and ad hoc, and lack the stability that core infrastructures could contribute" (CNC 2004, p.viii), with the hope that Ministry of Health and Health Authorities could provide such core infrastructure.

¹ The nature of this collaboration is explored more fully in Chapter 5.

² "Food security" is the term most commonly used in BC Health circles to refer to a whole range of food system related activities. The general term 'food security' in the BC Health context is most often defined using Hamm and Bellows' definition of Community Food Security.

As a critical researcher and activist, an important question that arises here is: what sorts of tensions or contradictions might result from the greater involvement of the health organizations, which are situated in a neoliberal governmental context, in a food movement that—at least for some—is directly critical of neoliberalism? The preceding discussion provides some background as to why an institution of a neoliberal government might prove to be a risky ally to the food movement. However the focus of this research is more specifically on the intersection of BC’s food movement and *health* institutions (specifically the Ministry of Health and Health Authorities). Thus an important question to grapple with is: to what extent are these institutions able to provide useful resources to the food movement without neutralizing the movement or pushing it towards a more narrow focus on dominant health concerns? To further situate this question, the following section introduces important dynamics within the health care system in Canada, and specifically public health, which has been a key place where work addressing food system issues has tended to happen.

1.5 Public health in Canada: trends and tensions

The vast majority of the public³ funds devoted to the Canadian health system are oriented towards curative, clinical health care services, for example the care provided by a family physician or in a hospital when an individual presents with some sort of ailment. However along with these services, Canada’s health system also includes a range of preventative programs and policies aimed at protecting and promoting health that are collectively referred to as ‘public health’ (PHAC n.d.).

Since the 1970s, Canada has had a reputation internationally as a leader in developing public health concepts, from the release of the Lalonde report in 1974 by Canada’s Health Minister which highlighted factors beyond the provision of clinical health care services that are integral to health, to the 1986 Epp Report (again from a federal Health Minister) and the launching of the Ottawa Charter (WHO 1986), which contributed to the development of a *health promotion* approach in public health (Pinder 2007; Raphael 2008). One of the Ottawa Charter’s key contributions to the public health field was an articulation of socio-environmental conditions that determine health which included: peace, shelter, education, food, income, a stable

³ In Canada, when there are debates about public health care, these debates are generally focused on our *publicly funded* health system, as opposed to public health, which is a specific field of research and practice within health.

ecosystem, sustainable resources, social justice, and equity (WHO 1986). Those who created the Ottawa Charter envisioned a health promotion approach that would rely on a range of strategies including increasing communities' capacities to take action on their health needs and working to create health-supportive environments and public policies (Raphael 2008).

In the early 1990s, Canadian health scholars began to articulate an approach that came to be known as *population health* which drew heavily on epidemiological research and similarly brought attention to the way that a wide range of determinants outside of health care significantly impact health (Evans et al. 1994). The language around determinants of health has been adopted by federal, provincial and territorial governments in Canada, which demonstrates some form of recognition that health is determined by a range of social, environmental and other factors beyond (yet still including) health care.

Research and discussion related to population health and health promotion in Canada have created a place in public health for the development of critical ideas about Canada's social context, in particular our political and economic practices. I will refer to the collection of these ideas as critical public health discourses. Those drawing on critical public health discourses have argued that, since poverty and inequity have such negative health consequences, and since the rates of poverty and inequity in Canada are caused in no small part by the political economic context, it is this context that needs to be changed (Labonte et al. 2005). Some have named neoliberalism explicitly as the problem (Coburn 2004), where others have simply drawn attention to a range of associated government policies, such as the erosion of the welfare state (Raphael and Bryant 2006).

Despite Canadian leadership in the development of public health concepts, including these perspectives that express strong critiques of the status quo, there remain many limitations to the development of critical public health approaches and concepts in Canada. For example, while the language of the social determinants of health has been used both to raise awareness about the health damaging potential of political and economic structures and social power imbalances, it has also been used to target individuals seen as having modifiable behavioural and medical risk profiles which can lead to victim-blaming and often ineffective targeted interventions (Raphael 2011). In fact, the majority of Canadian public health programming emphasizes interventions that encourage individual lifestyle changes (Raphael 2006; Frohlich and Poland 2007). Research within public health has also been criticized for an "uncritical

reliance on standard epidemiological methods” (Labonte et al. 2005, p.6). Repeated calls for the need for poverty reduction strategies by critical public health players have, for the most part, gone unheeded by the governments in power, and much of what happens within public health is focused on individual rather than systems change. As a result of these issues, some have suggested that the overall public health project, while drawing attention to health risks beyond individuals’ control, has also ultimately “ushered in an increasing concern with individual responsibility, self-control and lifestyle” and lead to “the privatization of the struggle for generalised wellbeing” (Bell et al. 2011, p.1-2).

Despite these important challenges and constraints, the more critical actors within public health⁴ are potentially useful allies for a range of social movements, including the food movement. There is overlap in the concerns of critical public health proponents about health inequities and the neoliberal policies that have exacerbated them, and the concerns of the food movement about an unjust, unhealthy and unsustainable food system which can also be linked to neoliberal policies. Similarly, both food movement and critical public health players seek political and economic changes to support social justice, human health, and a stable ecosystem. Both at least pay homage to the importance of working to change systems or contexts rather than making changes at the individual level. Additionally, food security is a specific area of concern within public health and is often considered an important social determinant of health (McIntyre and Rondeau 2009; Tarasuk 2009).

Combining these and many other areas of overlap with the positioning of public health players within government, which might give them access to certain policy levers and resources, makes it possible to see how public health could be a very powerful ally in the food movement. At the same time, however, public health players—and especially the critical voices within public health—have struggled to be heard over the din of the acute, clinical-care side of the health care system. Public health programs and services represent a small fraction of national health spending (CIHI 2012). In BC, public health represents only 3% of the provincial health budget, with some variation between the BC’s Regional Health Authorities (Doyle 2013). This low level

⁴ In highlighting the role of critical public health discourses in contributing to a critique of dominant social practices, including an over-emphasis on clinical and curative services rather than preventative services, I am not suggesting that access to clinical or curative services is not important. The issue, as discussed further in Chapter 4, is about the limitations created by an over-reliance on these services and approaches.

of spending on public health persists despite the BC government's repeated proclamation, in its throne speeches and otherwise, of the importance of preventative health (Meissner 2013).

In sum, the terrain of public health within Canada is an uneven one. On the one hand, there are pockets of critical discourses and critical players within public health representing collectivist visions for social change. On the other hand, these critical visions are somewhat marginal within the public health research and practitioner community (Raphael 2006) and are not being readily adopted by the governments in power. Layering this uneven public health landscape over that of a diverse, unconsolidated, 'lumpy' social movement—as has happened in the two focal programs of this research—creates a topographically rich field for investigation. The remainder of this introductory chapter will outline the specific research questions that direct this investigation and will provide an overview of the chapters of this dissertation.

1.6 The study

1.6.1 Research focus and questions

At the beginning of this introduction I raised questions regarding the implications of the food movement's turn to health. Specifically I questioned whether the involvement of health institutions, embedded as they are in government, would have an overall neutralizing effect on the food movement. As the proceeding discussion has demonstrated, there are reasons to be both cautious and optimistic. At the same time, the food movement itself can be characterized by trends that are more radical or critical of the neoliberal status quo (Radical Trend) and somewhat less critical (Progressive Trend). It is, therefore, important to emphasize that this research is *not* based on an assumption that a radical food movement is under threat through the involvement of a neoliberal governmental institution; health institutions are not inevitable handmaidens to neoliberalism, although there are powerful forces pulling it in this direction, and the actually-existing food movement is not a cohesive transformative force, although many of its proponents are radical in their theory and practice. This study thus seeks to understand the extent to which resources from BC's Ministry of Health and Health Authorities can be mobilized in service of the food movement, and the challenges that arise through such efforts.

This research interest will be explored through the specific examples of the CFAI and FSCP, by addressing the following three guiding questions:

- 1) What are the goals and context of the CFAI and FSCP and how have they been implemented?

- 2) How have health institutional forces shaped the CFAI and FSCP?
- 3) What are the implications of these two programs for BC's food movement and its potential for food system transformation?

The first question is oriented towards uncovering the specificities and nuances of these programs and how they have been implemented across the province. The second question is focused on developing a deeper understanding of the institutional dynamics that these programs are embedded in and which shape their implementation and movement-supportive potential. The third research question builds on the previous two, to ask, 'so what?' from a food movement perspective. It seeks to uncover the main ways that these two programs contribute to BC's food movement and the transformative potential of this movement.

As I reflect on the FSCP and CFAI, how they are institutionally shaped, what their movement implications are, and what they can contribute to our understanding of dynamics at the health/food movement nexus, it is important to bear in mind that these programs are not the only way that health institutions or actors are involved in food system work in BC. These programs are important windows into this nexus at the provincial level, because the FSCP provides the overarching rationale and framework for provincial health involvement in food, and the CFAI is the one province-wide program in health which provides funding to community-based food organizations (discussed further in Chapter 3). Nevertheless, there are other ways that different Health Authorities are involved in food that this dissertation under-emphasizes, for example the funding and staff time that is dedicated in some Health Authorities to Indigenous food issues, or the work being done to improve school food environments. This dissertation should therefore be read with the understanding that I am using the FSCP and CFAI to help build an understanding of key dynamics taking place at health/food movement intersections at the provincial level. I am not providing a comprehensive overview or evaluation of the ways that health institutions and those employed by these institutions have been involved in food issues. For a somewhat broader overview I refer readers to Seed's (2011) dissertation as well as Epp's (2011) scan of provincial approaches to food security⁵.

⁵Seed's study covers Health and food security initiatives up to 2008. The BC section of Epp's report includes description of initiatives that Health has been involved in as well as provincial initiatives originating from other government sectors.

1.6.2 Outline of chapters

Chapter 2 provides an overview of the theoretical and methodological approach of the study and details the specific methods and data analysis strategies used. As the research questions are intended to build on each other, the following four chapters of this dissertation address the research questions more or less sequentially. Chapter 3 addresses the first research question by providing a detailed overview of the two programs (the FSCP and CFAI), their history, organizational context and manifestation across the province's five Regional Health Authorities. Chapter 4 attends to the second research question, beginning with a review of dominant and alternative discourses shaping public health in Canada and then turning to a discussion of how discursive influences and tensions have shaped BC's Health establishment and the FSCP and CFAI. Chapters 5 and 6 tackle the third research question. Chapter 5 analyzes the two programs' contribution to BC's food movement, outlining key benefits and risks of Health's involvement and exploring tensions and possibilities of State involvement in food movement activity. Chapter 6 focuses in on the specific activities carried out through the FSCP and CFAI, as well as the ideas and motivations of those implementing these programs, grappling with questions about the transformational potential of these activities. Chapter 7 concludes the dissertation and reflects on key messages and future direction arising from it for those directly involved in the FSCP and CFAI as well as for more general policy-maker, academic, and activist audiences. There is no separate literature review chapter in this dissertation. Key relevant bodies of literature have been introduced in this chapter and reference and discussion of other relevant literature are incorporated throughout the following chapters as necessary and topically relevant.

Chapter 2~Research approach and methods

2.1 Theoretical perspective

My research approach is situated under the broad umbrella of interpretivism (Denzin and Lincoln 2005; Hesse-Biber and Leavy 2006). Interpretivism rejects the notion that there is an objective social world ‘out there’ and that researchers are value-neutral or objective in their research (Hesse-Biber and Leavy 2006). Instead, the social world is seen as fluid, constantly being made and remade with a wide range of possible interpretations. While the social comes into being through the thoughts and actions of people, they are situated within and constrained by specific material, historical, and cultural conditions (Carroll 2004; Freire 1970). People’s actions in a particular place and time can be seen as connected to a sequence or web of actions that hook them into what others are doing in different places and times. The specific contemporary nature of this web, which Smith (2005) calls the ‘ruling relations’, include the interconnected activities of financial markets, banks, the legal system, the mass media, various governmental departments and other institutions such as Health or Education, all of which create and are shaped by discourses. The complexity of this social web means that, while we all create it, it exists beyond the control and field of awareness of any one individual (Smith 2005). Thus the contribution of research from this perspective is in making parts of this web more visible, understandable, and perhaps more easily navigable.

Guided by an explicitly critical perspective (Carroll 2004; Freire 1970; Harvey 1990; Smith 2005) I see the world as characterized by a range of social and ecological injustices. These injustices include global economic inequities, oppression experienced due to class, race, gender and sexual orientation, human-created ecological challenges such as climate change, soil degradation or groundwater pollution, and historical legacies such as colonization. However, despite the presence of this wide range of injustices, they are not to be taken as givens; since we have made the social in this way, these injustices can also be unmade (Carroll 2004; Frampton et al. 2006). It is important to note that while I am talking about ‘the social’, my intention is not to focus on social injustices to the exclusion of ecological injustices or degradation. However, ecological devastation such as global climate change or the more specific cases within the food system of soil depletion, groundwater contamination or air pollution, are all the result of human-ecosystem interactions, and more specifically the result of irresponsible human actions. Thus, while we as humans are embedded in and carry out actions in response and relation to our

ecosystems, I would argue that most current ecological crises are in large part human made. While certain ecological damages may be hard to reverse, if ecological crises are seen as having been created, as with social injustices, steps can be made towards unmaking these crises.

Freire (1970) has argued that engaging in an iterative process of critical action and reflection—praxis—upon the world and its injustices is the means by which we are capable of remaking a more just world. Freire (1970), Carroll (2004) and many other critical scholars draw inspiration from Marx, arguing that the goal of research must not be simply to *describe* injustices, but to contribute to *changing* them. Thus, while there may be different skills required in carrying out critical social research versus social activism, and while research and activism may at times be separated temporally, if critical social research wishes to contribute to praxis capable of transformation, it must contribute to the work both of academics and activists.

The roots of much critical research can be traced back to the historical-materialism of Marx. More recently, some approaches to critical research have been influenced by post-structural and postmodern ideas, in particular the role of discourse (Kincheloe and McLaren 2005). Carroll (2004, p.225) explains discourse as being “the full range of practices, structures and media that saturate our world and our selves with meaning.” The concept of discourse helps highlight that people’s ideas are not entirely of their own creation, but exist in relation to already existing (although constantly changing) systems of thought (Smith 2005). While multiple discourses are always circulating at any given period of time or place, certain discourses may come to dominate as the most legitimate collection of ideas, marginalizing other discourses and constraining what can legitimately be spoken of or acted on (Foucault 1991; Sheridan 1980).

Discourses can be understood as reciprocally related with material reality (Carroll 2004; Armstrong and Bernstein 2008). For example discourses on what health is and how it is promoted or damaged shape the material practices, tools and procedures of the health care system (Robertson 1998). Similarly, neoliberal discourses have been linked with a wide range of practices, such as the reduction of government spending on social welfare programs (Giroux 2008). Critical researchers are concerned with how injustices are mediated through and perpetuated by discourse. However, understanding discourse as existing in a reciprocal relation with material reality suggests that we must seek to understand the influence of discourses and how they take material form (Carroll 2004). It is also important to avoid understanding discourses as only oppressive. While certain discourses may dominate and be linked to

experiences of oppressions, alternative discourses are constantly in circulation and dominant discourses are constantly changing. Different discourses represent “different perspectives on the world, they are associated with the different relations people have to the world...they are also projective, imaginaries, representing possible worlds” (Fairclough 2003, p. 124). Armstrong and Bernstein (2008) have suggested that the presence of these differing discourses, these different perspectives and understanding of the world, contributes to the possibility of social change.

2.2 Methodology

My methodological approach flows from this understanding of the social world (which includes human-ecology interactions). It is attuned to the changing and changeable nature of social structures, conditions and experiences of injustice, and the material and discursive nature of the creation, maintenance and/or subversion of these injustices. By methodological approach I mean the overall guiding strategy for my research (Guba and Lincoln 1989). I am guided in my research by the work of institutional ethnographers (Smith 2005 and 2006) and other feminist and critical thinkers (Carroll 2004; DeVault 1999; hooks 1984).

Institutional ethnography is a specific form of ethnography developed by Dorothy Smith and taken up by others (DeVault 1999; Campbell and Gregor 2002; Carroll 2004; Smith 1991; Smith 2005; Smith 2006). It is an approach that combines the techniques of ethnography—interviewing, participant observation, textual analysis—for specific purposes. Smith defines it as an exploration of:

the social relations organizing institutions as people participate in them and from their perspectives...the ethnographer's work is to learn from them, to assemble what is learned from different perspectives, and to investigate how their activities are coordinated. It aims to go beyond what people know to find out how what they are doing is connected with others' doings in ways they cannot see. The idea is to map the institutional aspects of the ruling relations so that people can expand their own knowledge of their everyday worlds by being able to see how what they are doing is coordinated with others' doings elsewhere and elsewhen. (Smith 2005, p.225).

I aim for a research process that is with, for, and sometimes by research participants, rather than simply ‘on’ or about them (Kirby and McKenna 2004). My decision to draw on a *variety* of (related) methodological approaches is informed by the specific needs of my research focus as well as the theoretical perspectives informing my inquiry. This decision is consistent with the assertion of Miles and Huberman that: “research is actually more a craft than a slavish adherence to methodological rules. No study conforms exactly to a standard methodology; each

one calls for the researcher to bend the methodology to the peculiarities of the setting” (1994, p.5). Similarly, institutional ethnography has been described as “a research tool in the making” (Devault 1999, p.54).

I am committed to a research approach that seeks to explore “the deeper, systemic bases of the challenges we face, whether social, psychological or ecological” (Carroll 2004, p.3). This commitment does not mean imposing images of injustice or domination onto what I witness in the field. Instead, the intention is to use critical social and ecological concerns as “sensitizing concepts” to be explored as they play out (or do not play out) in the specific research setting and lived realities of research participants (Charmaz 2005, p. 512). One technique used by feminist and other critical researchers to increase sensitivity to injustices is to view oneself, including prior interpretive frames, experiences, and interests as a resource rather than a source of contamination in the research process (Charmaz 2005; DeVault 1999). Thus rather than trying to bracket out the social and ecological injustices I have seen or experienced in the food system or elsewhere, this prior knowledge and experience is used as a sensitizing resource which guides me in my research.

My research methodology is also informed by a technique developed by institutional ethnographers and other critical and feminist researchers which is to approach research from the perspective or standpoint of a group that exists outside centers of power in society (Smith 2005; Carroll 2004). This does not mean blindly championing the cause of a specific group, whether women, those living in poverty, or social movement activists. Nor does it imply that the group whose perspective is taken in a research process is homogenous. It is, however, recognition that research “must begin from some position in the world” (Carroll 2004, p. 166). If we try to understand the world only from the position of those with power or authority, we are more likely to produce research that reinforces rather than challenges the dominant social order (Carroll 2004). Throughout data collection and analysis, I sought to understand the two focal programs of my study, the Food Security Core Program (FSCP) and the Community Food Action Initiative (CFAI), from a variety of perspectives and through a range of different lenses, but paid particular attention to the way these programs looked from the perspective of someone seeking to change the dominant food system.

2.3 Situating the researcher

My theoretical and methodological framework suggests that the perspectives and life experiences a researcher brings to the research project inevitably shape the research. Thus, I will briefly situate myself with respect to the study. Being female, white and from a formally-educated, middle-class background I am demographically representative of the North American food movement as a whole (see Wakefield 2007; Allen 2004; Alkon and Agyeman 2011 for further discussion on the demographic character of the food movement). The “unbearable whiteness” of the food movement (Guthman 2011, p.263), with its seeming monoculture of white, middle-class “people like us” (Agyeman in Ragovin 2012, para. 12) is not something I celebrate. My reflection of the food movement’s demographic will inevitably make me blind to some of the exclusions created by food movement discourses and practices. However, throughout my scholarly and activist work I have tried to cultivate a deeper understanding of these exclusions and to function as an ally with those who have been marginalized socially and specifically within the food movement. This is a work in progress, for me personally and the food movement at large, and important gaps inevitably remain.

From a place of privilege, I have witnessed a range of food system challenges and have been involved in a wide range of food movement activities. I grew up in a non-farming family of a rural community where there is a strong orientation towards commodity agriculture production. Many of the farmers in my region struggle to make a living, and some have lost their farms. I have worked as an organic farm apprentice, have lived on an (urban) farm, and have participated as a member in Canada’s National Farmers’ Union. In my family, we try to grow and preserve much of our own food, a practice that has ebbed and flowed over the years. I have participated in a fight to save a farm from development. I have had the pleasure of working with an urban Indigenous community in BC on a community kitchen and garden project, hearing stories about reconnecting with community and the land through food as well as about struggles to obtain enough food, the desired kinds of food, or access to the lands and fishing grounds that have historically provided these foods. I worked as a Masters’ student with this project, trying to understand its broad health implications (Mundel 2008; Mundel and Chapman 2010). I lived for three and a half years on Vancouver’s last working farm, the UBC Farm. I am also a board member of a grassroots, BC-wide food movement networking organization. These and many

other food-related experiences shape the ideas and concerns I have about the food system, they influence my approach to research, and they fuel my desire to address food system dysfunctions.

2.4 Methods

Understanding the social world as coming into being through the thoughts and actions of people going about their everyday lives led me to focus my research on the ideas and practices of the people involved in the two focal programs of this study. Thus much of my data collection centered on talking to research participants about their work on the FSCP and CFAI, exploring their hopes, frustrations, and day-to-day experiences implementing these programs. Institutional ethnographers have also drawn attention to the role of texts (paper, film, electronic, audio), in coordinating what happens in the social world (Smith 2005). Thus I also paid particular attention to significant texts that have shaped these programs and used key programmatic guiding documents as windows into some of the institutional dynamics shaping these programs. I also engaged in participant observation related to this study. These data collection methods—interviewing, participant observation, and textual analysis—are those generally associated with qualitative, fieldwork-based research (Wolcott 2005).

2.4.1 Textual analysis

Review of documents related to the FSCP and CFAI began very early on in the research process. Three main documents—*A Proposal for the Community Food Action Initiative* (PHAFS 2005), the *Food Security Model Core Program Paper* (MOHS 2006), and the BC Community Nutritionist Council’s *Making the Connection: Food Security and Public Health* (CNC 2004)—were carefully reviewed in 2010 as I was creating the research proposal for this study. Other documents were also reviewed (discussed below) but these three were most significant. The first two are the official documents, as accepted by the Ministry of Health, which outline in detail what the goal and objectives of the CFAI and FSCP are and how they are to be implemented. The third document informed the creation of these first two documents and was similarly regularly referenced by research participants and in other print and electronic texts. These three documents were returned to again and again throughout data collection, analysis and writing. They were discussed with research participants, with new and different questions for analyzing them being developed as new information through data collection opened up other avenues for

exploration. Some questions that guided my analysis of these documents over the years of this study included: What different audiences were they written for and why? What health and social discourses have shaped them? What are the stated goals and objectives for the FSCP and CFAI? What were the intentions of those who created these documents and how do these intentions manifest in the documents? What do the intentions stated in these documents look like from a food movement perspective? From the perspective of a staff person working within a Health Authority? From the perspective of a Manager working with the Ministry of Health or Health Authority?

Along with these documents that were most central to my analysis of the FSCP and CFAI, I also reviewed a wide range of documents produced by health organizations in BC related to food security in BC. Many of these documents were produced by the Provincial Health Services Authority (a provincial Health Authority described in Chapter 3) and are linked to on their website (phsa.ca) and listed in Appendix A. Most of these documents were reviewed before I carried out interviews, and returned to after completing interviews, to develop a better understanding of the range of food security issues that have been addressed, at least textually, through the PHSA and other health organizations. These documents, like the central three documents listed above, were also reviewed to develop a better understanding of how food system issues have been framed within these health organizations.

Each of the province's five Regional Health Authorities also has websites, with specific pages dedicated to food security. I reviewed all of these food security webpages as well as Health Authority websites generally to see where food security was located within each Health Authority (or at least within each Health Authority's web-presence). Every two years each Health Authority develops a Health Service Plan that outlines the regional and demographic characteristics of each Health Authority, how they will manage their budget in the coming years, and the Health Authority's specific goals, objectives and strategic priorities. I reviewed Service Plans for the 2010/2011-2012/2013 period to better understand the organizational and regional contexts of each Health Authority, and their strategic and budgetary priorities. These Service Plans are referenced in Chapter 3.

In addition to these texts, I also reviewed websites of food movement organizations across the province that have received funding through the CFAI. I found these websites by using the search term "Community Food Action Initiative", through links provided on some

Health Authority webpages, and through knowledge gained from participant observation and interviews of the names of specific CFAI projects⁶.

2.4.2 Participant observation

The participant observation I engaged in around this study took both a more generalized and specific form. In the more general sense, I am a participant in BC's food movement. I have lived in the province and been involved in the movement in a variety of capacities since 2006 (as partially described in section 2.3 above). As I have researched the FSCP and CFAI and their implications for BC's food movement, the relationships and knowledge I have of BC's food movement have been valuable in better understanding these programs. When talking with other movement actors about my research, they have often shared their perspectives on the CFAI, FSCP or health/food movement interactions more generally. Thus, while what is presented in the following chapters relies on textual analysis and the perspectives of those that I formally interviewed, relationships and informal conversations with other knowledgeable people in BC contributed to my understanding and analysis of the CFAI and FSCP.

In my interactions with other food movement actors I have always mentioned that I am a student/researcher and have been very open about the topic of my research. Nevertheless, because those who have influenced my understanding of this research project and context through these more incidental instances of participant observation have had not been directly asked whether they wished to participate in my study I have ensured that this influence on my research has stayed in the background of the report presented here. Thus, I have not quoted people directly beyond those who I formally interviewed, nor have I cited any non-public specific examples of movement strategizing and activism. I have also not shared anything here that was told to me in confidence, and, as with the more formal interviewing and participant observation I have done, I have not included key details that would lead to people's identity being revealed.

Along with my more generalized role as participant-observer/activist-scholar in BC's food movement, I participated in a few events specifically for this research. I was able to attend one meeting of the food security-related staff within one of the Regional Health Authorities. I

⁶ Not all projects that received funding through the CFAI have websites, although many do. As a result, I was able to review websites of a number of CFAI projects happening in each of the five provincial Health Authority regions.

also attended a number of public presentations by health staff from the PHSA, Regional Health Authorities and Ministry related to their food security work. I participated in the annual meeting of the Public Health Association of BC, where (in my role as BCFSN board member) I co-facilitated a session on provincial food policy that exposed me to the perspectives of a range of Health players on food system issues. At that same meeting I was also able to attend a community of practice meeting of Community Nutritionists that included presentations by a people from the Ministry of Health and Regional Health Authorities. During these research-specific instances of participant observation I recorded hand-written field notes (Patton 2002). In all cases of participant observation, as described in the section on data management and analysis, if conversations or experiences inspired specific ideas related to this study (such as a document to review, a person to interview, an analytic direction) I would record this in my field journal on my computer.

In the non-public meeting that I participated in for this research I introduced my research project and myself and explained that if I used data from the event I would ensure that people's identity remained anonymous (by not referring to identifying features such as job title, or specific job location). I also encouraged those at the meeting to speak with me afterwards, or contact me by phone or email if they had any question, concerns, or areas of discussion that they did not want referenced in my work. For the public meetings I attended, I also introduced my research and myself. Thoughts shared in these meetings (as with the more generalized form of participant observation described above) mostly served to shape my ongoing analysis and future interviewing and document reviewing.

2.4.3 Interviews

Between the fall of 2010 and the fall of 2011 I conducted semi-structured interviews (Patton 1980) with 35 research participants. Potential research participants were identified through a combination of theoretical and snow-ball sampling (Hesse-Biber and Leavy 2006) as I describe in the following paragraphs.

My desire to explore the FSCP and CFAI as sites of intersection between the food movement and the Ministry of Health and Health Authorities meant that it was important to understand the programs from the perspective of people working both inside and outside of these governmental health institutions. My knowledge of the CFAI and FSCP, attained through

document reviews and participant observation, allowed me to identify two main groups of people—Health Authority staff with a food security mandate, and people working outside of health but on projects which have received funding through the CFAI—who would be able to provide inside and outside perspectives on these programs. Throughout this document, these two main groups are cited as ‘health staff’ and ‘CFAI leaders’ respectively.

My first two research questions focused on how the CFAI and FSCP have been implemented, and the influence of health institutional forces on this implementation. Thus, it was important to ensure that I interviewed staff from each of the Regional Health Authorities, the Provincial Health Services Authority (PHSA), and the BC Ministry of Health, as all of these health organizations have roles and responsibilities related to the FSCP and CFAI. The first few health staff people I interviewed were selected because I knew them to be involved in the FSCP and CFAI and their names had been mentioned frequently to me as I discussed my research project with knowledgeable people. Given that I have drawn methodological guidance from institutional ethnography which seeks to understand the social world through the everyday practices of people doing their jobs and living their lives (Campbell and Gregor 2002; DeVault 1999; Smith 2005), it made most sense to move from these initial interviews to other people working within the Health Authorities whose day-to day work were most closely connected to doing food security work. These people included Community Nutritionists, Community Developers, Food Security Leads, and Healthy Community Specialists.

As interviews with staff within the Health Authorities who were dedicated to food security work across the province progressed, the influence of managers—within the Regional Health Authorities, the PHSA, and the Ministry of Health—became apparent. Because I did not have the capacity to interview all of the managers in all of these different organizations, I chose to solicit interviews from managers who were identified as particularly engaged in food security work (although it is important to note that I did not interview all such managers). I focused on these managers was because they were more likely to be able to give me insights into the FSCP and CFAI, being more heavily involved in program implementation than other managers.

Because of my overall interest in understanding food movement/health establishment intersections, I wanted to speak with CFAI leaders (described in greater detail in Chapter 3) who had been funded through the CFAI for a number of years. My reasoning here was that these CFAI leaders would have had more opportunity to experience the involvement of Health

Authorities and the Ministry of Health in food work through the CFAI. I also wanted to interview CFAI leaders from a range of urban, rural and remote regions to see how the CFAI had functioned in these different types of regions. Given these initial criteria, I began interviewing CFAI leaders from the Vancouver Coastal Health (VCH) region. VCH serves a range of very urban (eg. Vancouver, Richmond), rural (eg. Pemberton, the Sunshine Coast) and remote (eg. Bella Coola and Bella Bella) regions. I was also able to determine at the beginning of my research, through information posted on their website, that VCH had generally funded the same CFAI groups since the beginning of the CFAI in 2005 (with the exception of in Vancouver where CFAI funding had moved around between different neighbourhoods).

As interviews with CFAI leaders from VCH and Health staff from across the province progressed, it became clear that the functioning of the CFAI at VCH, while in some ways representative of CFAI functioning across the province, was also somewhat atypical. Some Health Authorities used a similar multi-year funding model like VCH (the intent laid out in the *Proposal for the Community Food Action Initiative* (PHAFS 2005)), whereas others did not. As a result, I felt that it was important to spend some time interviewing people who had worked on CFAI projects in a Health Authority region that had not followed a multi-year funding model. Northern Health was repeatedly highlighted, in documents, interviews, and through participant observation as a leader in population health work and as supportive of food security work. However, as I discovered through early interviews, Northern Health did not follow a multi-year funding model (in part because the amount of CFAI funding received from the province was too small to disburse to networks across Northern Health's vast region). Given its commitment to population health and food security work, but its disbursement of smaller, one-time CFAI grants, Northern Health seemed like an interesting place to explore food movement/Health intersections through the CFAI. It also served to fill an important gap in my understanding of the CFAI that would have been left by an exclusive focus on VCH.

