

COMPETING APPROACHES TO HOUSEHOLD FOOD INSECURITY IN CANADA

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Abstract: Household food insecurity (HFI) impacts over 1.1 million households, adversely impact the health and well-being of individuals and families. Despite the recognition of the right to food by several international covenants, indicating that Canadian governments are obliged to reduce HFI, little has been done by the Canadian government to defend this right. The Canadian Government's failure to address HFI has resulted in the creation of a number of non-governmental means of managing the problem, which have not been successful in redressing HFI. Furthermore, non-governmental responses may have served to depoliticize the issue of HFI, allowing governments to obfuscate their responsibility in addressing HFI. Four competing approaches of HFI in Canada, nutrition and dietetics, community traditionalism, social determinants of health and political economy complicate solutions by differently conceptualizing and framing the causes and appropriate responses to HFI. I argue that the political economy framework—which views the rise in HFI as precipitating from the skewed distribution of economic and social resources as a result of imbalances in power and influence—best explains the causes of food insecurity and presents the most effective means of responding to its presence in Canada by acknowledging the larger political and economic structures that shape and precipitate HFI.

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List of Abbreviations

CCHS Canadian Community Health Survey

CCPA Canadian Centre for Policy Alternatives

CSR Corporate social responsibility

FMP Food Mail Program

GTA Greater Toronto Area

HFI Household Food Insecurity

HFSSM Household Food Security Survey Module

NDP New Democratic Party

NNC Nutrition North Canada

NZWC National Zero Waste Council

OSNHPP The Ontario Society of Nutrition Professionals in Public Health

SDH Social Determinants of Health

CHAPTER I

INTRODUCTION

Household food insecurity (HFI) is recognized as a growing problem and as detrimental to health by researchers, health professionals, community organizers and the general public. To date, little has been done by Canadian governments to assure that households have the right to food (McIntyre & Rondeau, 2009; Riches, 1999), despite recognition of this right by the Canadian government through the ratification of a number of documents including the Universal Declaration of Human Rights in 1948 (Rideout, Riches, Ostry, Buckingham, & MacRae, 2007), the International Covenant on Economic, Social and Cultural Rights, the World Declaration on Nutrition (Rome, 1992) and the Declaration of World Food Security (Rome, 1996) (Riches, 2002). Canadian governments' failure to address HFI has resulted in the creation of a number of non-governmental means of managing the problem, which in turn have been unsuccessful in reducing HFI. In fact, non-governmental responses may have served to depoliticize the issue of HFI, allowing governments to obfuscate their responsibility in addressing it. Furthermore, four competing approaches of HFI in Canada—nutrition and dietetics, community traditionalism, social determinants of health and political economy—complicate solutions by differently conceptualizing and framing the causes and appropriate responses to HFI.

Objectives and Statement of Key Research Questions

In this study, I explore these four approaches and ask “How is the solution to HFI conceptualized in each approach, and what are the implications and effects of these conceptualizations on public policy and HFI in Canada?” I hypothesize that, with the exception of the political economy approach, these approaches are ineffective in conceptualizing both the

causes and solutions to HFI as they ignore the larger social, political and economic structures which precipitate HFI. Furthermore, these approaches largely shift responsibility away from governments towards individuals and communities, further complicating solutions and ensuring HFI's entrenchment in Canadian society. The critical political economy framework, on the other hand, views the rise in HFI as precipitating from the skewed distribution of economic and social resources, as a result of imbalances in power and influence. Remedying HFI, then, requires rebalancing power through the mobilization of political and social movements. I therefore hypothesize that the critical political economy approach best explains the causes of food insecurity and presents the most effective means of responding to its presence.

For this research, I draw from literature and theory by Riches (1999), Raphael (2011), Olsen (2010), Foucault (1972) and van Dijk (1991). Riches (1999) informs an understanding of HFI as a human rights issue stemming from government inaction. Raphael's work provides a fundamental understanding of critical political economy, for tackling inequalities of the quality and distribution of the social determinants of health. Olsen's (2010) book *Power and Inequality* provides background theory for examining how HFI has been able to persist and deepen in Canada. Lastly, Foucault and van Dijk's approaches to critical discourse analysis (CDA) informs this paper's method.