My research would have been strengthened if I had also interviewed CFAI leaders from the other three Health Authority regions. However, through my participation in BC's food movement I was able to talk more informally with leaders from these regions to ensure that the CFAI perspectives I drew on in this dissertation were not inconsistent with their experiences. One important distinction was that in one region where CFAI funding had stopped going out to communities (meaning in effect that there were no funded CFAI leaders), some grassroots food

movement players expressed a greater degree of frustration with the CFAI and their Health Authority's approach to it than expressed by most of the CFAI leaders I formally interviewed and quote below. Thus, it should be understood that the CFAI leaders' perspectives shared throughout this dissertation most closely reflect the experience of the CFAI in Northern Health and VCH⁷. Where it is relevant, in the following text I have drawn attention to distinctions in CFAI leader experiences that arose from having multi-year versus one-time funding.

I also carried out three expert interviews. One of these interviews was with a long-time BC grassroots activist who was not currently funded by the CFAI but had been involved in the early years of its creation and had worked on food system issues across the province. This grassroots activist was therefore able to provide important information and reflection regarding the push to create the CFAI and its early years. The other two expert interviews were carried out with academics who had worked closely with Health on the Core Public Health Functions and on food security issues, as arms-length researchers as well as contractors. These interviews were solicited to provide another window into food/health establishment intersection beyond that provided by CFAI leaders and health staff.

After ensuring that I had carried out interviews with people working in Health in each of the main responsible organizations, with people working in different positions within the institutional hierarchy, and with range of CFAI leaders in the two selected regions, I continued to solicit interviews until the responses I received were adding less to my analysis than previously. This has, I hope, created "interpretive sufficiency" in the research account presented in the following pages, allowing for the "depth, detail, emotionality, nuance and coherence that will permit a critical consciousness to be formed by the reader" (Denzin 2003, p.112).

I conducted all 35 of the interviews for the study, 16 of which were done in person and 19 were done over the phone⁸. Interviews ranged in length from thirty minutes to almost two hours, although most interviews were in the sixty to ninety minute range. There were no major differences in interview length between in-person and phone interviews, however the more informal chatting/catching up and food sharing that often happened with the in-person interviews

⁷ It is important to note that health staff across all of the regions also shared perspectives on the CFAI with me. That is, my understanding of the CFAI was not just limited to the perspectives of CFAI leaders in these two regions, but included formal interviews with Health staff across all regions as well as informal conversations with CFAI leaders across the province.

⁸ In-person interviews were carried out with people I could travel to see within a day, whereas research participants who were farther away (and not likely to be in Vancouver over the time I was carrying out interviews) were interviewed over the phone.

did not happen to the same extent with the phone interviews. With consent, I recorded and then transcribed all of the interviews. Interview transcriptions were returned to research participants who were then given a chance to clarify any of their statements or outline any areas they wished not to include in the final report.

As the preceding explanation of my interviewing process has made clear, data collection was carried out iteratively with analysis (Hesse-Biber and Leavy 2006). Thus I developed basic interview guides (Appendix B) for each of these two broad groups of research participants, but then modified these interview guides as data collection and analysis progressed. As I carried out each interview I allowed for a fair amount of flexibility in the way interview questions were asked and the order in which they were asked, while ensuring that by the end of the interview we has covered each of the main topic areas. I also made sure to alternate (although not necessarily one-for-one) interviews with CFAI leaders and health staff so that interviews conducted with both groups informed future interviews.

In Table 2.1 below I provide a summary of the research participants interviewed. The research participants cited as “health staff” include people working within the five Regional Health Authorities who had some degree of responsibility for food security work within their Health Authority, but little direct control over allocation of staff time or resources. The research participants that I cite throughout as health managers include people working on food security within the Ministry of Health, the PHSA, and managers of health staff within Regional Health Authorities. While some of the people I interviewed at the Ministry had very few ‘management’ responsibilities (in terms of having control over funds or staff time), I have included them in the management group. This is to protect their identity given the small number of people working in food security at the Ministry and because their perspective as Ministry staff was distinct from those of Health Authority staff.

The research participants that I cite as “CFAI leaders” are people who have worked on projects that have received funding through the CFAI. CFAI leaders were *not* paid staff of the Health Authority. Some worked full or part-time on food system issues, with their food work being supported by a range of grants. That is, the CFAI was one fund amongst many that funded their work. As a result, for most CFAI leaders job security was not high, typical of the non-profit world. A few CFAI leaders worked in social service oriented jobs and had used CFAI funds to do some specific food-related project within their job.

Table 2.1 Research participants interviewed

Health staff	11
Health managers	7
CFAI leaders	14
Expert interviews	3
TOTAL	35

When CFAI leaders, health staff, and health managers are quoted directly throughout the dissertation, I have refrained from identifying the region they come from to protect their identity (given the small number of people working on the FSCP and CFAI in each region). Also, because the community of people working on these projects is so small I have also avoided giving unique identifying numbers or pseudonyms to each research participant; those that are involved in this community might be able to identify each other based on the collection of comments shared by any particular research participant.

2.5 Data management and analysis

As mentioned above, data analysis was carried out iteratively with data collection. I used a range of data analysis strategies that allowed me to simultaneously step back and look at a more generalized data picture and focus in on specific details. Thus, I used both integrative data analysis strategies centered around analytic and reflective writing as well as focused coding of my data, both of which are describe in turn below.

Throughout the research process I kept a field journal on my computer where I wrote down basic summaries of interviews and interesting findings that jumped out at me as I was conducting, transcribing and re-reading interviews, doing document analysis, and engaging in participant observation. In that field journal I also did some analytic writing, guided by institutional ethnography, to test my emerging understanding of ‘how things are put together’ (Campbell and Gregor 2002). This involved writing different explanations of how elements of

the FSCP and CFAI function and are experienced and helped begin the process of synthesizing my data. From this analytic writing I would go back to my data to see if there were significant pieces that I was not drawing on to ‘tell the story’ of the FSCP and CFAI, at which point I would try to determine where these pieces of data fit in or whether they demanded modifications to the story. Because this field journal and embedded bits of analytic writing were digital, towards the end of data collection and as my data analysis (including the coding described below) had progressed, I was able to sort the information and ideas in the field journal into broad themes which very loosely related to the topics covered in Chapters 4, 5, and 6.

As I was carrying out interviews, I was also transcribing and coding them, which aided in the development of themes and the process of thinking-up from my data (Hesse-Biber and Leavy 2006; Richards and Morse 2007; Rubin and Rubin 2005). I used the qualitative data analysis program Atlas.ti. Coding involved a combination of ‘in vivo’ codes, that is, codes using words also used by research participants, as well as topical codes and eventually more analytic codes as data analysis progressed (Richards and Morse 2007). Even though I only used a fraction of the analytic capacity of Atlas.ti, having coded my interviews proved invaluable, not only for the development of themes but also to have a quick window into very specific topics (for example, who used the language of social determinants of health? How did they use it? How was food security defined and by whom? Who spoke the language of food sovereignty?). When I quoted research participants in this dissertation, I referred to the complete transcription of their interview to ensure that I was understanding and appropriately reflecting the context in which any specific statement was made.

2.5 Ensuring research quality

Because my research is interpretivist, the means for assuring research quality are different than in positivist research. Interpretivist research does not seek to discover ‘the truth’, thus the question of research quality is less about whether the research has adequately measured or captured ‘the truth’ and more about whether the researcher and research process are trustworthy and thus that the results are worth paying attention to (Charmaz 2005; Hesse-Biber and Leavy 2006; Guba and Lincoln 1989). Charmaz (2005, p.528) has suggested four general categories that are useful in thinking about the quality of interpretive forms of research: credibility, originality, resonance, usefulness.

Credibility includes those concerns related to whether the researcher appears to know enough about the setting, whether the analysis has been systematic and comprehensive, and whether the researcher provides sufficient evidence for claims. Prolonged engagement is one key way that I have worked to ensure credibility in my research. I started from a place of already being engaged in BC's food movement, and then spent one year intensively collecting data through a variety of methods: interviews, participant observation and textual analysis. Each method provided a different window into the social relations I explored, allowing for greater nuance in the interpretation. In this current chapter, I have also provided a fair amount of information regarding my data collection and analysis process to allow readers to evaluate whether the approach seems credible to them. Throughout the dissertation, I have provided detailed descriptions of the data, including an adequate number of quotations in the words of research participants, so that readers have the chance to make their own assessment of my data and research conclusions (Charmaz 2005). I have also kept an audit trail (Guba and Lincoln 1989) of the data I have collected and the different digital means I used to do my data analysis.

In terms of originality, I have explored issues of relevance to BC's food movement, not with this social movement as the object of study as is often the case (Frampton et al. 2006), but rather from the perspective of a social movement actor. Furthermore, only one other scholar (Seed 2011) has carried out a systematic study and analysis of the FSCP and CFAI. However, Seed's study was a policy analysis and focused on the years just before and after the FSCP and CFAI were implemented (2004-2008), and analyzed a much wider range of food-related initiatives within health and public health in BC. Where Seed came at her study from having worked as a staff person within a Regional Health Authority, I came to the study from the outside and at a time when the programs were more established. I also applied a critical theory lens to an analysis of these programs and sought to understand them based on the (discursively-mediated) institutional forces shaping them and their implications for the food movement.

Charmaz's (2005) final two criteria for ensuring research quality are resonance and usefulness. The aim of my research, given an underlying critical theoretical perspective, is not just to better understand the social world, but to also contribute to addressing its injustices. My hope is that this study has generated usable knowledge for research participants and others engaged in Health-based food security work and BC's food movement. To help ensure usability (Smith 1991), and to further ensure credibility, I checked my analysis as it was being developed

with research participants and other knowledgeable people working in health organizations and the food movement. This happened formally, through a workshop I facilitated at a BC Food Systems Network (BCFSN) Gathering, as well as less formally in conversations with research participants and others. Member checking (Guba and Lincoln 1989) helped to ensure that I had adequately understood the nature of the programs and research participants' experiences with them. It also provided an opportunity to see whether my work contributed to research participants' and other food movement players' understanding of dynamics around health establishment/food movement intersections.

This process of keeping my research in conversation with practice is an ongoing one, and one that I will carry forward even after the dissertation is complete. This process will be facilitated through follow-up conversations with research participants and other relevant players, dissemination of the dissertation and the production of shorter written pieces for academic and non-academic audiences, and presentations. I will also be bringing the new knowledge that I have gained through this research process into my food movement work. As discussed in Chapter 6, my hope is for this research to contribute to the transformative praxis (Freire 1970) of BC food movement players and I will work hard to actualize this contribution.

I have made efforts to ensure that this study is useful to research participants and other related food movement actors in BC. However, research usefulness can also be judged by its relevance or transferability to other contexts and times (Charmaz 2005; Lincoln and Guba 1985). This is not the same as generalizability. The results of this study are not generalizable. However, through providing thick description of this specific context, readers have the resources to make connections and see similarities or differences with their own contexts. Furthermore, in linking what I have learned about health establishment/food movement interactions in BC with other theoretical and research-based scholarly work, I have been able to highlight interesting trends and dynamics that others interested in food movement dynamics, institutionalization, and connections with government-funded health organizations may wish to pay attention to in future research and action.

Chapter 3~Introducing the FSCP and CFAI

3.1 Introduction

The two focal programs in this study—the Food Security Core Program in Public Health (FSCP) and the Community Food Action Initiative (CFAI)—represent an important interface between BC’s food movement and the Ministry of Health and Health Authorities. To the lay the groundwork for the following chapters’ analysis of institutional forces shaping these programs and their implications for the food movement, in this chapter I will describe: the organizational context of the programs, the history of their formation, the official goals and rationale of these programs, how they have been implemented across the province’s five Regional Health Authorities, and the main activities of those implementing these programs. This chapter is predominantly descriptive⁹. In the following chapters I will make the descriptive picture painted here much messier as I analyze the different practices, motivations, discourses, tensions and power dynamics that flow through these two programs.

3.2 Context, history and goals of the FSCP and CFAI

3.2.1 Organizational context

Within the province of BC, the Ministry of Health is responsible for overseeing the provision of health services. These services are provided through six health authorities. There are five Regional Health Authorities that are responsible for providing health services within their geographic region and there is one provincial health authority, the Provincial Health Services Authority (PHSA), which is responsible for the coordination and provision of access to specialized health care services.

While the Ministry of Health is ultimately responsible for the provision of health services, the Health Authorities directly manage health services and have great deal of autonomy in this (BC Ministry of Health 2013). BC’s six health authorities were created in 2002 after a process of health care regionalization that began in the 1990s (Seed 2011). Prior to regionalization, the Ministry of Health had more direct management responsibilities. For

⁹ In order to understand what these programs are intended to be, as official programs of Health, the FSCP and CFAI are described here almost exclusively based on information from their key guiding documents. Similarly, the descriptions of the Regional Health Authorities’ approach to the two programs come predominantly from their associated websites and official Service Plans. This information was supplemented as necessary by information from research participants, especially for the information regarding staffing and organizational position of the programs.

example, the Ministry used to directly hire and manage Community Nutritionists through the Provincial Nutritionist. After regionalization, public health activities became the responsibility of the Health Authorities (including the hiring and managing of Community Nutritionists), and, as with the provision of clinical services, the Health Authorities have a fair degree of autonomy determining what their public health programs will look like.

Food security activities are generally considered to be public health activities. However most Health Authorities are **not** organized with an official food security program within a Public Health department. Rather, those health staff people responsible for the FSCP and CFAI are embedded within a range of different organizational structures, varying by Health Authority.

While much of the implementation of the FSCP and CFAI happens at the Regional Health Authority level, the PHSA has a small Population and Public Health Program that provides provincial coordination and support to the Regional Health Authorities in their implementation of the CFAI and FSCP. The Ministry of Health, within its Chronic Disease/Injury Prevention and Built Environment Branch and through the coordination of the Provincial Nutritionist, also has food security responsibilities.

3.2.2 History of formation

In the late 1990s and early 2000s, within Health Authorities and the Ministry of Health and amongst grassroots actors, interest in food system issues began to coalesce in BC. From the grassroots side, an important milestone was the creation of the BC Food Systems Network (BCFSN) in 1999, a networking organization for food movement activists across the province. At around the same time, the Community Nutritionists of the province began to become interested in framing and understanding their work around the concept of food security, and in 2002 the Community Nutritionist Council created a food security group to begin advocating in a more coordinated way for official recognition of food security as a public health priority (Seed 2011)¹⁰. Important collaborations occurred between these grassroots food movement actors and professional staff of Health Authorities and the Ministry of Health, which set the stage for creation of the FSCP and CFAI, collaborations discussed further in Chapter 5. Of particular

¹⁰Seed (2011) provides an extensive overview and history of the integration of food security programs into provincial Health programs in BC, including but not limited to the CFAI and FSCP, see especially section 5.3.

importance was the collaboration that led to the drafting the key document that informed the creation of these programs.

The FSCP and CFAI have been closely linked from their inception, with the CFAI eventually becoming understood as a key program *within* the FSCP. Despite these interconnections, these two programs actually emerged through distinct institutional processes, with the CFAI commencing before the FSCP was formalized.

The CFAI was created in 2005 as part of ActNow. ActNow was developed as an inter-ministerial initiative in the lead up to the 2010 Vancouver Olympics. It was an effort to make BC the healthiest jurisdiction to host the Olympics and focused on tobacco use, physical activity, healthy eating, overweight/obesity, and healthy choices during pregnancy (ActNow BC 2006). The CFAI was created as part of ActNow's healthy eating component. The main goal of the healthy eating component was to increase fruit and vegetable intake across the BC population and increase the prevalence of healthy body weights (PHAFS 2005). While the CFAI was initially intended to be a short-term initiative running from 2005-2008, it was extended indefinitely in 2008 when funds devoted to it became part of the core operating budget of the Health Authorities. As I will discuss further in Chapters 4 and 5, the conversion of the CFAI funds into core funding of the Health Authorities meant that each Health Authority had more autonomy over how the CFAI money was spent, which has contributed to unevenness in program implementation.

The FSCP was created through a process of public health renewal that took place in the province in the early 2000s, inspired by a number of public health scares across the country including SARS, mad cow disease and West Nile Virus (Pinder 2007; Health Canada 2003). In BC, a key part of this process of public health renewal involved defining a set of Core Public Health Functions that identified and provided evidence-based frameworks for BC's Health Authorities' public health services (MOHS 2005). Twenty-one Core Programs were formalized in 2006 with the Food Security Core Program (FSCP) being one. Prior to this, Community Nutritionists and others had worked to convince the Ministry of Health that food security was an important public health concern, efforts supported by Trevor Hancock, who had been hired by Ministry of Health to develop the Core Programs (Seed 2011).

3.2.3 CFAI official program goals and structure

The basic structure of the CFAI, including key goals, objectives and rationale were laid out in *A Proposal for the Community Food Action Initiative* (Public Health Alliance on Food Security (PHAFS) 2005). According to this document, the CFAI was to provide funding for local food action projects as well as funds for provincial supports to these projects. The overall goal of the CFAI was to increase food security for the BC population. ‘Food security’ and ‘community food security’ were used interchangeably in the CFAI proposal document, defined according to Hamm and Bellows’ 2003 definition. The specific objectives of the CFAI were to: increase awareness about food security; increase access to local healthy food; increase food knowledge and skills; increase community capacity to address local food security; and, increase development and use of policy that supports community food security (PHAFS 2005).

Given the broad goal of the CFAI and the relatively small amount of funding available to it (\$1.5 million per year spread out between the five regional health authorities and PHSA¹¹), the proposal for the CFAI recommended a strategically targeted and collaborative approach involving structures and groups at the provincial, regional, and community level. At the *provincial level*, the initiative was supported by a provincial coordinator, based at the PHSA, with expert advice and strategic guidance provided by a provincial Community Food Action Initiative Advisory Committee. This committee was comprised of representatives from each of the Regional Health Authorities, representatives from key provincial Ministries (Social Development, Agriculture, Education), and members of food and health oriented not-for-profit groups such as the BCFSN and BC Healthy Communities (PHSA 2008a). This group appears to have stopped meeting formally in 2008 or 2009. At the *regional level*, each Regional Health Authority received funds to implement the CFAI in their respective region, with the Food Security Lead of each Health Authority being responsible for overseeing fund disbursement, and acting as a link in the Initiative between the communities of their region and provincial level

¹¹ Throughout the data collection process, I searched documents and asked research participants how exactly this sum was divided between the PHSA and 5 Regional Health Authorities and was unable to find many firm numbers. Two amounts that were given to me by a number of sources were \$200,000 each year for VCH and \$40,000 for Northern Health. These numbers are confusing, however, because even if the funding was allocated strictly according to population size, Northern Health should be receiving more as it serves a population that is approximately one third the size of VCH, not one fifth. Nevertheless, it seems reasonable to assume that the other Health Authorities would have received yearly amounts falling roughly within this range. If that is indeed the case, this would suggest that over one third of the \$1.5 million went to support provincial level coordination of the CFAI. Once again, I was unable to confirm that this was indeed the case.

coordination. The initial intention of the CFAI was that the funds being disbursed at the *community level* would strengthen existing community food networks while helping them take advantage of new opportunities. This was to be achieved through the completion of food security assessments within Health Authority regions to identify gaps and assets in each community. Based on these assessments, communities or organizations to be funded by the CFAI were to develop community plans that would form the basis of the activities carried out with CFAI funds (PHAFS 2005; PHSA 2008b). As will be discussed in the following chapters, how each Health Authority has directed CFAI funds has varied and has not always followed the initial proposal for the program as outlined here.

3.2.4 FSCP official program goals and structure

The FSCP program goals, structure and rationale are laid out in the Food Security Model Core Program Paper (MOHS 2006). The overall goal of the FSCP is to increase the food security of the BC population—the same goal as the CFAI and, as with the CFAI, food security is defined according to Hamm and Bellows’ 2003 definition. The more detailed objectives of the FSCP are:

To create healthy food policy that supports food security initiatives on all levels, thereby enhancing access to affordable, high-quality foods (using environmentally sustainable production and distribution methods); To strengthen community action by increasing community capacity to address local food security; To create supportive environments that will increase the accessibility to, and availability of, local, healthy foods in a sustainable manner; To increase food knowledge and skills, by providing information and education resources; To facilitate the services and resources that communities require for increasing accessibility, availability and affordability of healthy foods; To provide surveillance, monitoring and evaluation of food security programs. (MOHS 2006, p. 9)

The province’s Regional Health Authorities were to be responsible for these activities, through facilitating food policy development across their geographic regions, as well as implementing and facilitating programs and strategies which would facilitate community-driven local initiatives, including the CFAI (MOHS 2006). The Ministry of Health was to be responsible for coordinating and providing leadership on collaborations between provincial groups, Health Authorities, and other Ministries. The PHSA was initially envisioned to be primarily responsible for provincial coordination of the CFAI along with developing provincially applicable food security evaluation tools (MOHS 2006). However, as the FSCP became more established, the PHSA started to take on a more generalized provincial food security coordination role (PHSA 2012).

While the Ministry of Health mandated the implementation of the FSCP (along with the 20 other Core Programs), each Regional Health Authority was to take responsibility for setting and monitoring their own performance improvement targets for each core program. The FSCP thus formalized (and mandated) a food security role while providing a flexible framework to help improve the food security work being carried out through the Health Authorities. However, common to almost all Health Authorities' approach to food security is implementation of the CFAI as a key program within the FSCP.

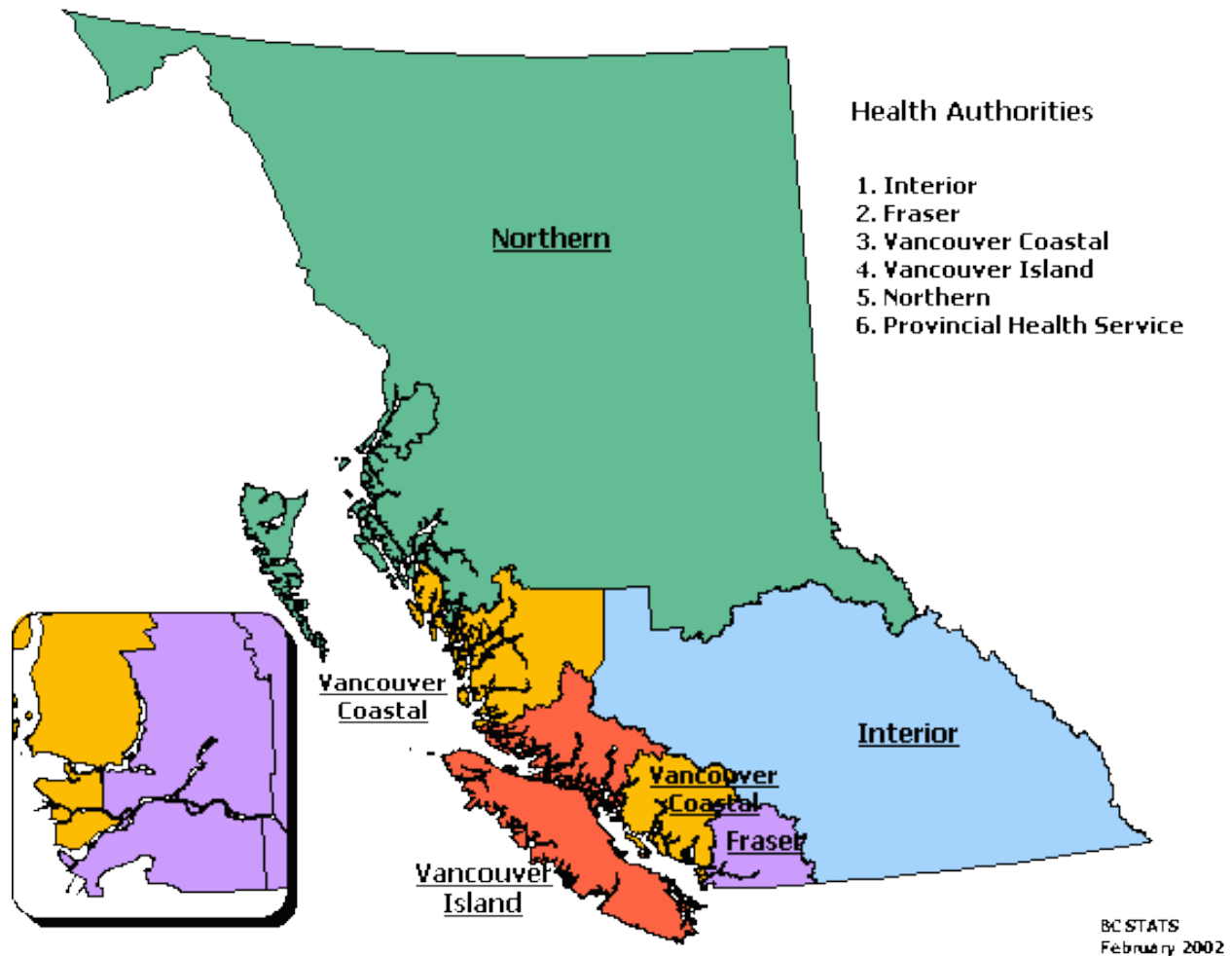
3.3 Regional Health Authorities' approach to FSCP and CFAI

In the above description of the CFAI and FSCP I have outlined the main official program goals and structures. However I have also indicated that the way these programs have been implemented within each Regional Health Authority (RHA) has varied. To demonstrate this variation, the following table provides a snapshot (from information up to 2011) of who is responsible for the work the FSCP in each Health Authority, examples of food security work done by health staff in each region, and how different Health Authority have disbursed CFAI funds (this does not include what CFAI groups have done with these funds which is covered more fully in Chapters 5 and 6). Following this table I provide more detail on the characteristics of each Health Authority (including a map of Health Authority regions) and a narrative description of the contents of Table 3.1. In the conclusion of this chapter and more fully in the following chapters, I will be reflecting on some of the reasons behind, and implications of, the different manifestations of these programs across the province.

Table 3.1 Regional Health Authorities' (RHA) approach to the FSCP and CFAI

	Job titles and organizational home of main food security staff	Examples of RHA's food security work (beyond CFAI)	Main RHA approach to use of CFAI funds
Fraser Health	-Community Health Specialists -Working within Healthy Living/Healthy Community Strategies, under Primary Care	-participation in local food networks -work on municipal community garden policy -participation in municipal Healthy Community partnership	2005: Regional food security assessments 2006-2008: micro-grants and food forums 2008-2009: Community Developer in Food Security 2009-2011: Unknown
Northern Health	-Community Nutritionists (called Population Health Dietitians), HEAL Coordinator, Healthy Community Developer -Working within Population Health Department	-supporting local food networks (i.e., funding applications) -farm-to-school program -RHA internal local food procurement strategy -Management of HEAL network	2005: Regional food security assessments 2006-2011: micro-grants through HEAL network
Interior Health	-Community Nutritionists -Working within Food Security and Community Nutrition Program, within Community Integration Portfolio	-supporting local food policy councils and network organizations -local food-mapping -collaboration with academic partners	2005: Regional food security assessments 2006-2011: Combination of one-time and multi-year grants
Vancouver Island Health Authority	-Community Nutritionists; Project Leader in Food Security and Healthy Lifestyles -Working within Public Health portfolio, under the Department of Child, Youth and Family, and Community Health	-development of community kitchen network -participation in food policy organizations of community planning -work on improving school food environments	2005: Regional food security assessments 2006-2011: one-time grants and ongoing funding to food hubs (gap in funding in 2010)
Vancouver Coastal Health	-Community Nutritionists; Community Developers; SMART Fund staff; Food Security Lead -Community Nutritionists work under a range of managers/departments; SMART Fund staff and Food Security Lead work within Population Health Department	-work with local food policy councils -promoting local food charters -research and advocacy on social housing and food security -improving school food environments -development of farmers' markets	2005: Regional food security assessments 2006-2011: ongoing funding to food security networks in 8 regions (with some rotation amongst neighbourhoods within Vancouver)

Figure 3.1 Map of Regional Health Authorities



3.3.1 Fraser Health

The Fraser Health authority is responsible for the largest population base of all the health authorities, approximately 1.57 million people, or almost one third of BC's population. Geographically it extends west to east from Burnaby to Hope and south to north from the Canada/US border to Boston Bar (Fraser Health 2010).

At the time of data collection (2010-2011), Fraser Health's food security work was predominantly carried out by a group of Community Health Specialists (approximately 9 full-time equivalents (FTE)) who are responsible for working on addressing a range of community health concerns including tobacco reduction, healthy eating, food security, physical activity, healthy built environment and healthy public policy. For comparison purposes it is important to

note that starting in 2008/2009 Fraser Health no longer had specialized Community Nutritionist roles as most of the other Regional Health Authorities did, but rather included those originally hired as community nutritionists as part of this Community Health Specialist team. This team worked under the Lead for Healthy Living/Healthy Community Strategies who, amongst many other responsibilities, is the Lead for the Food Security Core Program for Fraser Health. This position ultimately reports to the Executive Director of Primary Care at Fraser Health.

Each Community Health Specialist was responsible for a sub-region of the Health Authority. One of the intentions behind creating these more generalized positions was to allow for a more coherent relationship between the Health Authority and its community and municipal partners. Thus rather than having a variety of health professionals working with a municipality or community center on physical activity, tobacco reduction and healthy eating activities, one Community Health Specialist was able to liaise with community partners on all of these activities in their sub-region. Community Health Specialists sometimes worked in a supportive role with local food networks or coalitions; however, their energy tended to be focused at a broader policy-making level. For example, they have worked with local municipal and nonprofit representatives in a Healthy Community partnership organization, and have contributed to municipal community garden policy development.

Prior to creation of the Community Health Specialist positions, Community Nutritionists and Community Developers carried out much of the food security work in Fraser Health. Thus, after the launch of the Community Food Action Initiative, Community Nutritionists took the lead in implementation, including the facilitation of micro-grants for community based food projects. For example two community forums were held in 2006/2007, one to help raise awareness about food policies of local businesses, and another to present the results of the regional CFAI food security environmental scan. In 2007/2008, funding went to the Surrey/White Rock Food Action Coalition to work in partnership with Fraser Health to pilot and evaluate a toolkit designed to help organizations implement food policies in their workplaces (PHSA 2008a). In 2008 and 2009, some of the CFAI money supported Fraser Health Community Developer positions specific to food security who worked closely with the different food organizations in the Fraser Health region. Beyond the use of CFAI funds for these Community Developer positions in food security that ended late 2009, I was unable to find any information on the specific use of CFAI funds in the region.

3.3.2 Northern Health

Northern Health is the largest health authority geographically at 592 000 square kilometers, roughly the size of France, making up the northern two thirds of the province. This large region is made up of mostly rural and remote communities comprising a total of approximately 285 000 residents (Northern Health 2010), the least populous of all Regional Health Authorities. The population of the Northern Health authority region has the poorest health status compared with the rest of the BC population (Northern Health 2010).

At the time of data collection, Population Health Dietitians¹² (3.5 FTE) along with their Regional Manager of Healthy Community Development and the Healthy Eating Active Living (HEAL) Network Coordinator carried out most of Northern Health's food security. The HEAL Network Coordinator also functioned as the Food Security lead for Northern Health. Health staff people with food security responsibilities were part of Northern Health's Population Health team, and reported to the Director of Population Health. As with the other Regional Health Authorities, those in Northern who did food security work also had responsibilities outside of food security.

Some of the main food security activities carried out by these Health staff included disbursing and managing community grants including the CFAI, working towards the development of internal food policies such as local food purchasing, working with local community organizations to develop and secure funding for initiatives like a good food box, developing what has grown into a provincial farm-to-school network, and promoting initiatives to regenerate local food production capacity. The vast majority of the activities were carried out in partnership with grassroots and municipal players from the many small communities that make up the Northern Health region.

Northern Health has a relatively long history in supporting food security work because of its involvement in the HEAL network. HEAL started in 2001 through a grant from a federal diabetes initiative. A Northern Health Population Health Dietitian led this grant application. While the funding was for diabetes prevention, from the outset HEAL took a broad food systems approach (PHSA 2006). Funding for HEAL through the diabetes initiative ended 2005, but the HEAL network made up of community members, organizations and institutions such as Northern

¹² Population Health Dietitians are a different term for Community Nutritionists

Health continued on. However, without funding and time to organize face-to-face meetings, conference calls, or manage a listserv, it was a struggle to maintain the network. Thus in late 2007, the decision was made to incorporate HEAL into Northern Health. As a result, the HEAL Network Coordinator is a staff member of Northern Health.

Given the presence of HEAL and its history with promoting food system work in the Northern Health region, when CFAI funds started flowing, the money was given to HEAL to manage. This money was used for small seed grants, generally \$500-\$2000, for communities across the North. This system of disbursing CFAI funds remained once HEAL became a part of Northern Health. Over the years, CFAI money in Northern Health has supported community gardens, community greenhouses, community kitchens, regional food security gatherings and farm-to-school programs, among others.

3.3.3 Interior Health

Interior Health serves approximately 741 000 residents and covers a geographic area of 215 000 square kilometers which includes the Thompson/Cariboo, Okanagan, Kootenay/Boundary, and East Kootenay regions. Interior Health serves a range of rural, remote and urban communities, with the majority being smaller communities; only 11 of the region's 58 incorporated municipalities have a population greater than 10 000 (Interior Health 2010).

Food security work in Interior Health happened through its Food Security and Community Nutrition Program. At the time of data collection this team included 8 Community Nutritionists (not all full time) with some food security responsibilities. This team reported to the Manager of the Program who was also a Community Nutritionist and functioned as the Food Security Lead for Interior Health. The Food Security and Community Nutrition Program at Interior Health has historically fallen within its Public Health Department, however, a recent reorganization has moved food security into the broad Community Integration portfolio.

As explained to me by one Health staff in the region, the Community Nutrition Program at Interior Health has tried to move away from one-on-one consultation work towards bigger-impact policy or community development work. However, while some of the program's staff focused more exclusively on bigger-impact food security work, others remained responsible for more one-on-one work. The range of food security activities carried out through Interior included leading or supporting local food policy initiatives and councils, supporting already existing local

food organizations, collaborating with local academic institutions on food security research and awareness raising, and carrying out community consultations on food security issues.

Another important food security activity at Interior was the management of the CFAI grants. Every year since the CFAI's inception, Interior Health has given out funding to a range of community groups. Some projects have received one-year funding and others multi-year. For example, in 2009 five groups received funding for three years (January 2010-December 2012), while five groups received one year funding. The multi-year funding in 2009 supported an educationally-oriented community greenhouse in Invermere, a food hub in Kaslo, a food security asset analysis and action plan in the North Thompson, a farm-to-school initiative and policy development in the South Okanagan, and the Williams Lake Food Policy council's community garden, greenhouse, root cellar and food recovery program.

3.3.4 Vancouver Island Health Authority

The Vancouver Island Health Authority (VIHA) is responsible for providing services to approximately 760 000 people who live on Vancouver Island, the Gulf and Discovery Islands, and a small section of the mainland which is across from the northern part of Vancouver Island. VIHA has an older population on average than the rest of BC and is made up of a mix of urban communities as well as rural and remote communities only accessible by water or air (VIHA 2010).

Community Nutritionists in VIHA carried out most of its food security work, with some having a stronger food security focus than others. There were approximately 9 Community Nutritionists working across the region, equal to roughly 7 FTE. This team of Community Nutritionists falls under the Public Health portfolio, and within that, under Child, Youth and Family, and Community Health. Within VIHA there were also two Community Nutritionists who worked with Aboriginal communities on the Island and focused on food security, food sovereignty and supporting traditional food systems. In addition to these staff people, when the FSCP was formalized in 2006, VIHA created a Food Security Coordinator position. This person has also served as Food Security Lead for the Health Authority, although the position was vacant from late 2009 until late 2011, when a Project Leader in Food Security and Healthy Lifestyles was hired.

VIHA's food security oriented staff have engaged in a range of activities, including the development of community kitchens, participation in local food policy organizations, contribution to regional and municipal community planning processes, working with schools to develop a healthier school food environment and in the case of the Aboriginal Nutritionists, working with the Vancouver Island Indigenous Food Sovereignty Network to support and celebrate local Indigenous food cultures and production, harvesting and gathering capacity.

Over the years, CFAI funding through VIHA has gone to a wide range of food security initiatives across the region. It also began providing more consistent funding to a smaller number of food security hubs across the island starting in 2008-2009. While this money stopped briefly in 2010 it started up again in 2011. The four established hubs on the island are: Capital Region Food and Agricultural Initiatives Roundtable, Cowichan Green Community, Nanaimo FoodShare society, and Lush Valley Food Action Society. These food hubs are meant to work in their regions by providing leadership and support on food security initiatives, developing networks and communication within their regions, and working with regional and municipal governments on food security issues.

3.3.5 Vancouver Coastal Health

Vancouver Coastal Health (VCH) serves a little over 1 million people. The region covered by VCH includes Richmond, Vancouver, the North Shore communities, the Sea-to-Sky region, the Sunshine Coast, Powell River and a section of the central coast that includes the communities of Bella Bella and Bella Coola. Thus VCH serves a range of very urbanized populations and very small rural or remote communities (VCH 2010a).

Food security work was carried out by a Food Security Lead, Community Nutritionists, Community Developers and their community health fund (SMART Fund) Manager. The Food Security Lead and SMART Fund staff people were part of VCH's Population Health team, and reported to the executive director of the Population Health department who reported to VCH's Chief Medical Health Officer. The Community Nutritionists and Developers all reported to different managers depending on the health service delivery area they worked in. However, the different people involved in food security work in VCH met together on a monthly or bimonthly basis to give updates on their work and the food security work being done in the communities they are responsible for.

At the time of data collection, the food security program at VCH was focused on: 1) supporting communities to address food security; 2) ensuring that food security is integrated into VCH policies and programs; 3) enhancing the case for food security by supporting research, evaluation and education (VCH 2010b). VCH food security staff have worked closely with the Vancouver Food Policy Council on initiatives, contributed to the Metro Vancouver Regional Food System strategy, participated in various food security presentations and meetings with food security funders and policy makers, co-hosted a “Housing and Food Security Forum” and made efforts to support further research in this area (VCH 2010b). VCH staff have also engaged more directly with the communities they work in through a variety of activities, including working with local food policy groups in different municipalities, organizing food policy forums and awareness raising sessions, working closely with local schools and academic institutions to improve the school food environment, supporting the development of local farmers’ markets, and promoting the development of local food charters.

CFAI funding has been an important way that VCH has financially supported communities in the development of food security initiatives, however they have also done this through their Aboriginal Health Initiatives Program. CFAI money and projects are managed by the SMART Fund, a unique fund set up in 1997 to provide support to non-profit organizations in the VCH region for the development of community-led health promotion initiatives. With CFAI funds, VCH has been providing support for food networks in eight communities across the region: Vancouver, Richmond, North Shore, Sea-to-Sky region, Powell River, Sunshine Coast, Bella Coola and Bella Bella. Since the beginning of the CFAI, funding from VCH has gone to the same food network organizations in each of these communities with a few exceptions, notably Vancouver, where it has supported a variety of different neighbourhood food networks over the past five years. These food network organizations have been involved in supporting a wide range of activities in their communities from food policy councils to seed exchanges, gleaning projects, community kitchens and gardens, and educational workshops.

3.4 CFAI and FSCP implementers: Health staff and CFAI leaders

CFAI leaders and health staff people are the two main groups of people responsible for implementing the CFAI and FSCP. Table 3.2 below provides a list of the main activities they

have been involved in. Not all CFAI leaders or health staff people were engaged in every activity.

Table 3.2 FSCP/CFAI related activities of health staff and CFAI leaders

	CFAI leaders	health staff
Specific project work	<ul style="list-style-type: none"> -community kitchens -community gardens -garden-sharing programs -food gleaning projects -good food box and community-shared agriculture initiatives -farmers' markets -farm-to-school programs -community potlucks -food social events and celebrations -educational resources (eg community food maps) 	<ul style="list-style-type: none"> -community kitchen network coordination -community kitchen training -farm-to-school programs -food policy networking event -research and advocacy program on food security and social housing -interactive community-food atlas
Networking/advocacy work	<ul style="list-style-type: none"> - “go-to” people on food work in community (linking the ‘right people to the right people’) -working with/lobbying municipal governments (eg contributing to official community plans, advocating for community garden policies, urban bees, backyard chickens) -public presentations on food system issues -food policy council 	<ul style="list-style-type: none"> - “go-to” people for food security work in Health -working with/lobbying municipal governments (eg contributing to official community plans, advocating for community garden policies, urban bees, backyard chickens) -implementing provincial policies (eg vending guidelines/school food guidelines) -public presentations on food security issues -helping CFAI leaders/other community members make funding applications -food policy councils

This table demonstrates similarities between the work of CFAI leaders and health staff, with more overlap in the networking/advocacy work than in the project work. The networking/advocacy work of both CFAI leaders and health staff is a bit difficult to describe, although the activities listed in the table help give a sense of it. One Health staff described the role as being a “resource and knowledge broker”, and a CFAI leader described it as “linking the right people up to the right people”. In general, both CFAI leaders and health staff served as weavers of food system work webs. CFAI leaders have tended to connect people somewhat more at a grassroots level and Health staff somewhat more at an organizational and institutional level, with significant crossover. CFAI leaders and health staff often collaborated in their project and

advocacy work. For example in some communities they had jointly presented on local food system issues to municipal councils.

There were also very important distinctions between the work of health staff and CFAI leaders. CFAI leaders were much more involved in the day-to-day operations of specific projects. In this sense they were more likely than health staff to be, often quite literally, getting their hands dirty. CFAI leaders also tended to work more closely with individuals and organizations in their communities and somewhat less with governmental bodies, whereas health staff more often worked with governmental institutions and were generally less embedded in the day-to-day garden building, community kitchen meal-preparing type work. Some health staff disbursed CFAI funds and received project reports, whereas CFAI leaders managed the use of these funds and wrote project reports.

It is important to emphasize that both CFAI leaders and health staff did work that was not directly connected to the FSCP or CFAI. In most Health Authorities the number of people most closely associated with food security work (job titles listed in Table 3.1) was generally between six to ten people, but all of these Health staff had job descriptions much broader than just food security work. Some had a range of other healthy living or healthy community type responsibilities. Community Nutritionists, the biggest group across all of the Health Authorities with food security responsibilities, had a wide range of other job duties such as one-on-one dietary counseling, running pregnancy outreach programs, facilitating eating disorder clinics, and running training sessions for public health nurses on healthy eating messages.

For CFAI leaders, funds from the CFAI only funded a small portion of their time and food work. In some Health Authorities, CFAI funding was consistent on a yearly basis and enough to fund at least part of a CFAI leader salary, whereas in others it was a much smaller one-time grant that allowed only for the completion of specific, short-term projects. A significant portion of CFAI leaders' time was also dedicated to applying for funds and reporting to funders (including Health Authorities and other funding bodies).

3.5 Discussion and conclusion

The main purpose of this chapter was to address my first research question: What are the goals and context of the CFAI and FSCP and how have they been implemented? I have outlined the historical and organizational context of the programs, their official goals and structure, key

features of how they have been implemented in the Regional Health Authorities, and the main activities of those involved in them. I have thus far avoided making comment on either the merits or shortcomings of the programs as they are envisioned in program documents and as they are practiced in the different Health Authorities. While the overall goal of this study was *not* to evaluate the programs in any traditional sense of the term program evaluation, I am interested in why the programs have been implemented as they have and what their implications are for BC's food movement. To begin this analytic project, I will briefly discuss relationships between key program features (both their theory and practice) as they relate to food movement and public health debates and trends discussed in Chapter 1.

The food movement is oriented towards changing the dominant food system. In a very basic sense there is significant overlap between this goal and the official goal of the FSCP and CFAI—increasing the food security of the BC population. The definition of food security (Hamm and Bellows 2003 definition of community food security) used in the key documents guiding the FSCP and CFAI suggests an orientation toward the *kinds of foods* desired (safe, culturally acceptable, nutritionally adequate), which food movement proponents have argued are not the kinds of foods that are being most forcefully sold by the food industry. This guiding definition also characterizes a desired *type of food system* (namely a sustainable and socially just food system in which communities are self-reliant). While this is admittedly a fairly general description of a desired food system there is little in this description with which most food movement actors would disagree. At a surface level, then, there is much that is 'good' about the goal of these two programs from a food movement perspective.

In the practice of these programs there is consistency with the activities being carried out within the North American food movement generally (a topic discussed more fully in Chapter 6). CFAI leaders and health staff have been involved in activities which can be seen as building alternatives to the dominant food system such as community kitchens, community gardens, alternative food buying/selling schemes such as farmers' markets and buying clubs. Health staff and CFAI leaders have also been involved in food policy work, a strategy described in Chapter 1, that some see as having great potential to challenge the dominant food system through democratizing food system decisions.

At first blush then, there appears to be much that is promising about the theory and practice of the programs from a food movement perspective. This is perhaps not surprising. As

briefly mentioned here and discussed further in Chapter 5, grassroots players and health staff worked to create these programs because of their recognition of the fragmented and under-resourced nature of food system change efforts. For example, in an interview, the intent of the CFAI was explained to me thus:

In BC for the last 20-30 years there have been a lot of different types of community food actions. This [the CFAI] was to consolidate it a little bit more, so rather than having a number of actions just happening creating some change, it was to have a more coordinated approach. (Health manager)

However, some of the realities of the two programs outlined here suggest that they may not have (yet) fully delivered this hoped-for coordination, consolidation, and stability. For example, the CFAI has been implemented somewhat unevenly across the province, with a mix of short-term, longer-term, and ongoing funds, and, in some Health Authorities, with funds having stopped flowing to communities temporarily or permanently. Furthermore, the officially stated goals and more detailed objectives of the FSCP seem vast compared with the number of staff dedicated to doing food security work in each Health Authority. In short, there are important questions to be addressed regarding how the implementation of the FSCP and CFAI has allowed (or not allowed) for the realization of these programs' officially stated goals (improving food security in BC) and their contribution to food system change efforts more broadly.

In the following chapter I will explore how institutional dynamics within the Health Authorities and Ministry of Health contribute to constraints and unevenness in program implementation¹³, as well as their promising theory and practices.

¹³ While the FSCP and CFAI evolved independently, in the following chapters I often speak of them collectively. This is in part because research participants often spoke of them as a unit, and understandably so, because the CFAI has become a major initiative within the FSCP. When it is useful and appropriate, I will distinguish if recommendations or movement implications apply more to the FSCP (as the framework and mandate for Health-based food security work) or the CFAI (as a health-based fund for community-based food work which contributes to the achievement of the FSCP mandate).

Chapter 4~Possibilities and pitfalls: the influence of health discourses

4.1 Introduction

In the conclusion of Chapter 3 I suggested that, from a food movement perspective, the CFAI and FSCP appear to have much that is promising about them—both in their theory and their practice. However I also suggested that these programs have been somewhat uneven and perhaps even constrained in their implementation across the province. The programs' simultaneous promise and constraint is perplexing for some of those involved in implementing them:

Our Health Authority has made it [food security] part of their core programs, and all of the Health Authorities have. So I think they want to make a commitment to it but for whatever reason they can't—I don't know why that is. (CFAI leader)

One of the great things about the food security core program is that it was a core program, which meant that the province was behind it, which means food security work was supported. But now it's kind of...it's not being pushed away but it's just not in the spotlight right now. (Health staff)

The chapter looks behind the scenes of these programs, to start building an understanding of this simultaneous commitment and lack-of-commitment to food security from the Ministry of Health and Health Authorities. It thus addresses my second research question: *How have health institutional forces shaped the CFAI and FSCP?* To address this question, I draw on concepts from institutional ethnography and other discourse analysis approaches, introduced in Chapter 2 and reviewed briefly below.

Institutional ethnographers suggest that institutional practices, including the thoughts and actions of those who work in the institution and the texts that circulate within it, are shaped by discourses (Smith 2005). Thus, an important way to understand the functioning of institutional complexes like the health establishment is to identify the discourses circulating within it. All knowledge and experience can be seen as mediated by discourse, brought to life through people's thoughts, actions, speech, and texts (Smith 1991). However, while people constantly make and remake discourses, discourses also shape what ideas become thinkable and what actions become doable. Over time, certain discourses become dominant. Dominant discourses in turn favour certain institutional forms, and serve to organize people's thoughts and actions such that they tend to reinforce the power dynamics of the status quo, or what Smith calls the ruling

relations (Smith 1991; 2005). The dominance of certain discourses and institutional forms leads to the oppression, exclusion, and marginalization of different individuals and groups in society (Frampton et al. 2006; Smith 2005). Nevertheless, because people constantly bring discourses into being, and because a range of discourses is always in circulation, neither discourses nor institutional forms are crystallized. Change and resistance are possible.

One of my main interests in this study is to understand the implications for the food movement of the involvement of BC's main health institutions, involvement facilitated through the FSCP and CFAI. Is critical social change possible through such institutionalized programs? To understand the social change potential of the FSCP and CFAI (the focus of Chapters 5 and 6), it is important to uncover how discourses circulating within health institutions influence these programs (the focus of the current chapter). To undertake this analysis, I will first turn to the academic literature to explore key dominant and alternative discourses on health, and specifically public health, that circulate within Western industrialized nations. Following this, I will trace the threads of these discourses as they are woven through the FSCP and CFAI, drawing on data from key programmatic guiding documents and research participant interviews¹⁴. I will begin by exploring how discursively saturated health institutions in BC (particularly the Ministry of Health and Health Authorities), serve as an enabling and dis-enabling context for the unfolding of the CFAI and FSCP. Moving from this broad overview of the institutional context of the CFAI and FSCP, I will carry out a more detailed analysis of the theory and practice of these two programs themselves. Through this analysis I will seek to uncover how different discourses on health flow through and shape these programs—in how they have been conceived and how those implementing them think of and practice their enactment.

In applying the analytic lens of discourse to the FSCP and CFAI I will build understanding of the struggles and opportunities faced by those seeking to implement these programs within the context of government-funded health institutions. I will also begin reflecting on how the discourses that shape the FSCP and CFAI influence the potential of these programs to support BC's food movement, however deeper reflection on this question are left for Chapters

¹⁴My focus in this chapter is on the health establishment and discourses originating from and circulating within it. Thus much of what I present here draws on programmatic documents and interviews I carried out with health staff. In particular for this chapter I focused on health staff responses to my questions about institutional organization (eg. Who do you report to? How do funds flow in and out of your department? How much time do you dedicate to food security work? What has the creation of the FSCP and CFAI meant for your work? How does reporting on and evaluation of your work happen?). While CFAI leader reflections are provided where relevant, more detail on their experiences and visions of their work are provided in Chapters 5 and 6 respectively.

5 and 6 respectively. In addition, inspired by institutional ethnography, I hope that this exploration will make the institutional forces shaping the CFAI and FSCP more understandable and navigable.

4.2 Discursive influences on health and public health in Canada

In this section I will outline key dominant and alternative discourses circulating within Health in Western industrialized nations, and Canada in particular. Robertson explains that “discourses on health include the ideas we have about, and explanations we offer for, what health is and what determines it, as well as the particular practices produced by these ideas” (1998, p.155). The dominance of certain discourses on health, both within society and within the institutions which provide curative and preventative health services, lead to the privileging of certain understandings of health and social problems while marginalizing others (Murphy and Farfard 2012). Biomedicine can be understood as the most powerful and successful discourse on health, particularly in Western nations, serving as the dominant discourse that has shaped understandings and practices of health for more than a century (Annandale 1998; Robertson 1998). The discourse of neoliberalism also powerfully influences understandings of health and the practice of health institutions. While neoliberalism is not strictly a discourse of health, it functions alongside, and is increasingly inextricably intertwined with, biomedicine. These are the two dominant discourses that will be discussed below. Even though they are dominant, biomedicine and neoliberalism are not totalizing; other discourses circulate, overlap with, or contradict these dominant discourses (Foucault 1991; Sheridan 1980; Fairclough 2003). Within public health a number of critical public health discourses also circulate, introduced in Chapter 1. These critical discourses will be discussed here in terms of the alternative they represent to biomedicine and neoliberalism.

4.2.1 Dominant (individualizing) discourses: biomedicine and neoliberalism

In Western, industrialized nations such as Canada, biomedicine shapes cultural understanding and institutionalize practices around the maintenance or promotion of health. Biomedicine’s conception of health is a negative one; that is, health is understood as the *absence* of disease and the focus of biomedical practice is to cure disease (Annandale 1998). The ‘bio’ in biomedicine reflects that in its earliest and most basic incarnation, biomedicine understood

disease as having a specific, biological cause which could be discovered within the component parts of an individual's body—in their organs, tissues, cells and so on (Mishler et al. 1981). While biomedicine has moved beyond the basic belief that each disease has one specific biological cause, in many health institutional contexts, its ultimately reductive approach remains (Singer 2009; Gaines and Davis-Floyd 2004). Biomedicine can be seen as separating:

mind from body, the individual from component parts, the disease into constituent elements, the treatment into measurable segments, the practice of medicine into multiple specialties, and patients from their social relationships and culture. (Gaines and Davis-Floyd 2004, p. 98)

The biomedical approach to knowledge generation is positivist and thus claims scientific neutrality. It is ultimately oriented towards discovering the cause of diseases and then the 'solution' or cure for those diseases.

The neoliberal discourse is another powerful force shaping understandings of health and the practices of health institutions. Introduced in Chapter 1 (page 6), neoliberalism can be understood as an approach to capitalism that encourages the creation of a global market place and which believes that the market should be the source of economic, social and political decisions (Giroux 2008). With the rise of neoliberalism in Canada, government spending has been dramatically reduced, eroding social welfare system through cutbacks in education, health care, anti-poverty programs and unemployment programs to name a few (Broad and Antony 1999). Citizens are increasingly framed as consumers and encouraged to look after themselves through the market rather than reliance on governmental spending (Broad and Antony 1999; Giroux 2008). Neoliberalism encourages an understanding of health as an individual problem and a personal responsibility, as opposed to a social or collective responsibility (Orsini 2007). Furthermore, the dominance of neoliberalism has created a climate in which decisions around health-care spending are made based on whether programs are cost effective, that is, do they provide a good return on investment (Orsini 2007; Raphael 2008).

Government-funded health institutions in Canada are predominantly focused on the provision of curative services to individuals, consistent with influence of biomedical understandings of health. However these health institutions also play a role in efforts to prevent disease from occurring in the first place. Disease prevention research and practice occur through the field of public health. Public health is also home to the FSCP and CFAI, and thus understanding the influence of dominant discourses in this specific field of health is important.

Despite the presence of critical discourses in public health, discussed below, the dominant approach to disease prevention within public health is more consistent with biomedicine and neoliberalism. A significant focus of public health is on identifying and addressing behavioural risk factors for disease, often the ‘holy trinity of risk’¹⁵—tobacco use, diet, and physical activity (Pearce 1996; Potvin et al. 2005; Raphael 2006 and 2008; Pinder 2007). As a result, much of the preventative work that happens through public health is the development of education campaigns and programs to encourage individuals to have healthier lifestyles and thus reduce their risk of a range of chronic diseases such as diabetes, obesity, cancer, or cardiovascular disease (Raphael 2006). The centrality of addressing individual behavioural risk factors for disease in public health is not surprising given its consistency with biomedicine and neoliberalism. Identifying risk factors is still ultimately about disease (and potential disease) in individual bodies, and it draws on reductionist and positivist ways of knowing (Pearce 1996). Encouraging an exclusive focus on individual lifestyle changes to address these risk factors is consistent with neoliberal, individualized solutions (Collin and Hayes 2007; Raphael 2008; Raphael and Bryant 2006).

The potent mix of biomedicine and neoliberalism has far-reaching effects. As Clarke and colleagues argue:

Health itself and proper management of chronic illnesses are becoming individual moral responsibilities to be fulfilled through improved access to knowledge, self-surveillance, prevention, risk assessment, the treatment of risk, and the consumption of appropriate self-help and biomedical goods and services (2010, p.48).

Biomedicine and neoliberalism can be seen as contributing to approaches and understandings of health that are: “individualized, localized, desocialized and depoliticized” (Raphael and Curry-Stevens 2009, p.364). While not discounting the important role of clinical health services, the critical public health discourses which I will discuss below have been developed in response to the limitations of an often decontextualized focus on the individual, creating a pull within health institutions away from individualized approaches and towards more collectivized ones.

¹⁵ This ‘holy trinity of risk’ was a central focus of ActNow (ActNow was the initiative under which the CFAI was formed as discussed on page 38).

4.2.2 Alternative (collectivizing) discourses: critical public health

The critical public health discourses of health promotion, population health, and associated social determinants of health have already been introduced in Chapter 1. While the terms population health and health promotion continue to circulate, language around the *social determinants of health* appears to have become the favoured shorthand term for critical public health approaches (Raphael 2006). The Ottawa Charter (WHO 1986) was the key document to articulate a *health promotion* approach. It popularized (in some public health circles) an understanding of health as determined by social and environmental contexts. Researchers from the Canadian Institute of Advanced Research also contributed to the development of ideas around health determinants arguing that these determinants, not healthcare, were most significant to the health of populations (Evans et al. 1994; Labonte et al. 2005). Many of the determinants of health that they articulated through their research, like those of the Ottawa Charter, were *social* determinants (Raphael 2006). Internationally, the World Health Organization developed a Commission on the Social Determinants of Health¹⁶ that released a final report (CSDH 2008) summarizing findings from across the globe. This report highlighted serious health inequities¹⁷ experienced within and between countries and empirically linked these inequities to the different conditions in which people live.

The common theme unifying the vast body of empirical and theoretical work on the social determinants of health is that the conditions that determine to a great extent people's health status are shaped by social forces, including political and economic decisions (CSDH 2008; Raphael 2006 and 2011). In very simple terms, then, where the dominance of biomedicine and neoliberalism often create a decontextualized and individualized orientation to health, critical public health discourses demand a much broader, more contextualized understanding of health. From a critical public health perspective, therefore, improving the health of populations requires changing living conditions, which in turn requires social change (Low and Theriault 2008; Raphael 2009 and 2011; Robertson 1998). Taken to this extent, critical public health discourses represent both an alternative to and a fundamental critique of neoliberal and biomedical discourses; these dominant discourses help create the social world that critical public health proponents seek to change.

¹⁶ Public health researchers in Canada played an important role in the Commission.

¹⁷ Health inequities are avoidable differences in health status between different population groups.

It is important to note that there is no clear consensus amongst critical public health researchers on the specific changes required to take action on the social determinants of health, and even less of a consensus when health care professionals and governmental policymakers are included in debates (Raphael 2006 and 2011). The Ottawa Charter listed a range of strategies for promoting its social conception of health: strengthening community action, developing personal skills, creating supportive environments, reorienting health services and building healthy public policy (WHO 1986). Some of these strategies easily revert to a lifestyle approach to public health. For example, developing personal skills has been the strategy most taken up in public health in Canada (Pinder 2007). However, strategies such as strengthening community action or building healthy public policy could have quite radical implications. More recently, the Commission on the Social Determinants of Health (CSDH 2008) recommended taking action to tackle the inequitable distribution of power, money and resources. They argued for strengthened governments, an adequately supported and valued civil society, an accountable private sector, and social revaluing of collective action (CSDH 2008, p.44). These are somewhat vague suggestions relying on slippery concepts, yet they contain the potential for critical social change.

Critical public health discourses and associated strategies are not nearly as entrenched as the dominant neoliberal and biomedical discourses. Nevertheless, that they exist and that they show-up in government-funded health institutions—through population health departments, health promotion programs, or governmental lip-service to the social determinants of health—creates the possibility for government-supported approaches to health that are collective and even socially critical as opposed to decontextualized, individualized, and supportive of the status quo. For social movements, these discourses open up possibilities for constructive alliances with health institutions and professionals.

In the following analysis of the FSCP and CFAI, I examine the interplay of dominant health discourses and critical public health discourses. In section 4.3 I look at how discursively mediated dynamics within and between the Ministry of Health and Health Authorities have simultaneously enabled and constrained the implementation of these programs as a whole. In section 4.4 I pull apart the theory and practice of these programs themselves to see how these sometimes opposing discourses pass through and shape the FSCP and CFAI (specifically the main programmatic goals, approach to achieving these goals, and methods of programmatic evaluation).

4.3 Institutional context of the FSCP and CFAI

The biomedical orientation within the Ministry of Health and Health Authorities has implications for the way public health programs such as the CFAI and FSCP are implemented. One generalized impact is that the allocation of material resources to public health is a miniscule 3% of the provincial health budget. A more direct implication, which was mentioned in almost all of the interviews I had with different health staff, was a sense that the FSCP and CFAI did not fit well into the overall institutional form of the Health Authorities. As one health staff person succinctly summarized the disjuncture:

[Health Authorities] are service delivery mechanisms, so when you try having something as messy as community capacity building in food security it's like, well-what? (Health staff)

At the same time, however, health staff also pointed to institutional structures that facilitated their food security work. Of the most important of such structures were the FSCP and CFAI themselves. What I wish to do in this section is analyze how discursively-saturated structures and dynamics within the Ministry of Health and Health Authorities have made the food security work of health staff both more challenging but also possible.

4.3.1 Dynamics at the Regional Health Authority level

The experience of many health staff with food security responsibilities was that their managers, and others within their Health Authority, did not support or understand their work. The managers of these staff had many other priorities beyond food security, and for some, their managers were not strongly oriented towards public health priorities such as the social determinants of health.

[My manager] she totally doesn't get it [the work that I do] and plus she doesn't give us any information... She's totally overworked and I think she tries hard, she's got a big picture perspective and actually I think she does get food security, but she doesn't manage, we don't get any information from her. (Health staff)

There was a little bit of pushback in the early days [of the food security core program] from their managers. I mean they [the managers] have got a ton of other things that they need. Their priorities don't come from the same place that mine do. (Health staff)

Many staff found themselves needing to find ways to justify their work to their direct managers and others in the institutional hierarchy.

In the current structure we really have to work through the management to make them understand what we're doing and why we're doing it...we have to work through the existing people to try and get them to understand the rationale for what we do in terms of health. (Health staff)

Sometimes if we had to justify [food security] just within the terms of what our [department's] mandate is, it's hard. So I guess we try not to go there, we talk about food security and how it's really important for growth and development and how it's important for access to affordable food for families and just making sure that people have access. (Health staff)

These quotations reveal the different layers of institutional hierarchy in which food security staff were embedded. Some needed to get their managers on board, and others had to justify work according to the departmental mandate. In general, health staff found themselves regularly needing to explain food security work in terms understandable to health professionals more comfortable with biomedical approaches to health.

Some staff, however, found themselves in departments or teams that were oriented towards 'big picture' work.

I work with a fantastic team of folks with whom I share a philosophy of population health promotion, so there is an understanding, there is an appreciation, there is a long range view and a big picture view. What is hard is being in a much larger system that doesn't share that philosophy, but looking for windows of opportunity, recognizing and knowing the value that these [CFAI] dollars have had in community, and seeing real change occur is what keeps me and my team going. (Health staff)

Health staff people also cited the existence of the FSCP as integral to their ability to do food security work. Many had been doing some food security work before the creation of this program, with even greater difficulty.