This research contributes to the larger discussion on HFI in Canada by illuminating the impacts that these competing approaches have on perpetuating HFI, and by making visible the structures that create and maintain it. Governments can and should be held accountable for the increased rates of HFI we see in Canada today, and the aim of this research is to aid in this process.

This major research paper (MRP) is divided into the following chapters: chapter 1 contains an introduction to the research question as well as provides topic and theory literature, including an introductory look at the four approaches to HFI I have identified for inclusion in this paper. The second chapter is an overview of the methodology and methods used to examine these approaches, and the third chapter is an analysis and discussion of each of the four approaches. The final chapter provides policy recommendations.

Background literature

Defining and Measuring Household Food Insecurity

There are numerous definitions of food insecurity depending on the focus and scope of the research (Riches & Silvasti, 2014). In the Canadian context, food insecurity is most commonly defined as the "inability to obtain sufficient, nutritious, personally acceptable food through normal food channels or the uncertainty that one will be able to do so" (Davis & Tarasuk, 1994 p. 50). Moderate food insecurity is defined as consuming food inadequate in either quality or quantity, while severe food insecurity is defined as experiencing reduced food intake or disrupted eating (Roshanafshar & Hawkins, 2015).

An important distinction between household and community level food security is that at the household level, we are concerned with households' financial ability to access adequate foods (Tarasuk, 2009), whereas at the community level we are concerned with the broader food system, including trade policies, agri-food industries and globalized food systems which impact local production, supply and distribution of foods (McIntyre & Rondeau, 2009). Food sovereignty is an emerging concept and movement that is concerned more broadly with the ability of communities to democratically manage and produce their food system resources, i.e.,

land, water, seeds, as well as engage in global trade (Weiler et al., 2015). Food sovereignty provides a way to respond not only to food poverty, but the current global environmental crisis as well (Riches & Silvasti, 2014). In this paper, we focus on food insecurity at the household rather than community or global level, as we are primarily concerned with households' financial ability to access adequate foods (Davis & Tarasuk, 1994), although we acknowledge that various approaches to HFI may refer to these broader concepts as well. A political economy approach to HFI recognizes that distinctions between food insecurity at the community level and at the household level are problematic, and that the very definition of HFI is narrow, and apolitical. We adopt it, however, for continuity of data with the current available research.

Measuring HFI

Since 2005, HFI in Canada is measured using the Household Food Security Survey Module (HFSSM), occurring in alternate cycles of the Canadian Community Health Survey (CCHS). Provinces and territories may include the module in other cycles of the CCHS, however it is not obligatory (Health Canada, 2012). In the most recent cycle (2015-2016), Yukon, Newfoundland and Ontario opted not to measure HFI and this is the first time that Ontario has not conducted the survey since its inception (Walsh, 2017).

The survey contains 18 questions, 10 of which focus on adults and 8 of which focus on children under the age of 18, and measures HFI for the previous 12 months. Range of severity—from worrying about food or running out of food, to children not eating for an entire day—is included in this survey. The survey also asks if lack of money or ability to afford food is the cause of food insecurity in the household (Health Canada, 2012).

The HFSSM is not comprehensive as many populations in Canada are excluded from the survey including those living on First Nations reserves, Crown Lands, those without fixed address, individuals in care facilities and prisons, full-time members of the Canadian forces and those in the Quebec health region of Région du Nunavik and Région des Terres-Cries-de-la-Baie-James (Tarasuk, Dachner, et al., 2014). This exclusion raises criticism that the most vulnerable, primarily those living on First Nations reserves and those who are homeless, are not taken into consideration, and therefore the actual rate of HFI in Canada is likely to be much higher (Tarasuk, Dachner, et al., 2014). In addition, as the HFSSM measures food insecurity at the household level, it is not sensitive to determining the individual status of each person, nor is it designed to capture other reasons for insufficient food access like fasting or dieting (Health Canada 2012).

Prevalence of food insecurity in Canada

Statistics Canada estimates that in 2011-2012, approximately 8.3% of all Canadian households had experienced some form of food insecurity. This translates to roughly 1.1 million households in Canada experiencing HFI (8% of Canadian adults and 5% of Canadian children less than 18 years of age), and of these, 5.8% and 2.5% experienced moderate and severe food insecurity respectively. HFI rates were especially high (22.6%) for single parent households with children under the age of 18, and in households where government benefits were the main source of income (21.4%) (Roshanafshar & Hawkins, 2015).