Well, to me [the creation of the FSCP] was useful, because for all the years before that, there have been people who have been involved with food security, notably the Nutritionists and the Community Developers and many of the food programs, or other programs that had food components that were trying to be a little more inventive, were all doing that work but none of it was sort of a responsibility. It was all side-of-the-desk, what can you convince...and in some ways that hasn't changed so much. But now we can say, actually, we have a—this is a requirement of the Health Authorities to do food security and we have a responsibility to report annually on what we've accomplished. So it helps when nutritionists go back to their managers and say, can I have time to work on this. (Health staff person)

I wouldn't say that people that are at my director level or manager level have any understanding about food security, but we're trying. It's hard to get their minds off of hospital stuff. But yah, it [the FSCP] has made a big difference because otherwise it was always off the side of your desk, without anybody in management understanding what you were doing or why you were doing it, or how it fit in with health. (Health staff)

Managers who were supportive of food security work also found the creation of the FSCP useful, with one suggesting that it allowed them to “market” food security as “something we have to do because of core functions”. The fact that those coming from a position of greater authority also felt the need to market food security work helps demonstrate that the challenges Health staff experienced in doing this work is much more systemic than the odd unsupportive manager.

While the FSCP and CFAI were supportive structures within the Health Authorities, which facilitated food security work, these programs were not stable.

We had a pretty strong food security program...Our Health Authority developed an internal [food security] strategy and our deliverables and action items for how we were going to get certain things done. I think there was a three year implementation plan or something like that. But then I would say that that document was not referenced since it was created...I don't know what's going to happen when the Ministry says what have you done around food security, no one holds food security...In the beginning it was great and it was super exciting, CFAI was rolling out, the Community Nutritionists were all involved in our local communities helping folks write grants and helping to write these food security plans...Then, [after a few years] they [the Health Authority] said that the money was gone, there was no money for CFAI...and we kept asking our manager, what's going on, this is not supposed to be happening and she just said, it's gone, it's been reabsorbed, we've been asked to just get rid of it. But you know what, in reality it was not gone...so it was a cost savings, they said, oh we don't have to do this, why are we doing this? This is not a priority for us, you need to pull back. And this was during the recession too, people were freaking out and they were asked to hold back money. (Health staff)

In a different Health Authority, an institutional reorganization split up that Health Authority's core public health programs into different departments. This created instability for all of the core programs including the FSCP by making public health staff answerable to people who, in the words of a health staff, were “not public health leaders”. Based on these and other similar experiences, the CFAI and FSCP seemed to not be strongly prioritized programs, at risk of being further marginalized as institutional restructuring and spending decisions were made.

4.3.2 Dynamics at the provincial level

As discussed above, people working within Regional Health Authorities have found that the CFAI and FSCP enabled and legitimized their food security work. For these Health staff, the existence of these programs—as provincially-mandated programs—was important. However, the responsibility for coordination and oversight of these programs at the provincial level, and the level autonomy over implementation at the Regional Health Authority level, was a source of some confusion and tension. This stems in part from the fact that there are two main provincial

health bodies connected with programs: the PHSA (the province-wide Health Authority introduced in Chapter 3), and the Ministry of Health.

There's always been a bit of a lack of clarity around PHSA's provincial role and the Ministry's provincial role. PHSA is the one that's supposed to be the doer of it all and the Ministry more of an advisor into the process, they're kind of linking in. But what that means and what that looks like sort of varies. (Health staff)

Initially, the CFAI was coordinated through an inter-sectoral steering committee, including participants from each of the Health Authorities as well as non-health governmental members and not-for-profit representatives. Leadership for this committee came from a provincial coordinator at the PHSA. However, a year after the CFAI began, the FSCP was made official, with the CFAI becoming a key program within it. Thus, when the CFAI steering committee met, it was challenging to focus only on the CFAI because Health Authority representatives were also interested in discussing the overlapping task of implementing the FSCP. As a result, the PHSA's role eventually became a provincial coordinating role for food security more generally. However since approximately 2009, this provincial steering committee stopped regularly meeting.

In addition, when CFAI money became part of the core operating funds of the Health Authority in 2008, it changed the parameters of the CFAI.

After three years it got put into general revenues so into the overall funding envelope of the Health Authority. So the good news was, for us, it meant it was ongoing until further notice, it didn't have a defined end. The part that made people a little nervous is that—once it goes into general revenues the Health Authorities have full control over how it's spent. (Health staff)

This conversion of the CFAI from a specific, three-year ActNow project into an initiative funded through the general budget of each Health Authority changed the CFAI, and helps explain the difficulty I encountered in tracing the flow of money associated with it. As discussed in Chapter 3, Health Authorities have a great deal of autonomy over their budgets, and have been fairly protective of this autonomy. Thus, while those working at the provincial level suggested that the CFAI was still supported at the provincial level, and that there have been no major changes to the overall budget (\$1.5 million per year spread out across the five regional Health Authorities and the PHSA), neither they, nor most staff I interviewed at the regional level could explain exactly how much was being spent on the CFAI in each region. This in itself is quite telling, that those most intimately involved in implementing the CFAI do not have ready access to the information

that explains how this money has been allocated. In a few Health Authorities, and partially because no funding was attached to the creation of the FSCP, it seems that CFAI funding may have been used to pay health staff to do food work. While some people that I spoke with felt that this was a legitimate use of CFAI funds because it was still in service of the broad CFAI goal (of increasing food security for the BC population), others felt that the Health Authorities should be finding funding for its food security oriented staff elsewhere while still dedicating a specific chunk of funding to community groups. In general, Health Authority autonomy (over the use of CFAI funds, over the implementation of the FSCP), and differences in opinion and institutional approach also helps further explain the difficulty in coordinating these programs at the provincial level.

At time of data collection, the PHSA still had a provincial coordinating role with respect to food security, however this role was a somewhat delicate one. The PHSA is organizationally at the same level as the five Regional Health Authorities—it is ‘just’ another Health Authority. It has a provincial mandate but it has no authority over the Regional Health Authorities. The Ministry of Health is more clearly in a position of leadership with respect to the Health Authorities and it has a food-related team that is led by the Provincial Nutritionist. Within that team, one member has held a provincial food security portfolio, although what the role of that portfolio is (is it an oversight role?) with respect to the food security activities of the Health Authorities has tended to be fairly unclear.

This lack of clarity around provincial oversight and coordination of the FSCP and CFAI created frustration amongst some of the health staff I spoke with. Some wanted to see more Ministry oversight because they felt that their food security work was being de-prioritized and hoped that more pressure from the Ministry (or PHSA), would lead to greater support. Others however, were a bit more cautious about receiving stronger direction from the Ministry:

Obviously I would like to see more direction from the Ministry if the direction was supportive of food security. The danger is do you want more direction from the Ministry that is not supportive of food security, or opposed to food security, doesn't see it as the role of public health? (Health manager)

This was an understandable concern given the neoliberal orientation of the Liberal BC government, whose individualistic prevention agenda will be critiqued further below. In addition, some health staff and managers argued that decisions around allocation of staff time should be made at the regional level because of their greater intimacy with regional context and needs:

So we've been really pushing back against that [direction from the Ministry], saying, you at the Ministry provide us strategic priorities, you tell us what you need us to do, but you need to let us direct how it gets done and you need to let us provide direction to our staff...It's a bit of a developmental process with the Ministry so that their influence is about what the priorities are and what we pay attention to, but not so much on providing direct oversight and direction to our folks. (Health manager)

Through the rest of the interview it was clear that this health manager was committed to population health approaches and food security work specifically. For this manager, a central reason for wanting to limit the Ministry's involvement was because direction coming from the Ministry and PHSA was seen as not appropriately oriented towards the unique food security needs of the more rural and remote contexts in which this manager was working. Nevertheless, many health staff did not feel that their managers, or the directors or CEOs above them, were similarly committed to critical public health approaches or food security work.

To summarize the discussion here, the CFAI and FSCP are provincially sanctioned programs, which, for many health staff meant, "that the province was behind it which means food security work was supported". Furthermore, because many health staff felt that their food security work was not well understood or supported within their Regional Health Authority, backing of the FSCP and CFAI from the Ministry of Health and PHSA was an important source of legitimacy and outside pressure. From this perspective, greater oversight and direction from these provincial actors was desirable. Others, however, were concerned that more oversight from the province would not necessarily be of benefit to the food security agenda. One potentially good compromise between these two perspectives on provincial oversight of the CFAI and FSCP could come through guidance by a provincial body with members drawn from the PHSA, Ministry of Health, Regional Health Authorities and key grassroots and other governmental players. To increase the likelihood of success for such a group, it will be important to understand more fully why the original CFAI steering committee, which had just such a make-up, stopped functioning after a number of years.

Overall, the data and analysis presented in this section underscore the difficulty of carrying out the 'messy' food security work of the FSCP and CFAI through governmental health institutions with a predominantly biomedical approach to health. Health staff in the Regional Health Authorities had to work to justify their food security work as valid Health work. Additionally, over time, as funding decisions, staff time allocations, and institutional reorganizations happened, other priorities took precedence. Furthermore, structures (or a lack-

thereof) and decisions made at regional and provincial levels have meant that the stability of these programs has been uncertain. At the same time, however, some health staff people were part of teams or departments organized around critical public health discourses, which made it easier to do food security work. In addition, the existence of the CFAI and FSCP helped staff advocate for the devotion of human and financial resources to food security work. The space created for food security work by these supportive structures demonstrates that the biomedical discourse has not been totalizing in its effect.

4.4 Discursive tensions in the theory and practice of the CFAI and FSCP

The previous section focused on the influence of dynamics within and between the Ministry of Health and Health Authorities on the CFAI and FSCP. This section will delve into the programs themselves, to look at the ways dominant and alternative discourses have shaped their theory and practice in sometimes-contradictory ways. Specifically, I will investigate discursive influences on: 1) the programs' core goal of increasing food security, 2) their intended approach of community development, and 3) efforts to demonstrate programmatic effectiveness and accountability. Through this investigation I will begin unpacking how discursive tensions influence the potential for the CFAI and FSCP to contribute to big picture, community-based, collectivist, food system change work¹⁸.

4.4.1 Healthy eating or building community food security?

One important place where the (sometimes competing) influence of dominant and alternative discourses on the FSCP and CFAI became apparent was in descriptions and discussions of the main goal of the programs. The officially stated goal of both the FSCP and CFAI is to increase food security (defined according to Hamm and Bellows 2003 definition of community food security) for the BC population (PHAFS 2005; MOHS 2006). Embedded in this goal is a recognition that food security is lacking in the province, a situation that requires making changes to the dominant food system. Most health staff also described their work according to this broad definition:

We use the Bellows and Hamm definition of community food security which includes all those pieces of access, sustainability, culturally appropriate, all of those bits and pieces will

¹⁸ Deeper exploration of how these programs have thus far contributed to BC's food movement and food system transformation is taken up in Chapters 5 and 6.

be within our definition....what is the barrier to food security? It could be access, so there'd be work that would happen around access, so it might include supportive things like community kitchens or gardens, it might be supporting community supported agricultural initiatives...it could be just knowledge, right...because people are not always really thinking of the fact that, yah my food doesn't come from here, or if the road gets washed out, which we did have a mudslide a couple of years ago and there was some concern that we wouldn't actually have food being shipped in for a while, well what would that mean? What are we growing here, what are we not growing, so that might lead to work, like just last year [our local community food association] which I sit on as a Health employee, was really looking at some of the policy issues, as well as the access issues, around food security. (Health staff)

However, in the key guiding documents for the FSCP and CFAI, the goal of food security is not left to stand on its own. Rather food security is explained as an important health sector goal because it is a precondition or determinant of healthy eating:

Food security is a necessary pre-condition of healthy eating. Increased intake of fruits and vegetables and prevalence of healthy body weights, key priorities of ActNow BC, are indicators of healthy eating (PHAFS 2005, p.7).

Given that food security is a determinant of healthy eating, and that diet-related chronic diseases are escalating, it is important for the health sector to be strategically involved in supporting access to affordable, high-quality food (MOHS 2006, p.5).

Many health staff similarly made links between their work, healthy eating, and chronic disease reduction.

We try to keep the connection to that underlying piece of increased fruit and vegetable consumption, which has a direct correlation to chronic disease reduction. (Health staff)

I think that there is recognition that for people to be able to start eating healthy and reducing chronic diseases, there are significant issues with food security. So the programming around fruits and vegetables in schools, the access to fresh foods in rural and remote areas, those are recognition of that. (Health manager)

The way that programmatic documents and health staff often evoked critical public health discourses when speaking about improving food security on the one hand, but then linked this broad goal to more comfortably biomedical and neoliberal conceptualizations of healthy eating and chronic disease, is illustrative of discursive tensions that characterize these programs. From a critical public health perspective, increasing food security is a health issue—not just for individuals but also for their communities and ecosystems (Lang et al. 2009; CNC 2004, OPHA 2002; Welsh and MacRae 1998). In this view, health is a collective rather than just individual concern, and promoting health requires making changes to contexts, such as changing the social and ecological dynamics of the food system. By way of contrast, while it need not be, healthy

eating has tended to be addressed through a focus on the individual, with educational and programmatic efforts oriented towards encouraging individuals to change eating behaviours (Raine 2005). Healthy eating thus evokes the neoliberal ideal of individual (as opposed to collective) responsibility and is often associated with a more biomedical individual risk-factor approach to health.

As a result of the different health discourses embedded in the articulation of FSCP and CFAI's goal, these programs seemed caught in a tug-of-war between action at the individual versus social and systemic level. For example, some CFAI leaders felt the pull to focus on healthy lifestyles.

They [the Health Authorities] fund programs that do healthy eating, so it seems like the focus in terms of funding for food and health related stuff is on healthy choices, healthy living, healthy lifestyle. (CFAI leader)

I think that there's a lot of focus from the more institutionalized health perspective through the Health Authority of it being about healthy choices. (CFAI leader)

Furthermore, while health staff and CFAI leaders engaged in more collective, food-systems-change type activities, they also felt the pull to frame and/or evaluate this work in more neoliberal or biomedicine-friendly terms.

And the difficulty too, is that the types of things that we're asked and that we need to report back on are like, it's not necessarily around how many food policy councils have been formed, it's more around, how have you increased the accessibility to food in the community, like Joe, how have you increased his ability to afford, access, healthy food. That's what we'll be asked from above to report on....And those other softer indicators are interesting to report out on, right, they'll be received and they'll be interesting, but ultimately it's like, no, how are we impacting the BC population's ability to access healthy foods. (Health manager)

I think food sovereignty is less important to them [the health authority], because they need the numbers, they need the hard data that shows-this family has increased their consumption of fruits and vegetables by x. That's the evaluations they need in order to show that their program is successful, in order to self-perpetuate. (CFAI leader)

The constant pressure to view health in a particular way can create a powerful pull towards individualistic behaviour change models:

It's an ongoing struggle to get the change in attitude reflected in policy so that it doesn't just fall back on the old individualistic behaviour change model which is so embedded in the system that it's hard to move away from it. (Health manager)

Underscoring this manager's frustration was the Premier's announcement in 2011 of the province's new chronic disease reduction strategy called "Healthy Families BC" (CBC 2011).

The strategy was describe on its website main page as a plan “to encourage British Columbians to make healthier choices”. One of four key pillars of the strategy was healthy eating, with a strong emphasis on the responsibility of individuals to change their behaviours to improve health, for example: “Every day we all make choices about our diet and although we all need sodium, most of us eat more than double the amount we need” (healthyfamiliesbc.ca/eating). While this strategy was just beginning to unfold as I carried out interviews, during final interviews and in subsequent conversations, it appeared that the strategy was starting to shape the work being done in the Ministry and filtering down into the Health Authorities.

I can tell you what my worry is. We talked already about the provincial strategic priorities [with the Healthy Families BC initiative], and I'm just a bit worried that that might pull us off of our community food security game. (Health manager)

The different and sometimes contradictory framings of the main goal of the CFAI and FSCP provide one window into the way that alternative and dominant discourses on health have shaped these programs. While it is possible to work towards increasing food security, with an eye towards improving healthy eating through changing the food system, the pull of dominant discourses has the potential to cause more limited individual-focused healthy eating approaches to be favoured. In the following I will further explore how the discursive tensions discussed here also characterized the programs’ approach to community development.

4.4.2 Community development: empowerment or off-loading?

The guiding documents of the CFAI and FSCP present community development, and the associated concept of community capacity building, as a key way to achieve the programs’ goal (PHAFS 2005; MOH 2006). For example:

An integral component... is community capacity building and community development. These processes are essential in developing and sustaining ongoing food security capacity at the community level. Capacity building is a key step in: assisting individuals and communities to recognize their strengths and assets; equipping them with new skills and understanding; building self-confidence and responsibility; and increasing or enhancing tools, coordination, collective efforts and the availability of services in the community. Capacity building is a shared responsibility of communities, health authorities and stakeholders. (MOH 2006)

Health staff also described their work as being about community development:

And so to me that whole model of supported community development is really key to what we are doing here. (Health staff)

My knowledge in this work [food security] and my ability to bring people together in this work is what pulled me into the community development side of it. (Health staff)

Many CFAI leaders appreciated the flexibility this orientation towards community development and capacity building approaches created in the support they received from Health.

There's always this emphasis more on what we're learning and how we're building our, I keep using that term, building capacity. It's a big buzzword. But how we're building our own strength and sustainability, rather than on very specific, measurable goals. It's not to say that we don't also report on specific measurable components, but I just really like the focus on what works for our community and what's increasing our own community's capacity for food, for food security, food sovereignty, for sustainability. (CFAI leader)

However, as suggested above, community development work was not always an easy fit within the Health Authorities.

I'm the friendly hand of the health authority into community and then also bringing back from the community the things that the health authority needs to hear. So in some ways I'm a bridge of communication, but because I'm so committed to participatory and empowering and liberatory practices, it's very difficult for example for me to develop a performance management plan, because I genuinely don't know what communities will want. (Health staff)

This staff person's articulation of her approach to community development here and throughout the interview was very consistent with community development's more critical history. Drawing on the work of Freire, critical approaches to community development facilitate iterative cycles of consciousness-raising and action, ultimately empowering marginalized communities to change oppressive social conditions (Freire 1970). It is also in this spirit that different critical public health advocates have pushed for the use of community development approaches (Labonte et al. 2005; Labonte 1994). However, community development in the Health institutional context has often been pulled in less liberatory directions, sometimes becoming more a means for neoliberal government off-loading (Friedli 2013; Green and Labonte 2008; Labonte and Laverack 2001; Labonte 1994). The risk for the community-development approach of the FSCP and CFAI to become a form of off-loading could be seen in statements like the following:

Our approach would be that, we're not going to do for, we'll support you to do. It's a community development process, so it's not about going in and saving the day, it's about going in, assessing the situation, providing a bit of support, but letting you do what you need to do to make it better for your community. Which sometimes people might see as a cop-out but that isn't the intent...we're going in to support what's happening in the community not doing it for them, because that's not sustainable, right. (Health staff)

In one sense it is very appropriate for health staff to play a facilitative role in a community development process, rather than taking it over, since even in the critical Freirian sense, community development is to be driven by communities. However, to facilitate achievement of emancipatory ends, community development requires proper support. One CFAI leader made this point very articulately:

I just got a call from someone who is working with the provincial Access to Produce Initiative who said we want to throw some money at the community to do some sort of a project that's going to encourage people to eat more fresh fruits and vegetables. So we need the community to get together to tell us what they want to do...I was like, that's going to take a lot of time and a lot of energy, it's going to take money to rent a space, it's going to take a facilitator, it's going to take probably some catering...and how is that magically going to happen? That's the kind of stuff that drives me crazy. Community development does not happen in a vacuum, it doesn't happen without some support and without some investment...It takes money to help communities get their shit together...We don't have any more volunteers in our town. Everything that happens here is volunteer driven and everybody's burnt out! (CFAI leader).

Without proper support, as this CFAI leader so clearly explained, community development work can end up becoming the responsibility of under-resourced, overworked community members. In fact, in the initial proposal for the CFAI, it was recognized that its broad goal—improving food security in BC—was not going to be achieved through the minimal amount of funding available for the initiative:

It is recognized that the available funding for this Initiative will not enable everything that is desired to be accomplished. Therefore it is important to be strategic in how priorities are set in order to mobilize efforts to improve community food security. In light of this, it is recommended that the focus of the Initiative be to: Build on existing community strengths and assets; utilize existing coalitions and networks; assist communities to build capacity; help position communities to take advantage of new opportunities and to engage in new partnerships. (PHAFS 2005)

There is nothing intrinsically problematic with this 'strategic' priority setting. However, using community development approaches as a means to save money creates a much greater likelihood that initiatives like the CFAI will be experienced as a form of neoliberal off-loading rather than a form of supported community development with emancipatory ends.

This tension in the CFAI and FSCP, between community development as off-loading versus liberatory practice, is yet another example of how dominant and alternative discourses shape these programs in sometimes contradictory ways. These tensions and contradictions are also manifest in ideas and practices of program evaluation, the focus on the following section.

4.4.3 Evidence and accountability: of what and for whom?

Determining the effectiveness of any public health program is dependent on the desired ends of the program. CFAI leaders and health staff saw value in a range of potential program outcomes, including (and often especially) outcomes that were more consistent with critical public health discourses and associated social movement-supportive practices. By contrast, amongst those that I interviewed, there was a strong sense that actors in positions of power with the Ministry of Health and Health Authorities were more interested in outcomes that could be demonstrated in a short time frame, through hard numbers on cost-saving, chronic disease reduction, and increased consumption of fruits and vegetables.

Program implementers felt pressure to evaluate the programs in ways that would be understood and valued by those in leadership positions.

So I spent a lot of time looking for tools that I could utilize that would actually demonstrate that we were being accountable that we could report on outcomes [of the CFAI]...In the following year I implemented a model of outcomes measurement. (Health staff)

You need some really solid supporting documents, whether they're evaluations or research papers or whatever to show that the work is valued and valuable. (CFAI leader)

This is not to suggest that health staff and CFAI leaders were not also interested in evaluation for their own reasons. Many expressed interest in understanding what the CFAI and FSCP were achieving, and in using the results of evaluations to guide future practice.

At some point I do need to do a reflection and a bit of consultation type of thing to know, am I really targeting, am I hitting...and I haven't had a chance to do that, and that's a big project, because it's going to take focus groups, interviews with hard to reach people, [asking] are my projects really working for you? (CFAI leader)

And another thing to consider is that the food security core program is old now, the evidence paper needs to be reviewed or redone, right, so I think that a lot of people are having a challenge, because people want to practice evidence-based. (Health staff)

However, many feared that the food system change work they were engaged in would not lead to the type of measurable health outcomes desired in the short timeframe demanded by health system decision makers, such as managers, directors, CEOs or Ministers.

And nobody wants to hear that a project takes longer than a couple of years to do because that's too far away because then there's a new premier and it doesn't matter anymore. (Health Staff)

I think another thing about the whole food sovereignty world is what do you fund that's actually going to be 'successful' that's going to show some measurable results in a finite

period of time? When it comes down to changing the health of people on the ground, it's not going to happen overnight...But when governments turn over every few years and when a bunch of people fight over budgets every year then it's easier to go for the low hanging fruits, the stuff that you can say, okay well if we fund this project or this piece of equipment or blah, then we'll see measurable results in the next 6 weeks. (CFAI leader)

In addition, finding the appropriate tools to measure the work being done through the FSCP and CFAI was a challenge.

The problem is that it is really difficult to show the cost savings—are these programs really having an impact on reducing health care utilization? It's very difficult to prove it, we've tried. We have done a health economic analysis of some of our programs to try and demonstrate that, but it is very difficult to do. (Health staff)

To me the determinants of health are all about social justice and inequity, but what we end up doing is developing indicators to show that we've moved on things that have got nothing to do with it...If we want to improve healthy birth weights, some of the things that we think are going to work, they're reinforcing the societal conditions that are causing the low birth weights! (Health staff)

Compounding these challenges is the fact that positivism, the basis of biomedical knowledge, is not the most appropriate research paradigm for evaluating the type of complex, community-based work that happens through FSCP and CFAI (Frohlich et al. 2001; Labonte et al. 2005; Labonte and Robertson 1996; Potvin et al. 2005; Poland et al. 2008).

Difficulties in generating evidence of programmatic effectiveness, whether understood in critical or dominant discursive terms, led CFAI leaders and health staff to fear for the stability of the programs.

When you have other priorities that are the squeakier wheel, why would you put your resources in one area when you could be putting it in another, I guess that's where they're coming from. And if the evidence is not there or it's not as strong as it could be yet... (Health staff)

For the stability for the program, not just from the health authority but also from other funders, there's a need for more data, supportive data to show the successes of the program. (CFAI leader)

These difficulties surrounding program evaluation reveal an important tension regarding the 'bottom line' of the FSCP and CFAI: Are they about preventing chronic disease and saving health care dollars or are they about changing social contexts and building community food security (or food sovereignty)? As the two managers quoted below articulated, those involved in implementing the CFAI and FSCP generally tried to meet both of these 'bottom lines'.

Manager A: The Minister is thinking about the Health Authorities, and the whole acute care system. They're thinking big, there's a lot of pieces to the health care system. So when you

think of food security in amongst all that, the Minister and the Deputy Minister are not going to have expertise in food security, so they're going to be asking that bottom line question. And health care is very numbers, so the number of beds, the number of patients, the number of hips done.

Manager B: And health care dollars that are implicated. Chronic disease contributes x amount of dollars. You report back on all of the work that you're doing.

Manager A: But you have to have that lens of what is going to be at the bottom line of that information.

Manager B: For whoever's ultimately making those funding decisions.

Manager A: You want to continue to advocate for the bigger picture, this is what food security is all about, but we have to be conscious that that bottom line is there, and it's prominent and it's very clear.

This strategy of advocating for the 'big picture' of food security (or for changing social contexts more generally), but being conscious of the institutionally demanded bottom line of dollars and chronic disease is pragmatic. However, as one health staff person argued, it matters whether health professionals understand their role as promoting health in a broad, contextualized way or as a means to reducing government spending:

You've got to see your job as part of a greater, bigger whole, and I think underlying everything else within our population health program, that has to be one of the things that we've got to do better at, is getting people to see that my job absolutely is about furthering the health and quality of life for [people in our region]. It's not about, it may cost us more money to do that, and, well I'm just going to get myself depressed talking about budgets and the fact that we've turned health care into an industry and we've got a bottom line to watch. Our bottom line should be people's health, not dollars and cents. (Health staff)

From a food movement perspective, there are risks if the CFAI and FSCP are pushed too forcefully towards a neoliberal, "dollars and cents", bottom line. Woolford and Curran (2011) have outlined how neoliberal pressures push those working in the social service sector to translate big picture goals such as poverty reduction and social justice "into deliverable goods that can be evidenced through data gathering" (p. 597). They must demonstrate cost-savings and reduction in demand for State funds. Furthermore, in a neoliberal context, demonstrating accountability has increasingly become a technical and administrative duty rather than an ethical one, and it tends to be oriented to funders or the State rather than to the public. The result is an eclipsing of "a social justice mentality that seeks societal transformation" (Woolford and Curran 2011, p.603).

As the discussion here has demonstrated, these risks also exist for the CFAI and FSCP. However, despite pressures to demonstrate program effectiveness through "statistics" and "numbers" or to prove "cost-savings" and "show measurable results in a finite period of time",

the people involved in the CFAI and FSCP were still *also* talking about “social justice” and “advocating for the bigger picture”. Furthermore they were often explicitly and consciously responding to dominant discursive pressures to prove programmatic effectiveness in more narrow terms in an effort to preserve space for this big-picture, social justice and food systems change work. Thus, while those implementing the CFAI and FSCP felt the pull to generate evidence and prove accountability in neoliberal and biomedical terms, these dominant discursive pulls have been held in a dynamic tension with more critical discourses.

4.5 Conclusions

In this chapter I started out by demonstrating how discourses on health have shaped the institutional context through which the FSCP and CFAI have been implemented. I argued that these programs were marginalized and poorly understood. Thus, as funding decisions, staff time allocations, and institutional reorganizations happened, there was a danger that priorities more consistent with dominant discourses would take precedence over food security work. At the same time, I suggested that the effect of dominant discourses within the Ministry of Health or Health Authorities has not been totalizing. Structures exist within these institutions that do not completely conform to biomedicine, such as the FSCP and CFAI themselves or critically oriented population health teams. These structures have served to make food security work more possible.

In the second part of this chapter I demonstrated how these programs themselves—as they were brought into being by health staff, CFAI leaders and guiding documents—were characterized by a challenging and dynamic coexistence of dominant and critical discourses. The programs’ goal could be understood as about chronic disease reduction through healthy eating and the more critical and much messier goal of building community food security. Similarly, the programs’ main approach of community development could be experienced as a form of neoliberal off-loading and a pathway to empowerment. And finally, determining programmatic effectiveness is dependent on how the ‘bottom line’ of the CFAI and FSCP is understood, with program implementers feeling the pressure for evidence generation along dominant discursive lines while also understanding and practicing the CFAI and FSCP along more critical lines.

Taken as a whole, this chapter has argued that critical public health discourses have helped create a small space within the less-than-supportive health establishment context for food

security work to happen. However, while many of those implementing the CFAI and FSCP spoke to critical public health ideas, this did not preclude them from also speaking and enacting neoliberal or biomedical discourses. Sometimes, but not always, a more conscious framing game was being played. That is, health staff and CFAI leaders would frame their critical work in the language of dominant discourses to protect their ability to do this work through government-funded health institutions. This is a laudable strategy for achieving social change ends, but to be effective, it requires not losing sight that a framing game is being played. For this reason, and given that critical public health discourses provide a more assured pathway into the health establishment for a food system change agenda, it is important to develop greater awareness of the different possible worlds (Fairclough 2003) represented by discourses on health. As Frampton et al. (p.258) argue, “We need to recognize both our implications within the ruling relations and our opposition to them.” From a place of greater recognition of discursive influences, opposing the ruling relations may become easier. This, in turn, should increase effectiveness at using health establishment resources to bring about food system (and broader social) change. In the following chapter I will reflect further on how actors involved in these programs have been able to use resources from the Ministry of Health and Health Authorities to contribute to BC’s food movement, as well as the limitations and risks associated with this contribution.

Chapter 5~ Mobilizing State-resources for BC's food movement?

5.1 Introduction

Chapter 4 applied a discursive lens to the FSCP and CFAI to understand how the institutional homes of these programs, and the dominant and more critical discourses circulating within these institutions, have shaped these programs. I argued that the discursive streams that flow around and through these programs have meant that there is opportunity for social change, but it is a constrained opportunity. The current chapter is closely linked with the previous one but the analytic lens and project are different. Here I explore the FSCP and CFAI drawing in particular on a multi-institutional politics approach to social movement theorizing (Armstrong and Bernstein 2008) to extend my analysis to movement effects and capacity so far. I ask, how can governmental health institutions (through the FSCP and CFAI specifically) be understood as involved in BC's food movement and what challenges and opportunities are associated with this involvement? Through exploring these programs as sites of intersection between the State-based institutions (the Ministry of Health and Health Authorities) and BC's food movement, this chapter addresses the first half of my third research question: *What are the implications of the FSCP and CFAI for BC's food movement* and its potential for food system transformation? While there is overlap between the two parts of this question, the transformative potential of the activities supported through these programs is the focus of Chapter 6.

In the following I draw on the work of social movement theorists who have taken a nuanced approach to understanding State-social movement intersections. Using this social movement lens, I will first explore the history of the FSCP and CFAI including the specific efforts and social movement aspirations of those who pushed to create these programs. I then investigate key benefits of these programs for BC's food movement. Following this, I highlight important shortcomings and risks of these programs from a food movement perspective. Overall, this chapter seeks to build an understanding of the role played by these State-embedded, yet marginalized, programs in BC's food movement¹⁹.

¹⁹ For the historical piece in this chapter I draw on similar data to that used for the programmatic overviews in Chapter 3 (interviewee responses related to program history and key programmatic guiding documents). However, in this chapter I drew more on interviewees' reflections on hopes and motivations for program creation and the specific strategies/vehicles they talked about using to get these programs on the books. For this chapter's discussion

5.2 A social movement lens for the FSCP and CFAI

Many common approaches to social movement theorizing see the State as the main focus of movement activism (Della Porta and Diani 2006). Specifically, social movements are seen as targeting the State, seeking policy change, new benefits from, or inclusion in, the State (Armstrong and Bernstein 2008). Many food movement scholars also see the State as a central target for movement activity. These scholars have suggested that the food movement fails to adequately target the State and is thus unlikely to achieve the profound systemic change it seeks (Allen 2008; Alkon and Mares 2012; Dowler and Caraher 2003; Guthman 2008a; Tarasuk 2001). Overcoming the limitations of the food movement through making effective demands on the State is an important issue that I take up in this and the following Chapter. However, narrowly focusing on the State as the most important target of movement activity is limiting. It prevents critical reflection on movement activism aimed at other power holders in society, or movement activism aimed at changing social meanings—such the individualizing discourse of neoliberalism (Armstrong and Bernstein 2008). These are issues that will be taken up further in Chapter 6.

In addition, implicit in many academic and activist discussions of social movements is an assumption that social movement activity happens *outside* of the State (Armstrong and Bernstein 2008; Frampton et al. 2006). Distinctions are also often made between *outside* movement actors, and those who work *inside* the State, with insiders not expected to be movement actors (Armstrong and Bernstein 2008; Crossley 2002; Buechler 2011; Grossman 2010). As Stearns and Almeida (2004) explain: “Because social movements threaten the status quo or the “rules of the game,” few state actors have the incentive and/or the opportunity” to become involved in social movement activity (p.480). However, while it may sometimes be the case, assuming that State-based actions and actors are distinct from movement activism and actors limits the possibility for developing a more nuanced understanding of how social change is fought for

of benefits and short-comings/risks of the FSCP and CFAI I drew on data from interviews with both CFAI leaders and Health staff (compared with Chapter 4 which focused somewhat more exclusively on responses from Health staff). For Health staff, responses to interview questions such as ‘what aspects of your work are you really excited about?’ and ‘how would you like to see the food system changed and what gets in the way of you making those changes?’ were particularly useful here. For CFAI leaders I drew in particular on responses to questions such as ‘what has involvement/funding from the Health Authority meant for you and your work?’, ‘how would you describe the Health Authority as a funder?’ and ‘have you ever felt that there was a difference between your food system vision and that of your funder?’. I also drew quite heavily in this chapter on responses (from both main research participant groups) that were included under certain analytic codes, such as the codes: advocacy, collaboration, strategizing, networking.

(Armstrong and Bernstein 2008; Buechler 2011). For example, what happens when activists lobby the State for a policy change or the creation of a program and they ‘win’? Does this policy or program (such as the FSCP and CFAI) ‘belong’ to the State or to the social movement? Could it belong to both? And how are we to understand the work of the health staff in this study, who are paid by the State yet whose perspectives and practices are at least partially consistent with food movement ideas and actions? To address these questions, I will draw on Armstrong and Bernstein’s (2008) multi-institutional politics understanding of social movement activity.

Armstrong and Bernstein (2008) suggest that in understanding contemporary social movements, it is useful to view society as composed of multiple overlapping, and sometimes contradicting, State and non-State institutions. Power and domination expressed through these institutions are simultaneously material and symbolic. In the case of health institutions this would include the material reality of where resources are dedicated (i.e., to doctors, hospitals, pharmaceuticals and less to public health) as well as symbolic components such as ideas about health (is health the absence of disease or something broader? Is promoting health an individual or social responsibility?). Through understanding the social world in this way, it is possible to begin thinking about social movement activities as targeting a wider range of institutions, and the discourses and material practices which make them up. Thus, social movements will not always make demands on the State, although many likely will.

The State itself is composed of multiple institutions, opening up the possibility for resources from one State institution to be used to challenge other (State or non-State) institutions and cultural meanings (Armstrong and Bernstein 2008). Furthermore, as Buechler (2000) argues:

Precisely because the state is complex and multi-faceted, there are always opportunities for social movements to exercise some influence over the state through the practice of state politics...In such situations, the question becomes whether movements can fight through a generally inhospitable state structure to realize their objectives (p.173).

Highlighting the inhospitality of the State, Buechler (2000) suggests that “laws or policies may be enacted that are quite consistent with movement goals, only to have their impact filtered out due to a lack of funding or enforcement” (p.174). It is thus possible for movement activity to happen within or through the State, however not without challenges.

Armstrong and Bernstein’s (2008) more nuanced view of power in society also breaks down the divide between insiders and outsider social movement challengers. They argue that given the range of institutional and discursive sources of power in society, there is a

corresponding diversity in social movement grievances. As a result “everyone is a potential social movement participant” (2008, p. 85). Social movement activists may challenge institutions from the outside, but it is equally possible for challengers to exist on the inside of an institution (Armstrong and Bernstein 2008; Grossman 2010). Santor and McGuire (1997) have described challengers inside the State as “social movement participants who occupy formal statuses within the government and who pursue social movement goals through conventional bureaucratic channels” (p. 503). Others have suggested that these insider social movement participants may not limit themselves to conventional bureaucratic channels. For example, Banaszak’s (2005) research into the work of feminist civil servants within State bureaucracies found that “movement activists within the state may even use their position to encourage extra-institutional or protest tactics by the movement” (p.154). In sum, it is possible for social movement actors to be *inside* an institution, yet still contribute to the achievement of social movement goals. Furthermore, insider movement supporters may use both conventional bureaucratic means as well as less-conventional methods for forwarding these goals.

The social movement theories discussed here suggest that State-based programs like the FSCP and CFAI can be a form and site of social movement activity. However, there is no guarantee that these social movement supportive State-programs will be adequately maintained, as hinted at in the previous chapter. This tension, between the ‘victory’ of the creation of the FSCP and CFAI, and the extent to which its implementation has been able to achieve the impact that activists wished, is a central focus of this chapter. In addition, the theories reviewed here suggest that movement actors may exist inside of, as well as outside, the State. Thus, another major focus of this chapter is the unique challenges and opportunities face by food movement actors who seek to do this work from within governmental health institutions (health staff) and those who do movement work at the grassroots (CFAI leaders).

Throughout this chapter as I talk about health staff who are supportive of the food movement, it is important to recall their institutional positions. As became apparent in Chapter 4, the majority of these staff people were in positions fairly far down the institutional hierarchy. Most of these staff people were also women, reflecting both the higher proportion of women in the food movement (Allen and Sachs 2007; Wakefield 2007), as well as the greater likelihood for women health professionals to be in ‘helper’ positions of less authority (MacLellan et al. 2011). These staff—mostly Community Nutritionists, some Community Developers and a few others—

had little formal power to make decisions (like the allocation of staff time or funds). The small number of health managers I interviewed specifically because they were supportive of the FSCP and CFAI had slightly more control over staffing and funding decisions. However, as discussed in Chapter 4, they too were in the position of needing to ‘make the case’ for food security to their superiors. I also wish to emphasize that these food movement supportive health professionals were not doing work that was contrary to their job descriptions. Rather, as we will see below, it has been through doing their jobs—often straightforwardly, sometimes strategically or through careful collaboration with outsiders—that these health staff people have contributed to the food movement.

5.3 Collaborative efforts to create the FSCP and CFAI

Chapter 3 provided a history of the FSCP and CFAI, including the distinct institutional processes from which each program emerged (ActNow and the Olympics Legacy projects for the CFAI, and Core Programs in Public Health for the FSCP). In the following I will argue that the process of creating these two programs can be understood as an instance of food movement activism involving collaboration between actors working within governmental health institutions and grassroots outsiders. I will outline: 1) key sites where movement actors inside and outside of the health establishment shared ideas, developed strategies, and mounted their efforts to create the FSCP and CFAI, and 2) the food system change agenda of the movement actors to which they hoped the FSCP and CFAI would contribute. Exploring the history of the FSCP and CFAI as a food movement effort helps set the stage for the two sections that follow, which reflect on the strengths (section 5.4) and weaknesses (section 5.5) of these projects with respect to their contribution to the food movement. Understanding elements of how this specific movement ‘victory’ of lobbying for and creating these programs was achieved also provides important direction for how the movement-relevance and transformative potential of these programs can be strengthened in the future, a topic taken up further in this and the following chapter.

5.3.1 Key sites of collaboration between health and grassroots actors

For Community Nutritionists, the most significant venue that facilitated their collective effort to push the Ministry of Health and Health Authorities to become involved in food security work was the Community Nutritionists’ Council of BC (CNC). The CNC, a remnant structure

from before regionalization of health care services in BC, allowed for knowledge sharing and collaborative plan development. Through the CNC knowledge also flowed directly between Community Nutritionists and the Ministry.

There was a nutrition division in the Ministry of Health and Anne Carrow was leading up that division....she had quite a vision. She was very big into health promotion...a community nutritionist was somebody who was responsible for improving the nutrition of the population, so we were looking at the Ottawa Charter and we were looking at how we would apply nutrition to the Ottawa Charter. We were looking at planning, we were looking at policy, and we were looking at community development, research. And education was still a part of it, public health education, but we had a much broader understanding. We were given training through our peers, through the Ministry...We had a very strong Community Nutrition Council that was funded...[we would] come to meetings in Vancouver, where we would develop our programs, and synthesize our ideas, strategic planning...At these meetings we would receive the latest information on nutrition policy worldwide, the latest about community development work. So food security was a word, language, that came to our group, we heard about what was happening in Montreal, community kitchens, collective work, we heard about different policies...And the Ministry was also very good to us in providing us tools, so we learned how to fundraise...It was a great group of women. (Health staff)

The introduction of the concept of food security to the CNC led to the creation of a Food Security Standing Committee within the CNC. In 2002, this Committee secured funding from Health Canada to develop *Making the Connections: Food Security and Public Health* (CNC 2004). The consultants hired to research and write the first draft of this document were grassroots connected members of the BC Food Systems Network (BCFSN). Community Nutritionists took the lead in crafting final drafts of the document. While this document was initially aimed at convincing the Ministry of Health to create the FSCP, it informed the creation of both the FSCP and the CFAI.

Members of the CNC also reached out to the Health Officers' Council (a council made of up of Medical Health Officers working across the province) to enlist their support for incorporating food security into health sector (Seed 2011). In 2003, members of the CNC met with the Health Officers' Council and agreed to form a new organization, the Public Health Alliance on Food Security (Seed and Ostry 2005). This Alliance was also supported by the BCFSN, which hosted the inaugural meeting of the Alliance at its annual Gathering in 2004 (Seed 2011). For the BCFSN the Alliance was seen as a useful vehicle for the Network's policy aspirations. As explained by Cathleen Kneen, the Chair and coordinator of the Network at the time:

The first public policies addressed by the network were in the area of health. Food security is an essential element of public health, whether from the perspective of First Nations spirituality (which holds that food and medicine are closely linked and are often two ways of looking at the same thing), or from the perspective of chronic disease prevention. The organization has looked to its members who are directly involved in the health system as nutritionists, physicians, health officers and other public health workers to carry this analysis into policy making. The formation of the Public Health Alliance on Food Security was an important move in this direction (Kneen 2005, p.50).

This Alliance proved to be ephemeral, becoming defunct in 2007 (Seed 2011). However during its existence this group created the official proposal for the CFAI (as discussed in Chapter 3).

The BCFSN and the work of Cathleen Kneen and other grassroots actors have also been credited with a general increase in critical consciousness about food system issues amongst health professionals working in BC.

I wanted to flag the importance to me of Brewster Kneen and Cathleen Kneen, and you know that Cathleen was kind of a founder of the BC Food Systems Network and Brewster has written some pretty remarkable books, and my whole thrust in food security began when [I went to a talk by Brewster]. Brewster spoke...and I was absolutely electrified—I'd been entranced by population health and that was my entry into food security, and after that there was no looking back. (Health manager)

The BCFSN annual meeting was also an important place where grassroots activists, health staff, and others were able to share-knowledge, collaborate and coordinate efforts (Seed and Ostry 2005).

Collectively, the CNC, the BCFSN and the PHAFS, facilitated collaboration between health institutional actors and grassroots activists through relationship building, knowledge sharing, consciousness-raising, and providing venues to coordinate strategies. These organizations also ultimately developed two key documents (*Making the connections: food security and public health* (CNC 2004) and *A proposal for the Community Food Action Initiative* (PHAFS 2005)) to advocate for and develop the FSCP and CFAI. In the following I will explore the food system change agenda that motivated these Health actors and grassroots outsiders to lobby for the creation of the FSCP and CFAI.

5.3.2 Food system change agenda motivating programs' creation

One grassroots activist who was heavily involved in the push to create these programs explained how she and others advocating for these programs hoped that they would contribute to systemic (as opposed to individual-focused) change efforts.

Pushing from the inside and outside, that's how it happened. There was also, and we kept pushing this, we cannot keep going the way we're going, with the cost of health care inexorably rising, we really need to figure out some other way. And I think one of the things that we were pushing against also was the whole notion that somehow or other personal health is dependent upon individual choice, as if there were no system—the pharmaceutical system, the industrial food system, the welfare system, etc, which limited people's capacity to choose anything quite dramatically, and that we needed a more systemic approach.
(Grassroots activist)

For this grassroots activist, formalizing a food security role for the Ministry of Health and Health Authorities was not an end in itself. Consistent with Armstrong and Bernstein's (2008) contention that movements sometimes use one institution to target others, the FSCP and CFAI were intended to provide a sympathetic institutional base within government.

[Our hope in getting food security into health] was that it would spill over into other areas of government. That [food security programs in health] was never an end in itself. It was very much a strategic decision... [because it was] an easier sell to tell health authorities that food's got something to do with health, than to tell the agricultural authorities that food's got something to do with agriculture... We were advocating from the beginning for an inter-ministerial structure of some sort to address food policy because food cross-cuts all sort of ministries, it's not just Health and Agriculture and Fisheries...it's everything, Education, Economics and Trade Policy, you name it. (Grassroots activist)

A health staff involved in the programs' creation voiced similar intentions:

We didn't know in the end what it would look like but we felt that if there was a provincial body, like a provincial food policy council, it would spur on the development of food action and food policy councils across the province. And then each community or locale would be in charge of determining how they would address their food security issues, and the provincial body would be responsible for communications, leading the charge, province and beyond. (Health staff)

Those who pushed to create these programs did so in response to the deleterious effects of the dominant food system.

A lot of the problems that acute care faces right now I think can be laid at the feet of the industrial food system. (Health manager)

Similarly, interviewees from Seed's (2011) study on the integration of food security policies and programs into public health in BC identified corporatization of the food system, neoliberal policies, concerns about diet-related diseases, food safety issues, and climate change as key big-picture factors motivating this integration. The CNC's (2004) *Making the connections: food security and public health* explicitly named problems with the dominant food system:

Our current food system is driven by fragmented policy, developed by a variety of sectors. Health is rarely the goal. The system, particularly the supply component, is undergoing rapid consolidation and control. A handful of trans-national corporations own the lion's

share of the industry. They view food as a commodity rather than a health or social good. BC residents are distanced from the decisions that impact their supply and access to food...It is time we changed the way we conceptualize and address food concerns. It is time to consider an alternative approach – one that strengthens community action, supports coherent food policy and reorients the food system towards health (CNC 2004, p.19).

This document also argued that involvement of governmental health institutions in food security would allow for greater coordination of food system change efforts across province.

The critique of the dominant food system expressed in the CNC document and by those who pushed to create the FSCP and CFAI underscores the food movement aspirations of these programs. These actors saw an opportunity to support a more systemic approach to food system change efforts through strategically involving government, with health providing the entry point into government. The formalization of the CFAI in 2005 and the FSCP in 2006 can thus be seen as a victory, what one health staff described as a “feather in your cap when asked what you have done to support food security and the food security movement”.

The important questions that the remainder of this chapter grapples with are, after the ‘victory’ of program creation, what happened? How have these programs contributed to BC’s food movement? Have they been able to facilitate greater coordination of food movement efforts or trans-governmental policy in support of food system change? Have these State-funded programs helped address the suggestion that the food movement needs to “scale up to identify state sponsored solutions to entrenched structural problems of global capitalism” (Johnston and Baker 2005, p.319)? Or has their hoped-for movement capacity and impact been “filtered out” (Buechler 2000), and if so, how? In section 5.4 I will discuss the different ways that health staff and CFAI leaders have independently and collaboratively supported the food movement through the FSCP and CFAI. In section 5.5 I will discuss shortcomings and potential risks of these programs from a food movement perspective.

5.4 Implementing the FSCP and CFAI: collaborative food movement efforts

The Ministry of Health released funds for the CFAI in 2005. In 2006 the Core Public Health Programs development process concluded, with the FSCP being one of 21 core programs. As discussed in Chapter 4, these programs have not fit easily into the already-existing Health Authority structures and mandate. However, despite challenges, at the time of data collection for this research (2010-2011), these programs had been running for approximately five years. In the

following I will explore how the implementation of the FSCP and CFAI has contributed to food movement activity in the province. Specifically, I will address: 1) how these programs have contributed to the food movement work of CFAI leaders, 2) how health staff have supported the food movement through strategies that were possible and appropriate given their institutional position, and 3) how health staff and grassroots activists have collaborated in support of food movement efforts.

5.4.1 Support for CFAI leader movement activity

The work of CFAI leaders includes what might be most commonly associated with the food movement ²⁰. CFAI leaders often served as food network coordinators in their communities. This was especially the case in regions where the same networks were funded over a number of years. They have also been involved in coordinating a range of food projects and initiatives such as: gleaning and food recovery projects, community kitchens, community/demonstration/school gardens, food policy councils, food charters, farmers' markets, skill-building workshops, local food potlucks, local food maps and growing guides, and food festivals or celebrations.

Most CFAI leaders only received enough funding through the CFAI to cover approximately eight to twenty hours of their time per week. For many, this funding, though limited, helped ensure time in their days to do the food system activism most of them were already doing.

They pay us to do what we want to do. (CFAI leader)

I mean it's not very much money that comes from CFAI but if I didn't have that then I would frankly be waiting tables or whatever. I wouldn't have the time and space in my day to seek other funding. But it's an issue you know. It's not very much money given the amount of work that the food action plan entails. It's pretty crazy; I end up volunteering a whole bunch. (CFAI leader)

²⁰ It is important to emphasize here that I only interviewed CFAI leaders from two Health Authorities. However I also spoke with Health staff involved from the Health side in CFAI projects in all of the different Health Authorities and reviewed websites and other relevant texts from CFAI projects across the province. I was also able to speak informally with CFAI leaders from other regions. Thus while my generalization here is based predominantly on the experiences of those I interviewed I have been able to check that it is fairly consistent with other CFAI projects. One important difference is that in some Health Authorities CFAI grants are very small and/or went to different groups each year and thus was not as central to the food work being done as it was in regions where funding was consistent. The provision of small, one-time grants also meant that CFAI leaders in those regions were less likely to be coordinators of food networks or hubs, and more likely to have been involved in one-off projects.

I'm an activist in this community so I'm not used to getting any pay for my work. So I'm just kind of doing my regular work but then having the blessing of a little bit of an honorarium to cover some of my costs so that I don't have to have too many other jobs. (CFAI leader)

Another leader, in trying to distinguish between activities that were CFAI activities and those that were not pointed out:

It's pretty fluid honestly...I'm on the board of the Farmers' Institute, I'm involved with planning Seedy Saturday, and I'm on the board of a food cooperative that we started up here. There's a lot of other projects that are very closely related [to the CFAI], but don't pay. (CFAI leader)

Thus CFAI funding has paid leaders for work that might otherwise rely on unpaid labour and has freed-up food activists' time that might otherwise have been spent on unrelated paid labour. CFAI funding in some Health Authorities has also provided a financial base from which to leverage other funds. This has especially been the case in Health Authorities where a stable level of funding has been provided to the same community organizations each year²¹.

Where Chapter 4 outlined the different ways dominant discourses on health created pulls away from big-picture food system change work through the FSCP and CFAI, it was interesting to discover that CFAI leaders have not felt overly constrained in the content of their work. This sense of flexibility is due in part to CFAI leaders adeptness framing their work according to the demands of different funders.

When you place the program in the context of our local neighbourhood house, it changes and it becomes more about community development, empowering the community to participate in public process, to build community gardens...When we're working with the health authority we're very much contributing to the health of the population in our community. The grand vision depends on who you talk to and in what context, so I think that's one of the beauties, particularly when you're applying for funding, you can shape it and create the vision in almost whatever way you need to. But it actually does achieve all of those things. (CFAI leader)

However CFAI leaders were also clear that they experienced CFAI funds as quite flexible, and especially appreciated the ability to use these funds for staff time.

We can use the funding that they give us entirely for staff time, which is very rare. We have no core funding, we're entirely grant funded and so that funding means that I can keep working for at least a portion of the year and get paid for it, which is important to me...All we need is staff time. We can dig up resources from wherever if we have the time to do it.

²¹ Generally the same community organizations in VCH have been funded since the beginning of the CFAI with the exception of organizations within Vancouver where CFAI money has moved to different neighbourhood organizations over the years. VIHA has followed a similar model, with funding to food hubs as described in Chapter 3, although there have been a few more changes in hubs, and some years where funding to hubs waned. Interior Health has also done some multi-year funding. In Northern Health, most CFAI money is small, one-time grants, with HEAL (based in Northern Health) functioning as a key food networking organization.

There are not a lot of things we would actually have to pay for, but we often don't have the staff time to do it. (CFAI leader)

So what it does is it pays for my position. The majority of the money is spent on coordinator salary...Prior to this funding coming there was a food security task force...but everyone was doing it off the side of their desk...once you have a paid coordinator who chases after certain things and ensures things happen, that's when you get a lot of action happening. It's my job to make presentations in front of council to do all the stuff that someone who's volunteering is not going to take on. (CFAI leader)

Looking at CFAI leader reflections collectively, an important way that the CFAI has contributed to BC's food movement was through further supporting the food movement work that CFAI leaders were already doing. As this CFAI leader summarized:

So the CFAI projects have sort of been a catalyst for... just providing space in our lives to dive in a little deeper. (CFAI leader)

Thus, CFAI funding has not been solely responsible for the food movement work done by these outsider activists, but it has been flexible and (for some groups) consistent enough to sustain and deepen food movement activism.

5.4.2 Food movement supportive work of health staff

Health staff engaged in hands-on food movement work, such as participating in food policy councils, coordinating community kitchen networks, or helping schools develop gardens and farm-to-school projects. The hands-on movement work of health staff was a very visible and valued contribution to BC's food movement.

The community nutritionist is involved in our food policy council and is a strong voice in that... And also she organized for Joanne Bays from the farm-to-school project to come to our community, to do a presentation. She invited a whole bunch of people including myself and local famers and teachers, and is basically spearheading that program. So now we're meeting regularly and seeing what we can make happen in our community. (CFAI leader)

However, as pointed out in Chapter 4, the ability of health staff to continue to engage in these food-movement-building activities was not assured.

It's kind of, I don't know how to explain it now. Before, I was supported to do that work [coordinating a local food policy council], and now it's unclear. I'm prepared to take that on, on my own time just because I believe so much in the work. So yah, right now it's supported. But with all of the changes at [our health authority] as well as the provincial priorities, and we're waiting to hear what those are... (Health staff)

Because of this ongoing uncertainty about the stability of the FSCP and CFAI, health staff also engaged in more subtle forms of movement supportive work. This work was

predominantly aimed at ensuring the continued dedication of health establishment resources (in particular staff time and CFAI funds) to food system change efforts. This is how one staff member explained this movement work:

Social movements come and they go and ones that come up this fast—like I’ve never seen one rise as fast as this one [the food movement]—have the potential of going away as fast. And we want to get it as embedded into the normal way of doing business as possible. You know so we’ve got to get it embedded in the schools, we’ve got to get it embedded in the local governments, we’ve got to get it embedded in the health authorities. (Health staff)

Some of the work to embed food movement supportive practices within Health Authorities has involved educating others within these institutions about the relevance and benefits of this work.

I think we need to get better at advocacy, advocating for ourselves and our work and our way of doing things. (Health staff)

It’s constantly advocating for that case that this is valuable work and this is really what we need to do in our core public health services. (Health staff)

One specific strategy for further embedding food movement work within the Ministry of Health and Health Authorities was to carry out evaluation, targeted at health care decision makers (from managers up to the Health Minister) and written in terms understandable to them, to demonstrate the value of CFAI funding.

We’ve been funding these programs for five years and we’ve developed a very good working relationship with each of the communities. I am able to see considerable documented change occur as a result of initial investments and ongoing investments and I am determined to provide these results to the province in a way that they can easily digest it and recognize that this has been very successful and that we want them to make a commitment to keep it going. (Health staff)

While many of the Health staff I interviewed expressed this desire to carry out evaluation for the purpose of ensuring continued funding to the CFAI, at the time of data collection, only one Health Authority had carried out a comprehensive, independently executed and publicly available evaluation of their CFAI projects (SPARC BC and Beck 2011).

There were also examples of managers who functioned as translators *within* the Health Authority, creating space for the ill-fitting and ‘messy’ community-based work of their staff.

Well I think that if I had to identify one characteristic, it would be [my boss]. She has worked for the Health Authority for so long, she actually knows the language, she knows the processes, she knows the system and so she’s been able to really mentor and guide us who are more community-based on how to actually get things going through the bureaucracy. (Health staff)

This manager gave a specific example of how she used her institutional expertise:

Well partly, public health can fly under the radar quite a bit of the time...we ran a budget...and we named her department 'Food Security and Healthy Communities' or something like that...it broadened the scope, broadened the mandate and so nobody could really challenge it. They wondered what the heck she was doing, but it was all there in the title, so they thought, oh well, okay, I guess so. (Health manager)

With strategic and upstream oriented managers like the two implicated in the previous two quotations, the marginal position of some public health programs can be turned into an opportunity. Being in an under-resourced and poorly understood department can also mean being subject to less (internal and external) scrutiny, creating greater freedom for health-supportive but more critically-oriented, systems-change work.

In sum, health staff contributed to food movement building through directly engaging in specific food projects, and their ability to do this work was facilitated by the existence of the FSCP and CFAI. However, the continuation of these programs was not assured. Thus, along with the more hands-on food movement work health staff engaged in, they also used different strategies on the *inside*, attempting to “fight through a generally inhospitable state structure to realize [movement] objectives” (Buechler 2000, p.173).

5.4.3 Health staff/grassroots actors' collaborations for food movement work

The CFAI and FSCP also facilitated collaborations between health staff and CFAI, for example working together on the same projects, or participating in each other's initiatives as discussed earlier. A number of CFAI leaders also received help from health staff to apply for (non-CFAI) funds and in one region health staff were taking the lead to facilitate the creation of a food funders table to streamline the funding process for CFAI leaders and other movement activists. Beyond this more straightforward collaboration, health staff and grassroots outsiders collaborated in more subtle ways that benefited from their distinct institutional locations.

For example, one CFAI leader talked about how she worked with health staff on advocacy work related to her municipality's Official Community Plan. However there were limits to the advocacy work of this health staff person:

It's almost like there's a nice partnership. When they can't do things officially, they can do it through us...we have more flexibility almost. (CFAI leader)

A health manager in a different region similarly explained how those working on the inside and outside are able to do different kinds of advocacy work.

We have to be careful, but that's where our community development work and external partners become very very important because they can influence and agitate things that you can't [as a health authority staff] influence and agitate. Put information through one of your networks and let people take and run with that, that you can't act on yourself as a Health employee. (Health manager)

An illustrative example of this different latitude for action experienced by those working on the outside compared to those working on the inside was the struggles that ensued regarding the province-wide Meat Inspection Regulations (MIR), introduced in 2004 and made mandatory in 2007. While these regulations, and the protests against them, did not originate directly from the FSCP and CFAI, they were introduced around the same time that these programs were being created, and involved many of the same players. The MIR thus came up frequently in the interviews I carried out. The MIR required that all meat sold in the province be slaughtered in a federally or provincially certified facility. Prior to the introduction of this legislation, it was possible for farmers to sell meat that they had slaughtered themselves through farm-gate sales. The introduction of this legislation created uproar amongst BC food movement activists, including members of the BCFSN and CFAI leaders who I spoke with. They saw this regulation as a threat to the viability of small-scale farmers and to consumers' ability to access locally-produced meat, given that in many small rural and remote communities there were no licensed facilities. These regulations also created interesting tensions between those working within Health Authorities who were focused on food security and those who were focused on food safety (Seed 2011). While those working within food security tended to sympathize with grassroots actors who were vocally opposing the regulations, they had to be cautious not to be seen as contradicting food safety policy (Seed 2011).

From the outside, those who opposed the legislation wrote letters, held rallies, started petitions, and spoke with the media, mounting a very public campaign to put pressure on the government to change the legislation—activities in which health staff could not easily engage. While the public displays of opposition understandably originated from outside of the Health Authorities, the eventual changes that were made to the regulation in 2010—creating licenses for on-farm slaughter in rural and remote communities on a case-by-case basis where inspected facilities were not accessible—resulted from the work of both grassroots actors and health professionals. While the grassroots outsiders were able to create very visible public pressure, there were those within Health Authorities who were able to craft the amendments to the MIR in

such a way that the Ministry of Health would accept it. These amendments were not the complete scrapping or rewriting of the MIR that many activists wished, however it was an improvement that addressed some food movement activists' concerns.

Through the CFAI and FSCP Health staff and grassroots outsiders have made important contributions to BC's food movement, contributions dependent on collaboration between these differently positioned actors. For example, I suggested that a key benefit of the CFAI was its provision of flexible and (in some regions) consistent funds which CFAI leaders used to maintain and deepen their food movement work. Yet these funds were dependent on health staff making the case within their Health Authority or to the Ministry of Health for the continuation of the CFAI through the strategic use of institutional language and evaluation. This advocacy for the CFAI was in turn aided by the fact that CFAI projects achieved a great deal because CFAI leaders tended to volunteer hours beyond CFAI-funded time. And because CFAI leaders worked long hours, the ability of health staff to collaborate with them (facilitated by the existence of the FSCP) was a very important contribution to food movement efforts. Yet the continued ability of health staff to do this work was dependent on strategic work within the institution including: educating about and advocating for this work internally, framing the work in institutional language, carrying out targeted evaluations, or (for managers) generating creative job titles and budgetary flexibility to allow staff the freedom to do this broadly-scoped food system work.

The preceding analysis demonstrates a certain level of success at supporting the food movement through the 'inhospitable' (Buechler 2000) State apparatus. Furthermore, while health staff have functioned mostly as institutional activists in the sense that Santor and McGuire (1997) identify—institutionally situated actors who use normal bureaucratic means to support movement efforts—they have also, at times, carefully and creatively supported extra-institutional tactics such as protest (Banaszak 2005). Through strategic collaborative efforts, health staff and grassroots outsiders have used the FSCP and CFAI to support food movement efforts. However, while collaboration has been beneficial, working together from different institutional positions has not always been easy. Furthermore, the extent to which these programs have contributed to greater coordination of food movement efforts, or substantive expansion of food movement supportive policies and practices in government and beyond, remains uncertain. The following section explores these limitations and challenges.

5.5 Filtering-out the movement capacity of the CFAI and FSCP

Thus far I have suggested that the FSCP and CFAI were created through collaborative efforts between health staff and grassroots actors, and that hopes for wide-ranging contributions to food system change motivated these efforts. I have also pointed to a number of ways that these programs (and the work of those implementing and maintaining them) have facilitated food-movement-supportive work. However working towards food system change through these programs has not always been easy.

A central challenge for the FSCP and CFAI is that they are State-based, yet trying to contribute to a food movement which, in some interpretations, is directly critical of the State, as this CFAI leader pointed out.

I think they [Health staff] do what they can. I've definitely talked with people who've said, well we can't come out publicly and say blah blah blah, but we can do this little piece that might help. I think that the Health Authority, as an organization, ties some hands, but then I also think that their hands are in turn tied by people in the Ministry...It's hard, because the way that federal and provincial policy is set up, a lot of it is counter to food security and food sovereignty...so, it's a fundamental system redesign and that's a really scary big thing. (CFAI leader)

As a result, some of the potentially more profound food movement impacts of the FSCP and CFAI have been 'filtered out' (Buechler 2000) by the Health institution as it follows a course that is powerfully shaped by dominant discourses. In the following I will discuss different ways that the programs' capacity for food movement effects has been filtered-out.

5.5.1 Filtering-out movement effects through lack of funds

The flow of funding to communities through the CFAI was an important way that the Ministry of Health and Health Authorities have supported food movement efforts, however CFAI funding decisions have also been a key source of struggle and tension. There was frustration on the part of both health staff and CFAI leaders that these funds were not able to fully compensate CFAI leaders for their time. Furthermore, in regions where CFAI funding was disbursed through a yearly application process there was a sense of disjuncture between depths of work desired and funding provided.

I did have an issue with CFAI only funding me for one year and expecting the formation of a network and I said, it takes at least three years to build a network, it's all about relationship building and connections...it's about doing projects with this or that group and slowly building the network through doing things, but it takes time to get organized and build your capacity to do those things. (CFAI leader)

Others highlighted that in regions where there were requirements for yearly applications it was a significant drain on CFAI leaders' time.

I say to funders constantly I spend a third of my time writing grants, do you really think that's cost effective...they ask of us legitimately to be coherent in the work that we do and to show the partnerships and the collaboration, and we do that because we want to do it anyway, and we're still saying to them, please be more coherent at your end, because again, I could write the grant to get the money for food programming once a year that appeals to that collective body of their money and then that could be ten percent of my time, and then the other twenty percent that I'm now wasting on doing this stuff, couldn't I be inventing more creative programming or doing something that's about extension and not just kind of running on the spot. (CFAI leader)

Thus not only were CFAI funds generally not sufficient to carry out the work of the CFAI, management of grants (CFAI and others) took time away from hands-on or more strategic food movement work. Amongst some CFAI leaders this frustration was heightened given that they had not received multi-year funding while in other regions CFAI projects had.

Other CFAI leaders expressed anger with what they saw a Health Authority taking “all the glory” with respect to CFAI projects. As we have already seen, there are many reasons why health staff might have felt the need to highlight publicly or internally how the dollars going to CFAI projects contributed to improved health. However, it is also understandable that grassroots actors would feel that the role of the Health Authority in these projects has been overstated, knowing intimately how their own and their community's (often unpaid) labour allowed these projects to be successful.

In addition to these frustrations and tensions around funding, the different financial and institutional positions of health staff and CFAI leaders had the potential to create power imbalances between these actors. As one long-time grassroots food activist explained:

There's always been an imbalance of power in those conversations. I've sat at those tables, where I am a volunteer, I'm there on my own time and I'm sitting with people who are drawing decent salaries and who are there on work time, and that never was properly recognized, the imbalance of power between the salaried people and the community people.

Health professionals saw power imbalances as problematic as well. As one Health manager pointed out, “There's a funder-fundee relationship that occurs that can impair the partnership discussion.”

Beyond tensions created by funding issues and associated power dynamics, inadequacy of funds limited the ability of the CFAI to contribute to greater coherence in food movement efforts. Health Authorities are not solely responsible for the dysfunctional funding cycle.

However, the CFAI was initially designed to overcome some of the limitations created by a lack of stable funding faced by food system change advocates. In particular, the CFAI was to “facilitate cooperative integrated solutions to community needs, rather than on a project-based granting application process” (PHAFS 2005, p.9) with the intent “to provide multi-year funding support, wherever feasible” (p.11). While ongoing funding to community food network groups has happened in some Health Authorities in many Health Authorities it has not. VCH in particular has provided funds to the same group of food network organizations (with a few exceptions, notably in the city of Vancouver) since the inception of the CFAI. This is not to suggest that VCH was exemplary and the other Health Authorities were not. For example, in some Health Authorities with smaller populations like Northern Health, the amount of funding allocated to them for the CFAI was so small and the population they served so geographically dispersed that it would have been very challenging to provide consistent funding to a collection of network organizations that could meaningfully cover the whole region. It was unclear to interviewees how CFAI funds were allocated to the different Health Authorities, but if CFAI funds are allocated strictly according to population size, this creates a huge challenge for more geographically dispersed regions like Northern Health, or, to a lesser extent, Interior Health.

To summarize, important limitations to the CFAI have been created through a combination of an inadequate level of funding dedicated to the program as a whole by the Ministry of Health (given the official scope and intent of the program and the desires of those implementing it), the way these limited funds have been divided between different Health Authorities, and the way each Health Authority has disbursed these funds. In particular, CFAI funds *were not* universally experienced as stable, and they *were* generally experienced as insufficient for the network building and food action plan implementation desired by the Health Authorities (and also desired by CFAI leaders). These CFAI funding issues are thus a key way that the movement impacts of this program have been ‘filtered-out’ by the State. If adequate levels of funding were devoted to the CFAI provincially, and if these funds were then used by Health Authorities to provide consistent support to appropriately dispersed food network organizations across the province, the CFAI would be in a stronger position to contribute to greater coordination of food system change efforts. In this way, it could begin addressing Johnston and Baker’s call for the food movement to “scale up to identify state sponsored solutions to entrenched structural problems of global capitalism” (2005, p.319). Instead, in many

regions, the CFAI has functioned as yet another body of funds from which food movement activists seek support.

5.5.2 Filtering-out movement effects through lack of supportive structures

Issues around funding for the CFAI created fairly obvious limitations to this program's ability to contribute to the food movement. However the programs' institutional context, discussed at length in Chapter 4, served to filter-out the movement capacity of these programs in more subtle ways. I will discuss two such instances here: the general lack of support for the FSCP, and the decline of the Community Nutritionists' Council which has limited the capacity of nutritionists to contribute to the food movement in a coordinated way.

The FSCP was a key food movement supportive structure, however this program was not well sustained within the Health Authorities, nor did the Ministry of Health pressure them to do so. For example, the implementation of the FSCP was to be guided by a process of Health Authority driven (but publicly reported) performance improvement planning. However after the first three years of the FSCP, many Health Authorities were not consistently developing or publicly posting their performance improvement plans. There are many reasons why performance improvement planning waned. In particular, there was limited capacity within resource-constrained public health departments to develop and post plans for all 21 Core Public Health Programs. Performance planning was further complicated in Health Authorities where there were no public health or population health departments under which these programs were grouped. As a result, food security work was often experienced as un-strategic or uncoordinated.

It's not thoughtful really. I wish it was but there's very little leadership here. We have things that we've always done. I have a project status report where I have all my projects, all my committee work, internal and external. And I have a plan and it's a full workload but it's not strategic. It's not like, okay this is what our mandate is and this is where we're going to get the most bang for our buck, or we're not involved in that so how do we get into that ...It's whatever comes up and whatever we've historically done. (Health staff)

Compounding this lack of internal strategic direction was the insufficient amount of staff time dedicated to implementing the FSCP (and supporting the CFAI within that). Almost all of health staff with food security responsibilities also had other job responsibilities. They thus felt their time stretched tight between various job commitments, with many experiencing pressure to do work that was not related to food systemic change.

Given that the food security work of health staff was not well supported, the Community Nutritionists' Council (CNC) provided an important institutional home for this group of 'big picture' oriented health staff. The CNC provided a forum for regular communication between Community Nutritionists across the province and helped create a peer-network for them that they drew on for advice and resources in their day-to-day work. Over the time that I was collecting data (2010-2011), the CNC was slowly declining.

The decline (or effective end) of the CNC was perhaps a logical conclusion to the process of health care regionalization through which Community Nutritionists came under the management of their autonomous Regional Health Authority rather than under the Provincial Nutritionists at the Ministry of Health. For some time after regionalization, the CNC continued to operate with involvement from Ministry of Health staff. However, some managers within different Regional Health Authorities felt that the CNC allowed the Ministry to direct the work of their staff.

Right now, there's some conflict with the Community Nutritionist directors because it feels like to them that the Ministry is directing their Community Nutritionists' work and that it's taking them away from what they've identified as Health Authority priorities. (Health manager²²)

Whatever the motivations for ending support for the CNC, its decline had serious implications for the ability of Community Nutritionists to collaborate on a province-wide scale. For some, it increased a sense of isolation and marginalization or disempowerment.

For the Community Nutritionists [the decline of the CNC] has been, I would say, pretty devastating. Especially for the community nutritionists who are working in isolation... We felt like we were doing great work and there was so much momentum, so much excitement. We were changing things and we were doing it together. We'd come together for annual conferences. It was amazing. And now basically we're all just like nothing. (Health staff)

The CNC has basically been shut down and I do not see that being resurrected. I don't think that will ever happen, in the way that it was before. We really were an advocacy tool and we were shining a light on our work and on food security within the Health Authority in general, but it's so sad, we just got to be too powerful I guess, or I don't know what it was... (Health staff)

With more limited ability to collaborate internally through the decline of the CNC, and with little support from those higher up the institutional hierarchy to engage in strategic planning

²² This comment came from someone working on food security at a provincial, not regional management level. Generally I have not distinguished between provincial and regional managers to protect the identity of these individuals, but here a distinction is important.

around the FSCP, health staff sometimes faced an uphill battle supporting food system change efforts. While health staff did this work despite struggles, the ability of these programs to lend greater stability to food movement efforts as initially hoped was seriously constrained.

5.5.3 Filtering-out movement effects: inadequate inter/intra-institutional linkages?

In the two previous subsections I have outlined important shortcomings in the ability of the FSCP and CFAI to contribute to the food movement. While they have not borne out yet, I also see potential risks to the movement through these programs if they fail to facilitate adequate inter-governmental and grassroots/State linkages. The two main potential risks I wish to discuss here are: 1) The Ministry of Health and Health Authorities taking a leadership role in moving a food security agenda forward without staying adequately connected to the grassroots, and 2) these programs creating a sense that food systems issues are health (as opposed to other areas of government) issues.

An interesting example of potential challenges with governmental health institutions taking a leadership role in moving a food security agenda forward is the case of the HEAL network in northern BC. HEAL started out as a grassroots food and population health network, or as many people referred to it, a movement (PHSA 2006). Northern Health actors were heavily involved from HEAL's inception, including applying for the grant which led to its formation, but Health's role in this networks was always as an important member, not coordinator. When HEAL began to struggle with managing the coordination and communication work required for such a geographically dispersed network, a collective decision was made to integrate HEAL into Northern Health. As a result, in 2007, the HEAL coordinator became a paid staff person of Northern Health.

In one sense the decision to integrate HEAL into the Northern Health Authority demonstrated the strength of relationships and partnerships between grassroots actors and Northern Health. It also demonstrated a significant institutional commitment to the work of HEAL, much of which was also food movement work. However, while this incorporation of HEAL into Northern Health allowed for the continuation of HEAL, it also changed HEAL.

As a grassroots organization there's something about working in a lateral way. And also, even though we have close relationships, so for instance with the coordinator, so on a people level, it's the same players, but there's something about—it does become, I don't even know if it's a hierarchy, but it becomes different. It becomes different realities and you just, we don't have as close of a relationship with a Health Authority as we did when it was a group of us

who were really working as citizens who have created these NGOs to address food and food issues. It feels less of a movement when it goes into an institution. (CFAI leader)

Reflecting on the challenging role of the HEAL coordinator, a health staff provided a hint at how institutional dynamics contributed to a difference in the feel of this movement organization:

On one hand she's supposed to be assisting and supporting community direction and on the other she's got these legal and job related responsibilities on which her performance is being measured and tasked. (Health staff)

It is too early to say whether the formal integration of HEAL into Northern Health will diffuse the movement energy or negatively effect the relationships which created HEAL. The conversations I had with thoughtful and articulate people working at the grassroots within the region and within Northern Health make me cautiously optimistic. Yet a risk is there.

The question I wish to raise is, to what extent might the FSCP and CFAI create similar risks for the food movement? Might these programs lose their connection with the grassroots, or change relationships between those working inside and outside of the health sector, or otherwise diffuse food movement energies? Seed's (2011) study which covered the years just prior and just after the implementation of the FSCP and CFAI (2004-2008), found that civil society voices were marginalized at the provincial advisory group set up to guide the CFAI. Grassroots actors felt that they were not being listened to in this group, and some of the health professionals involved felt that these grassroots actors were too confrontational (Seed 2011). When I carried out my research, the provincial advisory council for the CFAI was no longer functioning meaning that there was not any formal structure in place through which grassroots activists could influence the CFAI at the provincial level.

This lack of formal mechanisms for ensuring that the FSCP and CFAI are to some extent guided by grassroots actors creates the potential for slippage towards food system change strategies that are less threatening of the status quo or towards initiatives that are more consistent with the biomedical and neoliberal discourses that dominate in the health establishment. This is not to suggest that grassroots actors in BC's food movement have a monopoly on profound critiques of the food system, nor that health staff people are simply cogs in the machinery of the neoliberal State or biomedically oriented health establishment. There is much that is critical about the theory and practice of health staff, just as there are aspects of the ideas and actions of grassroots actors that do not challenge the status quo (issues which will be further taken up in Chapter 6). Nevertheless, given the institutional context and constraints of State-based health

actors, they face a unique challenge in maintaining a critical edge in their workplace. Most were very aware of the constraints on their actions as institutionalized actors, talking about how they needed to ‘be careful’ or risk being marginalized.

Yah, they don't want to hear from me because I'm critical. This is not a culture that accepts criticism...I have several examples recently where I've been completely marginalized or bypassed because they knew I would be critical. (Health manager)

You've got people...who see advocacy as a responsibility and they struggle always, as public health people always have, between biting the hand that feeds them, their employer, and then their commitment to advocacy and to the health of the population. (Public Health Expert)

I do not want to over-exaggerate the potential risk to the movement here, as there is much that is supportive of a food movement agenda about these programs, and many ways (as discussed above) that health staff have found to support this movement agenda despite institutional constraints. However a lack of formalized feedback loops between those working inside Health Authorities and the Ministry of Health and those working on the outside is another potential means through which some of the more profound movement capacity of these programs may be filtered-out.

Those who initially pushed to create these programs also hoped that these programs would help food movement concerns to “spill-over” into other areas of government. In the early 2000s as these programs were being created there was good reason to be hopeful that this spilling over of food concerns might happen. ActNow (the umbrella under which the CFAI was first created) was celebrated as a “bold intersectoral initiative” that used “diverse strategies and mechanisms to foster collaboration in government” in an efforts to make BC the healthiest jurisdiction to host the Olympics (PHAC 2009, p.1). However ActNow mechanisms supportive of intersectoral action did not survive past the 2010 Olympics. The CFAI advisory group had the potential to facilitate intersectoral action specifically on food system issues, yet like the umbrella ActNow initiative, this group did not survive past the Olympics. Beyond the difficulty of getting government, which is used to acting in silos, to collaborate across sectors internally and externally, there was also the issue that many saw ActNow (and the CFAI within it) as a *Health* initiative (PHAC 2009). Thus, some of the people I interviewed suggested that those on the CFAI advisory group who were not health staff questioned their involvement in this group seeing the work of the group as health sector (as opposed to whole-of-government) work.

The potential risk to the movement that I see here is that, with the Ministry of Health and Health Authorities taking food security on through the FSCP and the CFAI, it can create a sense that food security or food system issues is a Ministry of Health responsibility and therefore **not** the responsibility of other ministries. The food movement actors who pushed to create the FSCP and CFAI recognized this, with some hoping for the creation of a more generalized governmental advisory group, like a provincial food policy council, which would serve as an organizational home for the CFAI and a vehicle for translating food system concerns into government. The results of my research cannot speak to why this alternative body was not created, although the difficulty of creating and sustaining functional intersectoral bodies is likely part of the answer.

Once again, I do not want to over-emphasize this potential risk here. It is true that mechanisms supportive of intersectoral action on food have faded (or not materialized in the first place). However, as some research participants pointed out to me, the FSCP and CFAI have facilitated relationship building across sectors. Using these relationships to create mechanisms that formalize guidance of food policy and action, across government sectors and involving non-governmental representatives will be important.

5.6 Implications and conclusion

This chapter set out to explore the implications of the FSCP and CFAI for BC's food movement. Drawing on social movement theories, I argued that the process of creating these programs was a collaborative effort of food movement actors, both health staff and grassroots actors. Those who pushed to have the CFAI and FSCP created hoped that these programs would contribute to greater coherence of food movement efforts and provide an inroad into other areas of government for food movement concerns. Throughout this chapter I have argued that these programs have made positive contributions to BC's food movement, but that many such hoped-for movement impacts have been filtered-out.

Specifically, I have suggested that the CFAI has been able to provide flexible funding to food movement initiatives. The CFAI has been of particular value where it has provided ongoing funding for CFAI leaders time, thus contributing to regional food network development. The FSCP has also facilitated the dedication of health staff time to food systems change initiatives.

These health professionals have also acted as internal advocates for food system work, doing the work of keeping “food system goals on the radar” (Mendes 2008, p.954).

CFAI leaders and health staff have used their distinct positions to collaboratively move BC’s food movement forward, but not without tensions, shortcomings or risks. In particular the programs have not contributed to significantly greater coherence of food movement efforts. This is linked to limited funding for the CFAI, inconsistent provision of funds across the province, insufficient allocation of health staff time to implementing the FSCP, and a lack of supportive structures in the Health Authorities. Potential risks for the movement are created by the lack of formal mechanisms to ensure the influence grassroots actors on the provincial management of these programs and difficulties in creating intersectoral mechanisms to address food system concerns through a ‘whole-of-government’ approach.

The benefits and limitations of the FSCP and CFAI with respect to the food movement demonstrate that while it may be possible to further movement goals through these State-based programs, the dominant discourses and institutional structures of the State have indeed been “inhospitable” (Buechler 2000). This is not to suggest that creating these programs was a poor strategy:

That [inter-ministerial group to address food issues] hasn’t been achieved, but I don’t think it was a mistake to go down the Health road. (Grassroots activist)

However, for food movement actors it is important to recognize that achieving some of these broader policy aspirations was limited due in part to the fact that the CFAI and FSCP, and those implementing them within the Health Authorities and Ministry of Health, were in marginal positions in their institution. As Banaszak explains:

Movement actors can be inside the government, but they may not be established members/players in the polity. For example, movement actors can be marginalized in parts of the bureaucracy that are ignored by key players; even with official positions within the state they may have little or no ability to influence policy (2005, p.156).

As a result, while these programs represent a form of State-support for a range of different food movement activities, they have not yet created direct or lasting inroads into State policy-making forums. Furthermore, given that these programs lack formal mechanisms to ensure outsider perspectives would shape policy direction, these programs should serve as just one amongst many vehicles through which food movement actors push for policy change.

Limitations notwithstanding, because these programs are in place, because the health establishment is a powerful player in the food scene, and because some strong relationships have been forged between those working inside the Health Authorities and Ministry of Health and those working at the grassroots, it would behoove movement players to advocate for changes to the FSCP and CFAI. In closing, I wish to highlight a few key changes that could be made to the FSCP and CFAI which would strengthen the programs from a food movement perspective, while likely also helping them better achieve their official goals.

The simplest and perhaps least achievable suggestion is to increase funding to the CFAI and increase health staffing levels for the FSCP. However, for this increased support to contribute to greater coordination of food system change efforts, some form of rejuvenated CFAI advisory council, with adequate representation from those working inside and outside of the health sector would be required. In addition, it would be constructive to reconfigure how CFAI funds are allocated to the Regional Health Authorities, taking into consideration population size and the geographical spread of the population. Furthermore it might be beneficial to increase the proportion of funds going to the Regional Health Authorities as opposed to provincial-level coordination of the CFAI. Alternatively, some of the funds currently dedicated to provincial-level coordination could support a provincial grassroots network organization like the BCFSN. This would support BCFSN capacity to facilitate dialogue between a range of State-based and grassroots actors while ensuring that grassroots concerns are translated to provincial policy-makers and beyond. Whether those within the Ministry of Health or PHSA who decide how CFAI funding is disbursed at a provincial level would agree to such an arrangement is not assured, nor is it certain that the BCFSN would want to be that closely linked with the Ministry of Health or PHSA. However a yearlong trial period could be instructive.

Adequately resourcing and reasserting a role for a provincial group like the BCFSN could help overcome some of the limitations created by food movement players coming together at health institutional tables, where a funder-fundee relationship might constrain dialogue. It could provide more neutral ground for movement supporters from different institutional positions to come together to explore how best to use their unique skills and positions to advance food movement agendas. This would require a willingness to discuss differing and perhaps conflicting values or desired strategies between movement actors. In the following chapter I will begin to explore some of these potential differences, how they have manifested in the CFAI and FSCP,

how they might be negotiated, and how this relates to the transformative potential of these programs.

Chapter 6~Strengthening transformative potential

6.1 Introduction

My focus in Chapter 5 was on understanding how the FSCP and CFAI, as State-embedded programs, have (or have not) contributed to the already-existing food movement in BC. There I argued that the FSCP and CFAI made valuable contributions to BC's food movement, but that these programs had shortcomings and potential risks with respect to forwarding a food movement agenda. I did not reflect on whether this varied and unconsolidated food movement (and the contribution of these two programs) is using strategies capable of effecting the transformational food system change many movement scholars and activists see as necessary. That is, I did not interrogate whether the range of activities being supported by the CFAI and FSCP—the community kitchens, gardens, buying clubs, policy councils, and so on—have the capacity to actually transform the dominant food system into a food system that is healthful, ecologically sustainable, and socially just. Is it possible that all of these food movement activities are merely rearranging deck chairs on the Titanic (Johnston 2008)? Drawing on the theoretical and empirical work of those food movement scholars who predominantly address the North American context, this chapter explores the issue of transformational potential. It thus addresses the second half of my third research question: What are the implications of the FSCP and CFAI for BC's food movement and *its potential for food system transformation*?

Many food system scholars have critiqued the food movement's emphasis on building alternatives to the dominant food system, which they argue has tended to be piecemeal, uncoordinated, and ultimately not capable of food system transformation (Allen 2004; Magdoff et al. 2000; Guthman 2008a and 2011). Others are more optimistic about the range of alternative food production and provisioning strategies proliferating within the food movement, suggesting that through creating alternative markets, increasing citizen participation in the food system, or challenging dominant food discourses, they have an important role to play in positively transforming the food system (Hassanein 2003; Hassanein and Kloppenburg 2006; Kloppenburg et al. 1996; Johnston 2008; Welsh and Macrae 1998). Some see the greatest potential for food system transformation coming from strategic alliances between progressive groups focused on building alternatives, and more radical groups, such as the Via Campesina, who articulate a clear

critique of neoliberal capitalism and the global food system it has created (Holt-Giménez and Shattuck 2011).

Given these varying interpretations of the transformative potential of food movement activity, determining the contributions that the FSCP and CFAI may be making to food system transformation is challenging. Furthermore, these two programs, and the food movement they contribute to, are in a constant state of flux. However, as a scholar/activist embedded in BC's food movement, I believe it is important to grapple with this (perhaps unanswerable) question of transformational potential. Systematically exploring critiques and debates surrounding food system change efforts as they relate to the FSCP and CFAI can make an important contribution to the reflexive practice of those involved in these programs, and food movement activists more broadly. In order to do this, I first review of critiques of North American food movement practices and how these critiques relate to the FSCP and CFAI²³. Next, I provide a more nuanced reading of these projects suggesting important ways that they may be contributing to food system transformation. Finally, I discuss ways that the transformative potential of these programs, and BC's food movement more generally, might be strengthened through collective praxis—an iterative process of critical reflection and action.

6.2 Limitations to transformative potential of FSCP and CFAI

Some scholars, while sympathetic to food movement goals, have argued that the strategies and activities being chosen by activists in industrialized nations are not capable of mounting “a systematic critique of corporate agriculture and liberal capitalist economics as a whole” (Magdoff et al. 2000, p. 188). More recently critical scholars have argued that not only do food movement activities fail to critique capitalism, they are also often complicit with its current neoliberal manifestation (Allen and Guthman 2006; Guthman 2008a and 2011; Pudup 2008). As Levkoe summarizes:

Critics have argued that while there have been some successes, many AFIs [alternative food initiatives] have adopted a selective interpretation of the goals of food system

²³ The data I drew on most for this chapter were the responses I received from Health staff and CFAI leaders to questions around their hopes and visions for the food system, what they saw as wrong with the current food system, how they hoped to change the food system through their work (as well as just general descriptions of their work), and what kept them inspired or motivated to do their work. Also, as mentioned later in the chapter, because local food came up so often in responses to these questions, I began asking ‘why local’ and responses to this question were also central to the analysis presented here.

transformation, leading to a complacency with, and co-optation by, the industrial food system (Levkoe 2011, p.689).

From this perspective, the food movement as it manifests in industrialized nations like Canada is failing to address the root causes of food system problems, and is thus incapable of fundamentally transforming the food system. Below I will review three main, overlapping critiques of food movement strategies as they relate to the activities being carried out through the FSCP and CFAI. Drawing on Levkoe (2011), who outlines similar categories of food movement critique, I will discuss: movement complicity with neoliberalism, reification of local, and tensions over strategy within the food movement. In reading the following it is important to bear in mind that, while important for movement actors' reflexive practice, these critiques do not fully capture the complexity and nuance of the FSCP and CFAI's contribution to food system transformation. These contributions will be more fully explored in section 6.3.

6.2.1 Complicity with neoliberalism

The critique that the food movement is complicit with neoliberalism is the most encompassing of the three critiques to be discussed here. Those who have made this critical assessment of the food movement are responding in part to the predominance of green or ethical consumerism as a food system change strategy—the notion that you should 'make the right choice' and 'vote with your fork/dollar' for the food system you want (Allen and Kovach 2000; Guthman 2008a; Johnston and Cairns 2011; Shreck 2008). This 'voting' often happens through the use of alternative shopping venues, from Whole Foods to farmers' markets and CSAs.

The influence of neoliberalism on the movement can also be seen through entrepreneurial and self-help strategies, such as buying clubs, CSAs, farmers' markets, community gardens and community kitchens, that movement activists develop and support to provide alternative means for consumers to access foods and for producers to access markets (Allen 2004; Fairbairn 2010). In addition to their reliance on market-mechanisms, these strategies can be seen as a form of neoliberal responsabilization where individuals and communities become responsible for their own welfare as the State is 'rolled-back' (Guthman 2008a; Peck and Tickell 2002). Some of these strategies have been specifically designed for people living in poverty, to increase access to food in a way that does not rely on the charity/food bank system, a key tenant of the community food security movement (Allen 1999 and 2004; Gottlieb 2001; Welsh and MacRae 1998; Winne

et al. 1997). These strategies have been criticized for depoliticizing hunger and failing to tackle its root cause, poverty, which has deepened under neoliberalism (Allen 2004; Dowler and Caraher 2003; Guthman 2008a; Pudup 2008; Tarasuk 2001).

Critical food system scholars see neoliberalism—its policies and mentalities—as foundational to the problematic dominant food system. In this view, complicity with neoliberalism makes prevalent North American food movement activity unlikely to transform the food system.

Community food projects are primarily focused on developing strategies for reducing dependence and increasing self-reliance. Less attention is given to understanding and changing the system that has produced food insecurity in the first place. So far, community food projects have avoided addressing basic social contradictions or inequities. Instead, they tend to embrace concepts of decentralization and self-reliance, seemingly reflecting an affinity with contemporary individualistic, neoliberal approaches to solving problems (Allen 2004, p. 130).

Guthman is specifically critical of the failure of food movement activists to make demands on the State in order to change the food system.

Advocates and activists working in various realms of food politics seem to accept, and even embrace these new modes of [neoliberal] governance, to the extent that in some spheres they have given up on the state as provider of services, regulator of externalities, or provider of subsidies – or at least harbor the conceit that change can be accomplished outside of the state (Guthman 2008a, p.1175).

Many of these neoliberalism-related critiques of the North American food movement could be applied to the FSCP and CFAI. The activities that have been supported through the CFAI and FSCP overlap quite significantly with the market-based, self-help and entrepreneurial strategies critiqued here, including farmers' markets, CSAs, buying clubs, community kitchens and gardens. In addition, echoing the community food security dictum of increasing food access without reliance on charity, CFAI leaders and health staff often emphasized the non-charity means they used to help participants in their projects gain access to food.

The one place we don't really interact is at stage one food security which is the feeding programs. The food banks...it's just not upstream enough. We're much more on the middle level, building capacity, and up to the policy level. (Health staff)

The bulk buying group...I like the project because it's not a charity thing, they still pay, they're buying wholesale, it's like a cooperative, it's just a buying cooperative, but it is specifically targeting low income. Everyone in that group is very low income, there's people on disability, there's some unemployed and it's working really well, people are volunteering to help sort, it's really manageable, it's really kind of helping that food access in a direct way without it being a complete charity model. (CFAI leader)

So we're collecting produce, we're getting it to people who need it, so the access piece on an individual level. The food skills, we do some workshops around food preparation and support projects that help with the food skills, so from the individual food security, that access piece. When you look at it from a community perspective, what capacity does the community have to provide for its own food needs, we're really working on the food production, developing in a small way, the food production capacity [in our community].
(CFAI leader)

These non-charity, skill-building and self-help strategies can be seen as ways that individuals and communities become responsible for their own welfare in the face of gaps created through declining State-based supports. From this view, these different activities merely help people better cope with conditions of poverty rather than tackling it directly (Tarasuk 2001; Dowler and Caraher 2003).

Given the difficulty CFAI leaders have experienced in finding sustained funding for their initiatives, some have turned to more entrepreneurial models, which Guthman (2008a) has critiqued as an acceptance of neoliberal constraints on the politics of the possible. For example, one CFAI leader was working on developing a social enterprise project that would employ people struggling with barriers to employment.

We had really been playing around with this idea of a food hub...and one of the things that we knew was that we need something that can be self-sustaining and I think at its root, financially was a big piece of that. We need something that can hold itself up financially.
(CFAI leader)

Recognizing the challenge of the neoliberal context, Guthman nevertheless argues that such reliance on market-based strategies amounts to food movement activism that is “removed from a politics that names and addresses actually existing neoliberalizations of the food system” (Guthman 2008a, p.1180). The limitations of this critique will be unpacked further below.

Health staff and CFAI leaders also sometimes invoked individual choice and personal responsibility in describing their work. For example one CFAI leader argued that:

It is every citizen's duty to kind of take care of themselves and keep our community strong.
(CFAI leader)

While using the language of citizenship, this could be seen as an expression of neoliberal responsibilization. Another CFAI leader working from an anti-poverty perspective described part of her work as ensuring that the marginalized people she worked with had ‘real’ food choices.

It's about recognizing that there are barriers that exist for people to exercise their food choices and we're not always saying that you should choose healthy, but what I want is for people to actually have a real choice, so if you want to choose chips over a green salad,

that's your human right and go ahead, but you deserve the choice, the real choice to be able to make your decision. (CFAI leader)

This emphasis on ensuring a 'real choice' was in response to the reality that many of the participants in her program had to rely on discarded, and often questionable, foods to meet their needs. Thus, working to ensure the freedom to choose food was a way of empowering people disempowered within the economic system, however it also represents an interesting tension. Is the work of anti-poverty activists like this CFAI leader to allow for greater economic freedom and choice for those currently disenfranchised so that they can more fully participate in the capitalist system, or is their work ultimately aimed at dismantling and replacing this system, or is there some sort of middle-road to be found between these two positions?

To summarize, recourse to the language of personal responsibility and individual choice along with the market-based, self-help and entrepreneurial strategies being used by CFAI leaders and health staff, could be seen as signs of neoliberal influence on the FSCP and CFAI. Complicity with neoliberalism, in turn, limits the transformative potential of these programs. As will be discussed below, it is possible to understand the work of health staff and CFAI leaders, including the strategies critiqued here as 'neoliberal', in a way that gives greater credence to the complex limitations and possibilities of this work. Before moving to this more nuanced understanding of the FSCP and CFAI, I wish to outline two more related areas of critique.

6.2.2 Reification of local

Localizing the food system has been heralded as an important way to challenge the dominant food system and its negative health, social and ecological implications (Kloppenburger et al. 1996). However, as food system localization has become an increasingly popular strategy, aided by catchy ideas like the 100 mile diet (Smith and MacKinnon 2007), many scholars have questioned whether localization is in fact realizing the many benefits its proponents suggest it will (see for example Allen 1999 and 2004; Born and Purcell 2006; DuPuis and Goodman 2005; Goodman et al. 2012; Hinrichs 2003; Hinrichs and Allen 2008; Levkoe 2011; Winter 2003). These scholars suggest that food system localization is increasingly being treated as an end in itself. That is, projects are designed and policies are put in place to encourage greater consumption and production of local foods, but there is a failure to reflect on whether the

broader goals of greater social justice, ecological sustainability, or human health are actually being achieved through these localization efforts.

Goodman and colleagues (2012) have argued that the solution is not necessarily to turn away from food system localization efforts, but to reflexively interrogate these efforts:

We have to move away from the idea that food systems become just simply by virtue of making them local and toward a conversation about the work needed to make them more just (Goodman et al. 2012, p.18).

Others have also argued that because food system problems are created through decisions and practices happening at regional, national and international scales the food movement should not neglect these others scales and targets for activism (Johnston and Baker 2005; Guthman 2008a and 2011; Allen et al. 2003; Allen 2004).

For many CFAI leaders and health staff, food system localization was a central goal of their work.

To make food, like healthy, local—as local as possible—food available to as many people in the region as possible, that’s really it in a nutshell. (CFAI leader)

However, when I asked research participants why they thought localization was important, many of the benefits were assumed rather than clearly articulated. In particular, social justice benefits were under-emphasized.

Well, you know, it’s for economic reasons to some extent. Just supporting local producers, which has a benefit for the local economy. And then there is a great deal of pre-existing awareness around here of our isolation and the fragility of the food chain that brings food to us, so people are pretty sensitive to the idea that we should be growing as much food as locally as possible, not to mention processing and storage which are other things that get less attention than simply growing things. (CFAI leader)

I’m very aware of the ecological impacts of food production and the disaster going on world-wide with soil depletion and water contamination and the lack of water and all of these kinds of things. Obviously there’s a huge need, not just a desire, but a need for people to have food be a little bit closer to them than it is, as we see that global system sort of breaking down. (CFAI leader)

Representative of many research participant reflections on local, these comments link the importance of food system localization to threats to *local* food security created by food coming from an unstable global food system. This suggests a somewhat insular, self-protectionist, or defensive (Hinrichs 2003) motivation as opposed to concern for trans-local social or ecological conditions. Even in the last comment above, where the CFAI leader mentioned the negative ecological impacts of food production, this concern was then linked to people’s desire to have

food ‘be a little closer to them’. It was not, for example, linked to concern for the welfare of food growers globally that are disempowered by the industrial food system.

Like Goodman and colleagues (2012), I do not dispute that localization could be a very useful food system change strategy. However, like them, I would suggest that those involved in the CFAI and FSCP could more deeply interrogate whether their efforts are in fact contributing to social, ecological, or health goals. For the sake of food system transformation, it will be important that more self-interested motivations for food system localization not eclipse concern for social and ecological conditions in other localities. In addition, it will be important to ensure that the food movement activities being supported through the FSCP and CFAI do not focus solely on the local scale to the neglect of other scales of action. The challenge for supporting food system transformation is to harness the energy and enthusiasm for food system localization (through these two programs and beyond) and link these efforts to broader goals and multi-scalar strategies. Reflection on how this is already happening and how such efforts can be strengthened will be provided in the final two sections of this chapter. I turn now to a review of one final major critique of the North American food movement as it applies to the FSCP and CFAI, namely tensions and contradictions that have arisen due to different foci for action amongst movement activists.

6.2.3 Tensions over focus and strategy within the food movement

Allen (2004) has drawn attention to what she sees as a central tension within the North American food movement, a tension between those in the movement who are focused on hunger and those who are focused on sustainable food systems. For those focused on hunger, the main issue is poverty (Power 1999). As Levkoe explains: “From this perspective, food itself is peripheral, used primarily as a marker that points to larger challenges with the current social system” (2011, p. 693). For these activists, it is important to increase social supports (eg welfare rates, unemployment insurance, child care subsidies) to allow those living in poverty to afford to purchase foods. For sustainable food system advocates, ecological destruction and the squeezing out of small and medium-scale farms are central problems. These problems are connected with corporate concentration in the agri-food marketplace that favours high-input, mechanized, export-oriented production. Challenging corporate concentration by supporting local, small-scale and sustainably oriented farmers is an important focus, with strategies including CSAs and

farmers' markets. Anti-poverty activists and some critical food scholars have critiqued such alternative food venues as elitist and inaccessible, suggesting that they may contribute to a two-tiered food system (Allen 2008; Dowler 2008; Guthman 2011). Those primarily oriented towards creating sustainable food systems on the other hand, suggest that these alternative markets are important strategies for ensuring that small-scale sustainable food producers, and the ecological benefits of their production methods, are supported.

This tension was apparent in the responses I received from different CFAI leaders and Health staff, with some identifying more closely with an anti-poverty perspective and others more with a sustainable food system perspective.

What I envision is kind of like a change in culture, right and a change in philosophy around this. The closest thing I can think of is going to a European type lifestyle, where you're able to walk places and you know the person who's baking that and the person who's butchering that and growing this and selling that. Some of it you do yourself and some of it you don't... And the way that happens is by having local food around you, and supporting local business, and yah there's the economy component, and walkable communities, all of that is part of it. (Health Staff)

My idea of why local is important is, it's not different, but I take a different perspective on why it's important. I think it's important in terms of creating a local food economy and how that can actually give people employment and have a living wage so that people can actually purchase the food that they want to buy. The idea of local that is so popular within the more mainstream food movement is a very bourgeois kind of idea of, it's organic, it's local, and it's hobby...I think we need a model where we're hiring people to work as urban farmers, or we're hiring people to process food or whatever. (CFAI leader)

The first quotation emphasizes developing alternative modes of consumption and production, more consistent with a sustainable food system perspective, while the second quotation is more consistent with an anti-poverty approach, with the emphasis placed on increasing job opportunities. Both of the research participants quoted here saw potential in strengthening the local economy, but had different purposes for doing so. These different purposes would likely require different, and potentially conflicting, strategies. As a different CFAI leader explained:

I've always said, farmers' markets, I love farmers' markets, I go to them, I use them, but they're expensive and they're just reproducing have and have nots. Again, unless we give voice to communities that are being left behind it's just not the world I want to see. (CFAI leader)

From this perspective, farmers' markets and other alternative (and generally more expensive) venues can be seen as deepening the exclusion experienced by those living in poverty. Bridging these two food movement foci is not an easy task, and will likely involve food

movement activists working in collaboration with activists from other related social and environmental movements. Theorists who have highlighted these tensions in the food movement, as well as the movement's general lack of coordination, have suggested that the problem is that movement strategies tend to be myopic—focused on 'siloed' issues (i.e., hunger or the plight of small-scale farmers) and on the local scale (as summarized in Levkoe 2011). As a result, the food movement has used disconnected strategies and created minor alternatives to the dominant food system, leaving food system and social structures that need changing largely untouched.

In fact, all of the food movement critiques outlined above come down to this same ultimate concern, that the food movement is leaving the underlying reasons for dominant food system dysfunction (such as neoliberalism, corporate concentration or oppression due to race/class/gender) unaddressed. While appreciating this overarching critique I wish to interrogate it further. For example, are the different movement foci between FSCP and CFAI movement actors and variation in strategies chosen necessarily counterproductive to a transformative agenda? Similarly, has the focus on localization or the utilization of market-based, entrepreneurial, or self-help strategies through the FSCP and CFAI solely served to reinforce the status quo? And does the use of these strategies necessarily signify a movement that has abandoned the State as a target for activism? These are the questions I grapple with in the following sections.

6.3 Contributions to a transformative agenda by the FSCP and CFAI

The critiques outlined above draw attention to important issues that health staff, CFAI leaders, and other BC food movement players will need to struggle with moving forward. Before providing some suggestions as to how the transformative potential of the FSCP and CFAI might be strengthened, I wish to explore ways that these programs already contribute to food system transformation. In this section I will provide a more hopeful reading of the FSCP and CFAI, focusing on: 1) their contributions to shifting dominant food (and social) discourses, and 2) their facilitation of political re-skilling and provision of inroads for collective political action.

6.3.1 Challenging dominant discourses

Many of the critical food scholars cited above suggest that the food movement should do a better job of making demands on the State (such as Guthman's (2008a) suggestion that it is a

‘conceit’ to think that change can happen outside the State). Drawing on Armstrong and Bernstein (2008) I wish to suggest that food system transformation is dependent not just on the movement making demands on the State, but requires challenging dominant discourses such as neoliberalism, as well as a wide range of institutions, such as food corporations, the global capitalist market, as well as State institutions. Furthermore, discursive challenges may be bound up with material challenges. As Gottlieb and Joshi (2010, p.232) suggest, “civil society actors, by redirecting the public discourse, lay the groundwork for the deeper political, institutional, economic, cultural and government changes required.” In the following I will discuss how the FSCP and CFAI have contributed to food system transformation by challenging dominant social discourses and strengthening of alternative ones.

The FSCP and CFAI represented a discursive challenge through the critique by some CFAI leaders and health staff of corporate concentration and centralization of food system decisions, and through their reliance on the critical discourse of food sovereignty.

What needs to be changed? Well the big one is decentralization. Control over how food gets grown and where, how it gets processed and where, how it gets transported, and under what conditions, and made available to people and at what costs. All of those decisions are typically taken away from the people who are affected most by the outcomes of those decisions. So that to me would be the goal. (CFAI leader)

As an activist or somebody who was in the non-profit sector I wouldn't bat an eyelash to talk about the role that food corporations play in sort of hampering people's food sovereignty, when you've got more and more consolidation of decisions that are made around food, happening at fewer and fewer tables...It's not saying bad corporations... [the problem] is just fewer people making decisions further away from where your food actually is. There's a lot of compelling evidence and a lot of compelling intuitive pieces and stories that would echo that...policy and action closer to home and control closer to home seems to actually create, better, healthier, more food secure environments. So I still feel pretty comfortable saying that [in the Health Authority context]. (Health staff)

The health staff person quoted here was careful not to sound anti-corporation, yet expressed a clear critique of corporate practices framed in the language of food sovereignty. Similarly, the CFAI leader's argument for decentralization of food system decision-making to the people affected by these decisions echoes food sovereigntists claim to the “right of nations and people to control their own food systems” (Wittman et al. 2010, p.2).

Another CFAI leader linked the work she did in her community to corporate control of the food system.

I am really interested in community resilience. I'm really interested in social justice, I feel really strongly about mutual support and mutual aid and mutual respect, and those are the principals that I use to guide what I do personally... But I think, across the board, I'm interested in the corporate control of the food system. (CFAI leader)

This CFAI leader aspired to work towards “food sovereignty...because it’s actually looking at some of the more root causes”. She participated in regional, provincial and national food movement organizations and articulated a strong desire to link her grassroots, community-based work with work done at these other scales.

Some CFAI leaders also saw their work as decommodifying food, representing a critique of the consumerist mentality of neoliberalism.

Helping people shift the culture of food so that we don't always think of it as yet another commodity that you buy, but instead as something that is just a part of our lives (CFAI leader).

I have a workshop that I've developed, so we go through what does it mean basically when food is a commodity...what does it mean when this basic essential human need and human right is commodified as part of a global industrialized food economy (CFAI leader).

Some CFAI leaders and Health staff also critiqued the political and economic system and understood their work as part of this critique.

Food insecurity is, how do you put it, it's just a side-effect or symptom of the problem. The real issue is an economy that supports people in living wages and good jobs and then people will be able to afford healthy food (CFAI leader).

So that is a challenge in terms of encouraging or supporting people to believe that they have the right to the same kind of quality food that people uptown have, that it is just a human right and that there's a very specific political and economic system that exists, that creates poverty and then prohibits people from being able to have that nutritious food (CFAI leader).

Well the first time you're standing in front of a bunch of women and telling them how to budget their funds, and they're living with their \$500 social assistance check and they can do circles around you with how to budget...you're going to be saying to yourself, isn't there something else. What's underneath this? Why can't these people afford their food and it's going to cause you to look at their environment, it's going to cause you to look at many things. (Health staff)

Others also pointed out that the difficulties they experienced in bringing about change arose from neoliberal (although not generally named as such) ways of thinking.

It's a political ideology we're talking about, right wing, individualistic, personal responsibility. (Health manager)

Not all CFAI leaders and health staff drew on the food sovereignty discourse, or critiqued corporate concentration and the commodification of food, or drew attention to the problems created by the political and economic system or neoliberal ways of thinking. However most CFAI leaders and health staff expressed at least one (often more) of these critiques of the status quo. Furthermore, many saw their work as a form of consciousness-raising, such as the workshop on the globalized industrial food system described above, efforts to ‘support people to believe’ in their right to food, or helping project participants to not ‘think of [food] as another commodity’. Based on the critical perspectives of some health staff and CFAI leaders and their intention to use food work for the purpose of critical consciousness-raising, the FSCP and CFAI can be seen as having contributed to a challenge of dominant discourses and the development of alternative ones. In the process, they have expanded the politics of the possible (Allen 2010; Harris 2009).

What the results of an expanded politics of the possible will be is uncertain. However, by way of example, creating alternative understandings of food—as a life-good rather than as a commodity (Johnston 2008)—could inspire different forms of collective action. Such collective action might include demanding the right to quality food, through international fora, of States directly, or even locally of service providers in marginalized neighbourhoods. An instance of such collective action occurred when food movement players across Canada, including those involved in the FSCP and CFAI, helped inform and publicize the report (and the federal Conservative government’s dismissal of it) of UN’s Special Rapporteur on the Right to Food. This report articulated a strong critique of Canada’s failure to assure the right to food and suggested a number of changes to social and agricultural policy (De Schutter 2012).

In addition to inspiring very specific and targeted collective action, the different projects carried out by CFAI leaders and health staff—such as the community gardens, kitchens, or CSAs—can themselves be seen as an important form of collective action in support of decommodified ways of thinking and being. As Johnston explains:

We can understand urban farmers, community kitchens, rooftop gardens, and community-supported agriculture as engendering collective empowerment and personal agency that is based not just on how much you can buy but on values of sufficiency, equity, and stewardship of the commons (Johnston 2008, p.102).

In sum, challenging dominant discourses and expanding the politics of the possible are part of a virtuous cycle of changing how food is thought of and the material practices around

how and where food is produced, processed, transported, consumed and disposed of, and who benefits from its production and consumption. The work being done through the FSCP and CFAI such as the hands-on project work, the creation of alternative markets, and the policy activism, has contributed to this virtuous circle. However, while these programs support challenges of dominant discourses they remain strongly influenced by these discourses as discussed above. Thus, infusing the food work done through these programs with the types of critical perspectives expressed by some of the CFAI leaders and health staff quoted here is essential. Possible ways of cross-pollinating these critical perspectives will be discussed in the final section of this chapter, however I will first discuss one further key way that the FSCP and CFAI contribute to the transformative potential of BC's food movement—through providing an inroad for political action and re-skilling.

6.3.2 Food work as inroad for political action and re-skilling

As argued earlier, collective action need not take the form of demands on the State, although in certain contexts and times it will (Armstrong and Bernstein 2008). Welsh and MacRae (1998, p.5) suggest that: “Food, like no other commodity, allows for a political awakening, as it touches our lives in so many ways.” As I will discuss below, the activities being supported through the CFAI and FSCP lay the groundwork for and contribute to political action.

One CFAI leader specifically described aspirations to facilitate political engagement through food work.

So food's a tool for political organizing. I don't know where that's going to go and have that as a question in mind—how can I use this tool to do more of that political organizing to move from some basic capacity building for teaching people how to can or grow their own food, to becoming a political voice? Maybe that's going to take a few years until the networks are more connected and we have more stable funding. (CFAI leader)

Another CFAI leader saw her food work as a way to do critical consciousness-raising, but also as a way to ensure that the experiences of marginalized people shaped a policy initiative taking place in her community.

It's all about engaging people on a day to day basis around this concept of right to food and what is that...providing opportunities for people to reflect on the food that is available and the food that they want and need and talk about, well what do we want to change? I think it's important that that work be happening at what I would call the grassroots level at the same time that the kitchen table thing [a broader policy project being carried out in the community] is going on. Because then it doesn't become something that is just being

implemented from above...their day-to-day experiences are connected to that broader mission. (CFAI leader)

The FSCP and CFAI have also directly contributed to policy activism. The generation of policies to support food security is an important official goal of both programs. Thus, facilitated in part by the existence of the FSCP, health staff people have engaged in policy work in their communities. In addition, over the approximately five years that the CFAI had existed at the time of data collection, health staff and CFAI leaders found that there was an increasing shift towards policy work through CFAI projects. This was especially the case in Health Authorities where funds had been provided to a consistent group of networks over the years of CFAI funding.

What happens as programs mature, we're looking more at policy change, so increase in development of policies that support community food security. That's at the top of the agenda now along with the continuation of the food knowledge and skills and access...so setting aside land, municipal land for agricultural use, increasing agricultural lands on a provincial level, supporting more community-based gardens but also more urban farming. Also if we consider farm-gate sales, there have been restrictions on local butchering. It's just the whole gamut of insuring that we have what we would consider real food security. (Health staff).

I think we're finally now ready to start working in some kind of policy changes. It's been heavily resisted by our group because we tend to be a very action oriented group, but it's necessary (CFAI leader).

Amongst some CFAI leaders and health staff there was also recognition of the inter-related policy levels, from local to international, that shaped food system dynamics.

So how to plan our communities for there to be enough land for agriculture, enough ability for people to harvest without having undue regulations against it. And then on the national and international scale, some of the stuff that's going on with the World Trade Organization...the IMF the World Bank, the Codex Alimentarius...we're killing ourselves, literally, with those kinds of standards and the global industrial agriculture and all the subsidies that go towards mass scale agriculture, to the big corporations...(CFAI leader)

Some research participants had been involved in policy activism at the provincial level, particularly around the Meat Inspection Regulations (discussed in Chapter 5), or around protecting and strengthening the provincial Agriculture Land Reserve. Some had also been involved in the People's Food Policy Project led by Food Secure Canada which articulated a national food policy vision for Canada “developed by the food movement itself” and “rooted in the concept of food sovereignty” (FSC 2011).

Despite the awareness and involvement of some CFAI leaders and Health staff in policies at a variety of scales, the vast majority of policies that were advocated for through these

programs were very localized, generally within a municipality. Furthermore, this local policy activism was often oriented towards making it easier to engage in the ‘alternative’ food provisioning initiatives favoured by the food movement, such as developing policies to allow community gardens, school gardens, urban bee-keeping, and backyard chickens. From the perspective of some of the critical food scholars outlined earlier, this localized policy activism could be seen as a (somewhat paradoxical) form of political engagement to further facilitate neoliberal responsabilization and self-help activities. However, the process of engaging in policy activism itself, even if the policies are single-issue and localized, can be an important step down the path of food system transformation. As Pimbert argues:

Politics are too important to be left to professionals: they must become the domain of amateurs—of ordinary citizens. Food sovereignty implies greater citizen participation and more direct forms of democracy in the governance of food systems. (Pimbert 2012, p. 51)

Engaging in efforts to change policies (even if it happens mostly at the local level) could thus be seen as a form of political re-skilling (Epp 2001), allowing for greater capacity of citizens to govern food systems.

Through the FSCP and CFAI, health staff, CFAI leaders, and other involved community-members have learned about the policy-making process, including its dysfunctions, as demonstrated in the following comment.

We were trying to get a community garden built and I was at district council and the community garden item was on the agenda, at the end of a four hour meeting. It was 10:30, finally the agenda item came up. I was the only person sitting in council chambers and was getting feedback from council—where’s your support, why are there not more people here? And I’m like, are you kidding me! I just sat here for four hours, this is not how people participate, you know, come on! So trying to remove those kinds of barriers and looking at that kind of stuff. (CFAI leader)

These skills and knowledge of the policy-making process could also be applied at different scales or in more oppositional contexts. Or, in the case of the CFAI leader quoted above, experiences in policy activism could lead to the development of a critique of these traditional political channels and inspire efforts to reform these channels such as lobbying for more appropriate and accessible means for community members to be able to participate in municipal decision making.

Using food as a tool for political awakening has the potential to engage those generally excluded or alienated from political decision-making and can thus be a powerful means for disrupting the status quo. Similarly, developing skills through local policy activism that could then be used in other coordinated or multi-scalar policy-making efforts is an important way of

changing ‘business as usual’. Overall, the knowledge, values and skill being developed through activities supported by the CFAI and FSCP have transformative political potential.

Summarizing the discussion in this section as a whole, the FSCP and CFAI have contributed to the transformative potential of BC’s food movement through the disruption of dominant discourses, critical consciousness-raising, and political skill-building. However, as the discussion in the previous section cautioned, these programs also have important limitations. Goodman and colleagues suggest:

Viewed through a reflexive lens, we see that AFNs [alternative food networks] are both representative of the current neoliberal regime while also being an experiential, prefigurative social movement creating innovative processes of collective learning and grounded practices in particular places (Goodman et al. 2012, p.155).

The FSCP and CFAI can be seen as microcosms of this conflicted food movement. There is cause for both optimism and critique of the ideas and practices that exist through and alongside these programs. Below I will explore ways that the transformative potential of the FSCP and CFAI might be strengthened through collective praxis.

6.4 Strengthening transformative potential: walking forward while questioning

The previous two sections have outlined how the FSCP and CFAI can be seen as both transformative and not transformative. The food movement as a whole in industrialized nations can be understood as a *simultaneously* supporting the status quo and challenging or providing alternatives to it (Dupuis et al. 2011; Goodman et al. 2012). Given this conflicted simultaneity, Dupuis and colleagues argue that movement activists and scholars should embrace a reflexive practice where we “muck ourselves up in the imperfection of political contestation over food” and bring “activism back to the imperfect politics of process and away from the perfect and privileged politics of standard setting” (Dupuis et al. 2011, p.301-2). The point is not to abandon efforts to address actually-existing experiences of marginalization or ecological degradation that result from the dominant food system, but to recognize that no amount of *a priori* theorizing can determine exactly what course of action will lead to transformation. Drawing on Freire’s concept of praxis (an iterative process of critical action and reflection), and the Zapatista articulation of this concept, Johnston and Goodman (2006) explain reflexive practice as a process of ‘walking forward while questioning’. This is recognition that critical social movements start from an imperfect here, and must use imperfect strategies as they try to change an oppressive or

degrading status quo. Walking forward while questioning—carrying out movement action iteratively with collective critical reflection—can help ensure that a social movement charts a transformative course as opposed to one that merely reinforces the status quo.

In the following I will argue for the importance of those involved in the FSCP and CFAI walking forward while questioning. I will also provide some specific suggestion as to how a critically reflexive practice could be facilitated amongst CFAI leaders, health staff, and BC movement players more generally. In particular I will discuss how collective praxis could help the diversity of perspectives, institutional positions, strategies, and locally-embedded practices of CFAI leaders and health staff to become a strength, rather than a liability, in the journey towards transformation.

6.4.1 The imperative for cross-pollination

Both critical and status quo supporting perspectives on food system and social issues were expressed by CFAI leaders and health staff. Amongst those research participants who expressed more critical perspectives, there was variation in their critiques and the critical language used. Health staff were more likely to speak the language of critical public health and CFAI leaders were more likely to speak the language of food sovereignty, although some people in each group drew on both of these critical discourses. Some CFAI leaders and health staff were more critical of the political and economic system and how it created poverty, while others were more critical of corporate concentration in the food system. Some spoke of and acted on food system issues in their own local communities, others took local action but understood their actions according to decisions and actions happening at other scales, while some took action at local, regional and national scales. To strengthen the transformative potential of the FSCP and CFAI, cross-pollination between the people who hold these different perspectives and use different strategies will be important. It will be important for those less likely to question dominant discourses and practices to be exposed to the ideas and experiences of those who have a more strongly articulated critique of the dominant food system, its key architects, and the social system in which it is embedded. It will also be important for people speaking different critical languages or emphasizing (in thought and practice) different aspects of a food/social system critique to learn from each other and discover areas of common struggle.

While addressing this need for cross-pollination between FSCP and CFAI actors may seem simple—bring these different actors together—finding ways to do so is not straightforward. For example, many CFAI leaders and health staff thought that it was important to connect with other food movement groups regionally, nationally and internationally, but struggled with finding the time or appropriate venue to do so.

I do think it's great to connect...maybe if we had more people getting paid then we could support more interconnectivity. But for now, focusing on our own community is way more than enough work. (CFAI leader)

Maybe the BC Food Systems Network could...we're all so absorbed in our own communities so it would be nice if there was call to action and all the say chairs or whoever of the [food network/policy] groups could talk and say, oh yah, we all do care about this, let's move this forward. And then Food Secure Canada with Cathleen Kneen...I think it is important to be involved provincially, nationally, globally if possible. I guess it's just as we're all learning how to do this work. Maybe it will get easier, or we will see how the connections are made. (Health staff)

Another CFAI leader discussed the desire to do more advocacy work but struggled with how to balance this work with the demands of direct programming. Thus, while CFAI leaders and health staff recognized that their (often localized) food movement efforts could be strengthened through greater connectivity, it was hard to imagine how best to do this.

There are no easy solutions to these issues. In fact, balancing direct programming and broader advocacy is a central struggle for the food movement (Holt-Giménez and Shattuck 2011; Wakefield et al. 2013).

The challenge for food movements is to address the immediate problems of hunger, malnutrition, food insecurity and environmental degradation, while working steadily towards the structural changes needed for sustainable, equitable and democratic food systems (Holt-Giménez and Shattuck 2011, p.132).

However, some practices that helped facilitate greater connectivity and collective action were already taking place through the FSCP and CFAI. For example, as discussed in Chapter 5, the resources provided to grassroots actors through the CFAI contributed to freeing up time to ‘dive in a little deeper’ into food movement work, and many health staff were very committed to maintaining this support.

I'm aware of the level of commitment that these communities have and that with very little money the output is amazing. Many of the coordinators are at the level of burnout because they're so personally committed and I don't think that's right. I don't want them to be hung out to dry and then if we lose what we have...I mean they do have more opportunity now to leverage funding from other sources but the point of getting results from an evaluation is to help them do that even more. (Health staff)

In addition, some Health Authorities have funded CFAI leaders and/or health staff to participate in the BC Food Systems Network's (BCFSN) annual gathering. Provincial meetings such as this are an important venue for cross-pollination amongst BC movement actors. They provide a space to reflect collectively on practice and to develop collaborative advocacy efforts. It will be important to continue to find time and venues for cross-pollination amongst Health staff, CFAI leaders and other movement activists.

6.4.2 Embracing conflict and navigating positional difference

Even with adequate time and constructive venues for collective reflection on practice, which is possible for FSCP and CFAI actors but not assured, engaging in such reflection is not straightforward. For instance, without careful facilitation, collective reflection on practice can cause more critical and contentious perspectives to be sidelined (Allen 2010; Pelletier 2000). As Allen explains, in multi-stakeholder conversations what can happen is that participants “pursue the paths of least resistance, choosing and pursuing priorities and topics that are ‘normal’ and non-controversial in order to facilitate congenial discussions” (2010, p.303). This in turn may facilitate movement practices more likely to reinforce, rather than challenge, the status quo.

Pressure to choose the path of least resistance is a risk that FSCP and CFAI players, and BC food movement actors more broadly, will need to attend to moving forward. At the same time, there is cause to be optimistic that these movement players will not avoid controversy.

Foodies are so political. It's one of the few community-based movements that I see that really embraces politics globally, nationally, regionally, locally. It's so political, and a lot of our community development issues aren't quite so political...So I really see food as such a flagship simply because it does take on the politics. Which does mean that there's conflict, a lot of heat not light. (Health staff)

The question then becomes, how best to navigate conflict when it arises. Once again, I have no simple answers, but wish to affirm, as the CFAI leader below has, the importance of safe spaces to engage in the challenging process of collective critical reflection.

And that tension...is what keeps the BCFSN important. Because there's no other opportunity to get together to have those hard conversations and to actually hash it out. And those are the hard conversations that large networks help happen, and that have to happen within the broader society. And if we can't hash it out in a comfortable and trusting environment like the Gathering, then they're never going to get hashed out, we're never going to have some sort of cohesive policy direction. (CFAI leader)

Such safe spaces can be created through careful facilitation of dialogue as discussed above, as well as supportive mechanism such as childcare, subsidies or stipends to allow those with different barriers to participation to be able to fully engage in the dialogue.

Beyond difficulties in encouraging conflicting perspectives to come out and finding ways to navigate these conflicts when they do emerge, reflexive practice can be made difficult by power differentials amongst movement players (Allen 2010). Power differentials may be felt between health staff and CFAI leaders because of the funder-fundee relationship, and because health staff are generally well-paid professionals and CFAI leaders are often under-paid community activists, as discussed in Chapter 5. Furthermore the different institutional positions of CFAI leaders and health staff mean that they have unique constraints on their food movement work, as well as unique capacities.

The health authority's budget comes directly from the provincial government so I think you have to be more careful that way. But that said you're also in a position where you could say, here's the evidence to your very people that, where the money comes from, you can have a relationship with them, so it kind of goes both ways. (Health staff)

We have to be pushing at the grassroots level, we have to, it's the only way to have any integrity in the work that we're doing. And at least in my community, the bullshit meter is phenomenal and if people see that your integrity is in question, then you're not going to get anywhere. (CFAI leader)

As a result of their institutional position, health staff may sometimes frame their work in the language of their institution that could be alienating to more grassroots participants. On the other hand, CFAI leaders may at times take direct action or voice strongly worded critiques of government or the Ministry of Health/Health Authorities (as in the case of the Meat Inspection Regulations), in ways that might seem threatening or risky to some health staff.

Given potential power-differentials and distinct constraints and capacities, important benefits could be derived from groups of health staff and CFAI leaders engaging in reflexive practice independent from each other. Many of the CFAI leaders I spoke with mentioned their desire to be better linked up with other CFAI leaders across the province. In service of food system transformation, interconnected CFAI leaders could, for example, begin articulating how a food sovereignty framework might be applied to their work while learning about each other's successful local or trans-local project work. They could also explore the differences in how CFAI funding has been disbursed across the province and put pressure on the Ministry of Health

or specific Health Authorities to adopt a funding process deemed by CFAI leaders to be more beneficial to their work.

Health staff, on the other hand, could benefit from something like a revived Community Nutritionists Council (CNC), which in the past facilitated the development of Community Nutritionists' practice and understanding of themselves as advocates for food system change work within the health establishment. Perhaps a more palatable (and inclusive) option would be a more general public health and food security group housed in the arms-length Public Health Association of BC (PHABC), an organization which already supports the public health advocacy work of a range of health researchers, professionals and non-profit staff.

I think there's been a real effort by the Public Health Association of BC to play that [advocacy] role for health because they know that there's a lot of constraints and limitations on how much advocacy many of the health groups can do. (Health manager)

Without such a place to reaffirm a critical identity with other health staff struggling to do so in the same institution there is the risk that these movement supportive actors will be pulled along by the force of institutional inertia.

Distinct venues for those working within and outside of the health establishment to 'walk forward while questioning' should be in addition to, not substitutes for, the broad-based collaboration I have been arguing for here and in the previous chapter. However, given the unique capacities and constraints of health staff and grassroots actors, this collective reflexive practice would be most effective if carried out in cognizance of these unique constraints and possibilities, that is, "jointly working together and understanding their limits on both sides" (Health manager).

Building on the discussion above, not only is it important to find time and space for cross-pollination of ideas and practices amongst those involved in the FSCP and CFAI, the content and organization of this idea sharing (and resultant actions) is important. In particular, it will be important to find ways to discuss contentious issues, embrace conflicting perspectives and navigate tension that may arise from working collaboratively across the institutional divide. This specific form of collaborative action and reflection-on-action would benefit from the careful and conscious construction of well-facilitated working groups.

6.5 Conclusion

This chapter explored the implications of the FSCP and CFAI for the transformative potential of BC's food movement. Throughout this chapter I have made a case for understanding the FSCP and CFAI as simultaneously transformative and not-transformative. On one hand, these programs (and the specific activities they support) can be seen as a product of dominant discourses, supporting minor, localized, and largely uncoordinated efforts that are limited in their ability to dismantle problematic food system (and social) structures. On the other hand, the food work that has been done through these programs has contributed to shifting ways of thinking about food (and social) problems, it has supported project-based, policy-oriented, and at times multi-scalar collective action, and has developed skills and knowledge which could facilitate further collective action.

Given this dual identity, I have argued that strengthening the transformative potential of the FSCP, CFAI, and BC's food movement as a whole will require commitment by movement actors to reflexive practice. This is hard, messy, but good work. It will involve embracing conflict and finding ways to negotiate the different strengths and limitations of health staff, CFAI leaders, and other food activists, based on their institutional and social positions. In making this argument I have followed Goodman and colleagues who:

*re-articulate food politics toward an understanding of the world **as relational and process-based rather than perfectionist**. This relational worldview admits that its vision is never perfect but always can be improved by working in relationship with others, especially when informed by an open, reflexive, and contested view of 'improvement' as an idea and a process (Goodman et al. 2012, p.6, emphasis in original).*

Embracing the process-based, relational nature of food system transformation, still requires that those involved in BC's food movement maintain a focus on actually-existing experiences of ill-health, social injustice and ecological degradation. Strengthening, reconfiguring, or creating new networks in BC to facilitate collective reflexive practice based in such grounded critical perspectives will be an important way for BC's food movement to venture down the path of food system transformation.

Chapter 7~Conclusions

As a critical researcher I am driven to understand not just what is happening in the world around me but how the injustice and degradation that characterize our world can be acted upon and positively changed. I desire deeper understanding of what gets in the way of taking critical action, as well as creative ways that people take such action despite long odds and constantly changing constraints. I am also an activist, engaged with others in a range of less-than-perfect food movement and other social change actions as we attempt “to remake the world as [we] find it in the places [we] inhabit” (Goodman et al. 2012, p. 247). Throughout this study I have tried to keep my analysis firmly grounded in this joyful imperfection of practice, recognizing that “it is far easier to be radical in the field of ideas than in actual social practice” (Frampton et al. 2006, p.251).

Much of the discussion in the preceding chapters was organized to respond to my three research questions, which were focused quite specifically on the CFAI and FSCP as two programs that provide a window into the health establishment/food movement interface in BC:

- 1) What are the goals and context of the CFAI and FSCP and how have they been implemented?
- 2) How have health institutional forces shaped the CFAI and FSCP?
- 3) What are the implications of these two programs for BC’s food movement and its potential for food system transformation?

In addressing these questions I discovered details in the programs’ history of people inside and outside of the Ministry of Health and Health Authorities seizing (and in a sense creating) opportunities to involve these governmental health institutions more formally in the work of the food movement. Inspired by the work of institutional ethnographers, I was able to trace some of the ways that discourses on health have shaped the FSCP and CFAI as they have been implemented. In particular, I found that as food security proponents working within the Ministry of Health and Health Authorities struggled to maintain these programs in a less-than-supportive institutional context, their theory and practice existed in a dynamic tension between dominant, individualizing discourses and more critical collectivizing discourses.

When I applied a social movements lens to these two programs, the opportunities and challenges of doing food movement work through the Ministry of Health and Health Authorities, as State-based institutions, were brought into finer focus. Of great benefit to BC’s food movement was the way that the FSCP and CFAI helped facilitate the dedication of paid staff

time and flexible (and sometimes stable) funds to support food movement activities. However, the relatively minimal level of funds disbursed to communities, the lack of structures within Health Authorities to support internal strategic direction of food security work, and the absence of mechanisms to formalize grassroots feedback into the management of these programs, created limitations in their capacity to coordinate or deepen food movement work.

Drawing on the work of food movement scholars who have interrogated the North American food movement's potential to transform the food system through the specific strategies being chosen by activists, I probed the transformative potential of the activities supported by the CFAI and FSCP. I suggested that the activities being supported through these programs could be understood as simultaneously not-transformative (consistent with neoliberalism, reifying the local) and transformative (challenging dominant discourses, inspiring collective action and the knowledge, skills, and values for further collective action). Given this dual identity I suggested that engaging in collective, reflexive practice is integral for strengthening the transformative potential of these programs and the movement of which they are a part.

As this brief summary reflects, my research questions and much of my analysis were rooted in the specificities and nuances of the CFAI and FSCP as sites of interface between the Ministry of Health/Health Authorities and BC's food movement. However, what can be learned from the specific dynamics and experiences discussed here, has utility beyond these programs and beyond BC. I see my research as "open at the edges" (DeVault 2008, p.298), with important insights and limitations. In this chapter I will reflect first on some of these limitations and possible future research directions they suggest. Following this I will present some final reflections on cross-cutting themes of the study before moving on to more focused discussion of what my research might add to the thinking and practice of policy-makers/practitioners, academics, and activists in BC and beyond.

7.1 Limitations of the study and future research directions

The FSCP and CFAI are key vehicles through which governmental health institutions have become involved in BC's food movement. The FSCP provides the mandate and overarching framework that (at least in theory) guides all these institutions' involvement in food security work in the province. The CFAI, as a program carried out in partial fulfillment of the FSCP mandate, is the only province-wide governmental health program that (once again, at least

in theory) provides funding to community organizations to carry out food action in their community. Despite the importance of these two programs to the Ministry of Health and Health Authorities' involvement in BC's food movement, they are not the only ways that associated institutions and actors have been involved in the movement, nor have I captured the full richness of detail on all the myriad ways that even these two programs (and their spin-off effects) have an influence on the food movement. Thus, what I offer in this and previous chapters merely addresses some of the interesting dynamics taking place at the health establishment/food movement interface in BC.

For example, in the future it would be interesting to explore the role of more arms-length health organizations like the Public Health Association of BC and their role in food system work and advocacy. Developing a better understanding of how State-based health professionals intersect with and inform thinking and practice on food issues of those working in other Ministries or at the municipal level would also be useful. For example, on what sorts of projects have people working in municipalities, or the Ministries of Education, Agriculture and Social Development worked with health actors? How have different partners felt about these partnerships? How were agendas set and what sorts of tensions arose? Through my involvement with the BCFSN, I am aware of the role played by health staff from VIHA in the Vancouver Island and Coast Communities Indigenous Food Network, a role that I was not able to explore through this study. What sorts of experiences have these and other health staff and people from indigenous communities had in working together on food sovereignty issues?

The spin-off effects of the Ministry of Health and Health Authorities' involvement in the food movement at the community-level (through these programs and beyond) are perhaps even harder to capture. For example, has the CFAI meant deeper or more effective food movement work? Would the work happening through the CFAI have happened anyway without CFAI funding? My study is very limited in its ability to address these questions. I have suggested that in regions where the CFAI has provided consistent, stable funds to community organizations, it has contributed to the ability of food movement activists to 'dive in a little deeper'. It would be useful to explore this assertion more fully by, for example, explicitly designing a study to compare the work being done through the CFAI in different Health Authority regions. What sort of differences in activities and their impacts can be seen between regions where CFAI funds

have consistently funded the same organizations versus regions where funds have been offered on a shorter-term basis?

Beyond these various gaps in what my research can speak to regarding the health establishment/food movement interface in BC, there are also important limitations on what I can speak to outside of BC. From a positivist paradigm, this is the question of generalizability. This research is not generalizable. But nor is it carried out from within a positivist frame. Thus, as discussed in Chapter 2, the more appropriate question for research carried out through an interpretivist research paradigm is: are research findings transferable or relevant to other contexts and times? My answer to that question is yes, but once again not without important limitations.

In order for this research to be transferable, I have certain responsibilities, as would researchers, policy-makers, or practitioners wishing to do the transferring. Throughout this dissertation I have provided details on the specificities of my study site to ensure that the dynamics I am describing are properly understood within their context. I have also drawn out ways that the dynamics I have seen at play are similar or different to those that others have found through studies in other contexts, as well as how they related to different bodies of theory. In addition, I have been honest about my positionality and my efforts to ensure research quality so that those reviewing my findings have fuller knowledge of my potential blind spots, inevitable biases, and ways I have attended to these. Those wishing to make use of my research have a similar responsibility, to understand their context and their own biases and how this influences what my research might contribute to their thinking and practice. My research has drawn attention to a range of dynamics that people embedded in these programs or those working at other movement/institution interfaces would do well to attend to. Similarly, the suggestions I provide for ways forward given the dynamics I have seen at play are suggestions for others to try on for size, making modifications as they see fit.

I turn now to short overview of some of crosscutting themes and potential ways forward for groups of policy-makers, academics and activists, offered in the spirit of a conversation that remains ‘open at the edges’.

7.2 Cross-cutting findings

In Chapter one I spoke about how health, as a concept and as an institutional player, has increasingly become intertwined with food movement practices and claims. I also discussed the

uneven terrain of the food movement and public health in Canada, both of which are characterized by more and less critical tendencies. While both are pulled strongly towards practices that maintain the status quo, there are those working in public health and those working in the food movement who are trying hard to challenge the dominant social order. An important distinction however, is that much public health practice originates from the health establishment, a branch of the (neoliberal) State. The food movement, on the other hand, has seen the State as a target for activism, and many food system scholars and activist argue that the movement should be targeting the State more forcefully. A strand of inquiry which has thus been threaded throughout this entire dissertation is the about the possibilities and pitfalls of food movement work happening through and alongside health, a major State-based institution. So what have I learned about these possibilities and pitfalls?

The simple, paradoxical answer is that food movement goals may be both advanced and stymied by governmental health institutions. For this response to be useful it needs to be understood in the context of another central message of this study, which is that these institutions (indeed any social ‘structure’ or institution) is not monolithic, nor are the discourses that create and are created by social institutions crystallized.

I have suggested that in the case of the FSCP and CFAI, the BC State (through the functioning of its main health institutions, namely the Ministry of Health and Health Authorities) has in some ways functioned as a reform-filter, filtering out some of the movement-supportive capacity of these programs. In a more direct way, the Ministry of Health was seen as threatening the food movement when, in the name of food safety, the Meat Inspection Regulations were changed in BC restricting on-farm slaughter and sale of meat. At the same time, there were ways that certain smaller structures (such as the CNC or population health departments) and health players (community nutritionists/developers, supportive managers) within this broader institutional context have created semi-insulated pockets for food movement work. As a result, the Ministry of Health and Health Authorities have also contributed to a wide range of food movement activities, some of which are potentially quite transformative.

Some of these movement activities include political activism or the building of skills, knowledge and values to support such action. While I have argued that targeting the State is not the only or most important way that the food movement may go about transforming the food system, political re-skilling and activism is particularly significant in a discussion on what

happens at the State/food movement nexus. What this study demonstrates is that the State (as the non-monolithic, multi-institutional, multi-discursive, multi-relational entity that it is) can simultaneously be a vehicle for food movement activism and a target of this activism. However, because the North American food movement as a whole may tend to under-emphasize the State as a target for activism, those thinking and acting at the State/food movement interface (in BC and beyond) will need to tread carefully so that the State as a vehicle for activism does not become the only way that the food movement interacts with the State. Just because those working within the State may be contributing to food movement efforts does not place government above critique when it is warranted (which is often in this neoliberal climate).

The implications of the health establishment/food movement nexus are not just limited to the ways that governmental health institutions bring the food movement into contact with the State. The health establishment also creates and is created by discourses on health, and actors and organizations within the food movement are increasingly making health-based claims. As I discussed in Chapter 1, many see great potential in this mobilization of health as a conceptual resource, with some seeing health as a particularly powerful motivator for involvement in the food movement and others seeing health as a useful ‘master frame’ to help unify the movement. While not disputing either of these positions, I would like to suggest that health is not necessarily a value-free conceptual resource.

In chapter 4 I emphasized the ways that understandings of health, both inside and outside of the health establishment, are powerfully shaped by neoliberal and biomedical discourses. These discourses produce reductionist, individualizing understanding of health (for example, health is an individual responsibility, health ‘happens’ in a body and component parts). Neoliberal and biomedical approaches to health are so ubiquitous that even those who may identify consciously with critical public health discourses—such as most of the health staff/managers I interviewed—may also speak and enact these dominant discourses. Similarly, those people I spoke with who were working at the grassroots and not employed by governmental health institutions, while often oriented towards taking collective action, also drew on these individualizing health discourses, speaking of people’s ‘duty’ to look after themselves, or the importance of making people more aware of what they are putting into their bodies.

The issue I wish to raise is, might an unquestioning food movement embrace of health as a *raison d’être* inadvertently pull the food movement towards reductionistic, individualistic

thinking and practice rather than the integrative, collective theory and practice I and others before me have argued is necessary? The findings of my study suggest that this is not a necessary outcome, but nor do findings suggest that it is an unreasonable concern. As scholars and activists we could spend more time reflecting on the extent to which we reinforce neoliberal and biomedical problem definitions and solutions, for example when we frame the food movement work as ‘addressing the obesity epidemic’? Would our food movement theory and practice look differently if we instead framed our work as ‘addressing health inequities’ (and would we still get funding)? I think it behooves those seeking to change the food system to be aware of different discourses on health, and the ‘possible worlds’ they represent (Fairclough 2003), so that mobilization of health as a conceptual resource does not become a reinforcement of reductionist, individualizing methods of social problem-solving. Developing such awareness would not preclude the use of popularized concepts such as the obesity epidemic, but for the strengthening of a change agenda that includes strategies aimed at improving social and ecological contexts, such concepts would need to be used carefully, consciously, and strategically.

7.3 Study-inspired reflections for specific audiences

7.3.1 Activist policy-making?

The suggestions for future thinking and practice that I have provided throughout this dissertation have been most directed at those practitioners/activists involved in implementing the FSCP and CFAI. These have included suggestions related to the importance of developing critical awareness of the ways discourses and institutional realities may constrain practice, the value of reflecting on practice with others, or movement-supportive strategies that may be used based on one’s institutional position. While these suggestions are also relevant to policy-makers in BC and beyond, I have spoken less directly to this group and will do so briefly here.

One key message for BC policy-makers, and those looking to BC as a model for involving governmental health institutions in food security, is that BC is in many ways exemplary. BC is a leader in Canada in terms of the strength and diversity of its food movement as well as the extent to which the Ministry of Health and Health Authorities are involved in food issues. There is also room to grow in the way that these governmental health institutions in BC (and the actors that make them up) approach their involvement in food system issues. Nevertheless, policy-makers in other provinces would do well to look at and learn from what BC

has done, in terms of officially accepting food security (broadly understood) as a health issue and creating a framework and associated programs and activities to try to fulfill this important but complex mandate.

For those creating new policies or programs focused on food system issues, or reconfiguring already existing ones, this study points to some important factors that should be considered. As became apparent particularly in Chapter 4, evaluation of food policies and programs is both difficult and necessary. Making sure that there is enough capacity to do evaluation is essential, but this is not just a matter of including evaluation as a line item in a budget. Thought needs to be given to the amount of time, the kinds of skills, and the appropriate methodologies that would be most useful to capture the kind of ‘messy’, community-based, long-range work with emergent properties being done through programs like the FSCP and CFAI.

A related issue is that of accountability. While carrying out periodic evaluations to show government or the public that a program or policy has been ‘successful’ may be important to ensure continued support, building mechanisms for ensuring accountability into the day-to-day operation of programs is likely to have more profound effects. For example, having formal mechanisms that allow program ‘users’ or other non-State actors to shape the way that community-oriented programs are implemented can be a powerful, if challenging, way of ensuring accountability. Both the FSCP and CFAI contained interesting models of this with the requirement for the public posting of performance improvement plans for the FSCP and the existence of community seats at the CFAI advisory table. Neither of these mechanisms has continued to function as initially envisioned, but these models, and challenges experienced in maintaining them, could provide important direction for policy-makers committed to this type of accountability.

It is also essential for policy-makers working on integrative issues like the food system to consider how to overcome silos of ministerial responsibility. Within public health circles there is often talk of the need for intersectoral action or using a ‘whole-of-government’ approach. I agree, as did those who pushed to create the FSCP and CFAI in the first place with their hope that health would be a place from which food system issues would spill over into other areas of government. In fact, ActNow BC (the initiative that spawned the CFAI) was recognized as an innovative approach to intersectoral action in support of health (PHAC 2009). I think there is much to learn from the ActNow’s facilitation of inter-ministerial relationships and action, and

equally much to be learned from ActNow's eventual decline. In addition to learning from such past successes and failures, both policy-makers and practitioners could more stubbornly insist on facilitating work across silos, even when it is hard and even when it may seem doomed to fail. In making this suggestion I am applying the activist idea of 'walking forward questioning' (revisited below) to the realm of policy-making. My thought (my hope) is that if there are more models, even if not fully successful, of people trying to work across ministerial (or sectoral or disciplinary) boundaries, the necessary relationships, skills, values, and knowledge to create useful models will more readily be generated.

7.3.2 Doing and thinking differently: scholar/activist reflections

Through the earlier section on limitations of this study, I have already provided some reflections on the implications of this study for future scholarly work. However, thoughts I have for scholars emerging from this study are not just limited to ideas for future research projects. One central focus of my study is about the importance of understanding social change as a material and discursive project. I believe that scholars have a role to play in this material and discursive change agenda, in the way we write about ideas, in the kinds of research projects we undertake, and in the messages we share as educators of the next generation of academics, activists, or professionals.

A specific example of how academics might contribute to the food movement's change agenda is related to community nutritionists who were so central to much of what I discussed in the preceding chapters. My faculty, UBC's Faculty of Land and Food Systems, is home to the one program in BC that provides a professional degree in nutrition. While not all of the community nutritionists working in BC have done their education at UBC, many of them have. Those of us involved in their education at UBC have an amazing opportunity to influence the thinking and practice of these future professionals and their interface with BC's food movement. Through certain courses, such as the Faculty's Land, Food, and Community series, these future nutritionists (both clinical and community) are exposed to food system perspectives and a range of people working within the food movement. But to what extent do they get prepared for the kinds of Health institutional dynamics they might encounter, dynamics which may make doing work from a food system perspective more challenging? Are there ways that we could give them a language or framework for understanding the different discourses that will shape their work

and workplace? Are there ways that we could better prepare them (especially those opting to work in a community rather than clinical context) for navigating the tricky institutional dynamics I have discussed here? While the university inevitably has its own range of status-quo maintaining institutional dynamics which may make some of these educational impulses difficult to implement, there are ways that we academics could use our own insider positions and strategies to move some of these ideas forward.

Academics are privileged, and from this privileged position there is much that we can do to contribute to movements for social change. Speaking to food movement scholars, Allen (2008, p.160) suggests:

In the classroom and in their research [academics] can challenge standard ideological categories of inquiry and problem definition. Investigators can design research projects that engage real people in their real lives—participatory, problem-solving research. Realistically, though, this kind of research takes large amounts of time and is often not what is viewed as legitimate within university institutions. However, we can at least include justice factors in defining research problems. We can work closely with social justice NGOs and movements. We can bring up equity issues in committee meetings. We can teach students to ask questions about justice. We can teach about the historical and constructivist categories of ‘common sense’ and the world as we know it.

I would push Allen’s suggestions here a little bit more, by arguing that as academics we should not just limit ourselves to the kind of research that is viewed as legitimate within the university. Throughout this study I have suggested that there are a range of ways that insiders and outsiders can and have engaged with a sometimes less-than-supportive Health institution to move the food movement forward. I think some academics have been similarly strategic with respect to the academic institution, and on the whole could be more. We could also take more ‘risks’ by doing the messier, more edgy, more movement-relevant (for those with activist leanings) research, even if it does take longer and does not get the same kind of university recognition.

Of course, this is easy for me to say not yet being in an academic position with its tenure and promotion pressures, so I raise some of these issues as a way of keeping myself honest in the future. But there are also those in the academy, including a strong contingent of food movement scholars, who would seem to agree with me. For example Douglas Constance, in his 2008 presidential address to the Agriculture, Food and Human Values society explained:

With my teaching, research, and service, I create a soil to grow students and sometimes support social movements. This is part of my work, and is allowed by my [academic] job. Does your job allow you to do this kind of work? (Constance 2009, p. 40)

This is an important question for all of us to ask, whether we see ourselves as academic/activists or simply academics. To what extent do we accept the institutional constraints that our jobs as paid academics place on the kind of work (teaching, research, service) that we want to do? Are there ways we can change or subvert institutional processes to be able to do more of the kind of work we want to do? Are there more risks we could be taking, recognizing our very privileged position in society? As citizens who are highly educated, well-paid, with greater job security and autonomy than most (particularly for those with tenure), and working in institutions that claim a dedication to the advancement of society (and increasingly ‘sustainability’), we have a responsibility to ask these questions. And more importantly, we have a responsibility to strive to answer them through our actions.

7.3.3 Moving the food movement: ideas for activists in BC and beyond

A key message for food movement activists woven throughout this dissertation is the importance of engaging in consistent theory/practice dialogue (praxis) and cultivating *and maintaining* strong, sensitive and strategic collaborations. There is nothing new about suggesting that movement activists need to work together, engaging in iterative cycles of action and reflection. From Friere, to the Zapatistas, to academics and activists in the anti-corporate globalization movement, critical scholars and activists have emphasized the importance of praxis or ‘walking forward questioning’ (Johnston and Goodman 2006). What my study contributes is specific examples of why these suggestions are important, and particularly at the movement/institution nexus.

To overcome the status-quo favouring force of institutions like the Ministry of Health and Health Authorities, praxis and collaboration are essential. And as the experience of the FSCP and CFAI demonstrate, collaborative praxis is integral not just at heady movement moments, such as the push to create these two province-wide programs, but also (and perhaps even more so) during the less-exhilarating day-to-day slog of implementing programs, of doing the sometimes mundane tasks of moving the movement forward. However, as discussed in Chapters 4 and 5, the dominant discourses on health, and the institutional dynamics they engender, do not readily support this work. This makes supportive mechanisms such as the CNC or the CFAI advisory group, flawed as they may have been at times, particularly important because they help embed collaboration and create space for reflection in the day-to-day work of program implementation.

Forces that make the realization of the food movement's transformative potential uncertain are not just at play in institutional settings. As discussed in Chapter 6, the food movement more generally is shaped by neoliberalism and associated ways of thinking and being. As activists we need to be aware of these limitations and constraints, an awareness to which I hope I have contributed. In response, we need (collaboratively) to think of context-appropriate strategies to address constraints and the movement limitations they create. However, as the case of the FSCP and CFAI helps to highlight, while creativity in developing such strategies is undeniably important, sometimes we just need to revive or strengthen old strategies or borrow from other location. For example, the BCFSN was historically a useful place for State-based and grassroots actors to collaborate and collectively reflect on movement action. How can we do a better job of using this forum? For activists outside of BC, what similar structures exist (or could be created) and how might they be organized to allow for the kind of critical reflection and collaboration discussed here? The CNC can be seen as an important structure for helping community nutritionists to "become 'activists for change'" (Alvaro et al. 2010, p.97) through a supportive community of practice. In BC and elsewhere, how might similar structures (ideally with some level of institutional support as was the case with the CNC) be created? In terms of strengthening already existing strategies, given the political re-skilling that I have seen (and experienced) in BC, how can we extend these skills to a wider-range of citizens and to their use at a greater diversity of scales?

Collaborative praxis is also essential for the food movement (or any social movement) because, at its best, it is a joyful process. At the 2013 Canadian Association of Food Studies (CAFS) meeting, Patricia Allen gave a keynote address titled: "Dancing with (not around) the Elephants in the Room: Building Sustainable and Equitable Food Systems for All" (Allen 2013). In the talk she outlined important 'elephants'—exploitation, oppression, privilege and powerlessness—that she fears the food movement is in danger of dancing around rather than dealing with directly. As an activist recognizing movement strengths and weaknesses is essential—a balance I have tried to achieve throughout this work—but perhaps more essential is making sure that we enjoy ourselves. As Cathleen Kneen, respected Canadian food movement activist (and founding chair of the BCFSN) quipped at the CAFS conference in a session following Allen's talk: "the elephants are important but so is the dancing." That is, if we are not having fun we will not keep doing this work. As most of the people I spoke with throughout this

study commented to me, part of what makes this work fun is feeling ‘not alone’, feeling like you are connected with a group of other people trying hard to do good work. So collaborative praxis is also about maintaining the joy of dancing, with each other and with the elephants on the dance floor.

7.4 Concluding thoughts: it’s ‘both/and’

In reflecting on key sites of intersection between the health establishment and the food movement in BC, what has become apparent is that there is nothing straightforward about trying to change the food system through and alongside the Ministry of Health and Health Authorities. Much of my discussion has adopted ‘both/and’ thinking. That is, it is both possible and difficult to carry out critical food movement efforts through these health institutions; the State is both a vehicle and a target for activism; health staff and managers may be both institutionally shaped professionals and movement activists; grassroots activists like CFAI leaders are both radical change agents and enactors of dominant discourses; changing the food system is both a material and discursive project; the CFAI and FSCP and the food movement of which they are a part are both transformative and not-transformative.

In embracing both/and thinking, I am not adopting a moderate position that ‘we need all solutions’ (Holt-Giménez and Shattuck 2011). As I have demonstrated throughout this study, some ways of thinking about food system problems, some ways of enacting food system change ‘solutions’ are more likely to lead down a transformative path than others. Of particular value are thoughts and actions that reclaim a sense of us as a collective, and an understanding of our food system and world as being created through our collective thoughts and actions. Thus, as activists, academics, professionals, policy-makers, citizens, as we attempt to remake our food system and our world we need to ask good questions and we need to do this together. This dissertation is one way that I hope to contribute to the question asking of my food movement collaborators. I have provided a few suggestions of ways forward, but mostly I have suggested the kinds of questions we need to ask, and where and how we could be asking them. The degradation and injustices of the dominant food system makes this work imperative while the power of food to bring us together and inspire action makes this work both possible and pleasurable.

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Appendix A: PHSA-related documents reviewed

*Please note all of these documents are linked to on the PHSA website at:
<http://www.phsa.ca/HealthProfessionals/Population-Public-Health/Food-Security/>

Food for Thought a synthesis of current evidence on seven salient issues impacting food security in British Columbia.

A Seat at the Table: Resource Guide for local governments to promote food secure communities
Indicators for the Food Security Core Program

Taking Action on Food Security: Overview of the Community Food Action Initiative
evaluation – brief version of the Community Food Action Initiative Evaluation Report

Community Food Action Initiative Evaluation: 2005-2006 – full report of the Community Food
Action Initiative Process Evaluation

Food Action Framework for Public Institutions

A Review of Policy Options for Increasing Food Security and Income Security in British
Columbia (2007)

Perspectives on Community Based Food Security Projects: Discussion Paper

Implementing Community Food Action Initiative in British Columbia: Criteria for Success and
Role of the Health Sector (2006)

2006-07 Year In Review: Brief Annual Report of the Community Food Action Initiative

2007-08 Year in Review: Brief Annual Report of the Community Food Action Initiative

Community Food Assessment Guide – a resource to help communities undertaking a Community
Food Assessment

Community Food System Assessment - A Companion Tool for the Guide

Appendix B: Interview guides for health staff and CFAI leaders

Generalized health staff interview guide

Can you describe to me your work and the connection between your work and the core public health program in food security?

How long have you worked on food security stuff with the Health Authority?

How much of your time is dedicated to food security work?

Which specific food security oriented activities are you involved in through your work?

How much of your time is dedicated to food security work?

How do you understand food security?

What is it that you're working towards when you do your food security work?

What has the creation of the CFAI and the core public health function in food security meant for your work?

How does CFAI funding work?

Do the objectives of the CFAI/food security core public health program documents influence the food security work that you do?

How do you decide what to focus your work on?

How do you develop your work plan? What kind of guidance do you receive?

How does reporting on and evaluation of your food security activities work?

Who do you report to and how often?

What do reports look like?

What sort of feedback or direction do you receive on your work?

How do funds flow into and out of food security initiatives in your health authority?

For example, who allocates funds to your position or the activities you support? Is this funding stable or variable? How do you decide where to place funds that you have control over?

What are aspects of your work that you are really excited about?

How would you like to see the food system changed? What gets in the way of you making the kinds of food systems change you would like to make?

Who else is responsible for food security work within your Health Authority?

What kind of coordination/cooperation is there on food security between the health authorities, within health authorities, between Ministry and health authorities?

Do you get a chance to collaborate with other CNs or other food security staff in other health authorities?

Generalized CFAI leader interview guide

Can you tell me about the work that you do with [your food system organization] (including how long you've been in this position)?

How is this work linked in to the CFAI?

What has involvement with the Health Authority meant for you and the work you do?

How do you decide what to focus your energy on?

What is it that you're trying to achieve through your work (broad vision)?

What needs to be changed about our food system and what chunks of this are you tackling?

How would you describe the health authority as a funder?

What does reporting on your work look like? How do you find it?

Who from your Health Authority have you had the most contact with?

How have you worked with these Health staff?

How does the Health Authority support you beyond financially (but also what is the significance of the financial support they do provide?)

In what ways could they be supporting your work?

What sorts of things do you think they are positioned to do that you can't do?

Have you ever felt that there was a difference between what you wanted to work towards and what your Health funders are working towards (in terms of food system change)?

What are some of the major success or things that you're excited about with the food work that you do?

What keeps you inspired/motivated?

What would need to change (with your funder, in the community, in the region, internationally etc) in order for it to be easier for you to promote your vision of the food system?

What are some major frustrations you've experienced in trying to do your work? (financially, ideological, from your funders, from community members other stumbling blocks)

What should stay the same (or be strengthened/built upon)?

What other CFAI leaders/facilitators or projects do you know of in the province and do you get much of a chance to network?