In 2015, Food Banks Canada reported that 850,000 people across Canada used food banks on a monthly basis, with more than one-third of these being children (Food Banks Canada,

2016). Rates of food bank usage have steadily risen since the late 1990s (Figure 1), suggesting that HFI rates have also been on the rise.

Food insecurity is higher in Indigenous populations, as demonstrated in recent data from provinces and territories that have higher concentrations of First Nations and Inuit populations. Reports from 2011-2012 showed higher rates of food insecurity in Nunavut (36.7%), the Northwest Territories (13.7%) and the Yukon at (12.4%), as compared to the Canadian average of 8.3% (Roshanafshar & Hawkins, 2015). The 2008/2010 First Nations Regional Longitudinal Health Survey found that 17.8% of First Nations adults aged 25-39, and 16.1% of adults aged 40-54, reported hunger due to insufficient income (First Nations Information Governance Centre, 2012). The 2008/2010 First Nations Regional Longitudinal Health Survey found that 54.2% of all First Nations households living on reserve and in northern First Nations communities were food-insecure, 14.1% of which were severely food insecure (First Nations Information Governance Centre, 2012). These numbers are higher than those for those living off-reserve (33%), as reported in the Canadian Community Health Survey (Cycle 2.2), with 14.4% reporting experiencing severe food insecurity (Health Canada, 2007).

Additional research has shown similar findings, where characteristics including Indigenous status (Willows, Veugelers, Raine, & Kuhle, 2011), number of children within a household (McIntyre, Raine, Glanville, Anderson, & Walsh, 2001), declining income, adequacy of and reliance on social assistance (Chen & Che, 2001), all increase the risk of becoming food insecure (Tarasuk, 2009; Tarasuk, Mitchell, & Dachner, 2014).

HFI is precipitated by lack of income

As discussed by Power and colleagues (2016), household food insecurity is understood to be precipitated by lack of income. Using CCHS data, Tarasuk (2017) reports that the probability of a household being food insecure increases as income declines, where severe HFI is almost non-existent at high incomes, but sharply increases as household income fall below \$30,000 (Figure 2). Earlier CCHS data from 2004 reported that those living in the lowest income category had the greatest prevalence of food insecurity at 48.3%. The lower middle category and middle category had HFI rates of 29.1% and 13.6% respectively, while in the upper middle and highest income quintiles, the prevalence of food insecurity was less, at 5.2% and 1.3% (Power, Abercrombie, St-Germain, & Vanderkooy, 2016). As food insecurity can exist at both high and low levels of household income however, other indicators including the experience of lack of resources and material deprivation need to be considered as well. Sriram and colleagues (2015; 325) conclude that “the material deprivation denoted by food insecurity reflects the interplay of household resources (e.g., income, assets, access to credit) and household expenditures (e.g., shelter, food, other necessities), as well as household debt”. Furthermore, Loopstra argues that income-based measures by themselves are inadequate as they cannot account for variation in HFI over time, including gaps in employment, and lack of access to resources during times of financial hardship (Loopstra, 2013).

Those living in food insecure households, however, obtain little relief from both social assistance or entering the workforce in Canada. Using CCHS data, researchers at PROOF, a Canadian interdisciplinary HFI research team, reported that only 30.5% of those on social assistance are food secure and that 29.5% were severely food insecure – a rate 11 times higher

than the national average for severe HFI. The report concludes therefore, that social assistance is inadequate to meet the needs of the population (Figure 3a) (PROOF, 2017).

HFI is not limited to households that rely on social assistance. In a separate report, Tarasuk and colleagues (2016) found that 62.2% of food insecure households were in the labour force and relied on salaries or wages from employment (Figure 3b). These individuals tend to work multiple jobs with irregular hours, face high levels of job stress and low levels of pay. These jobs tend to be precarious and are often seasonal or temporary (McIntyre, Bartoo, & Emery, 2014).

Lack of secure housing, that is housing that is affordable, not over-crowded and/or in need of major repair, is also a risk factor for experiencing HFI. Housing is considered affordable if its costs account for less than 30% of before-tax household income (Canada Mortgage and Housing Corporation, 2017). Researchers examining Canadian metropolitan areas found that higher than average monthly rents increased the risk of being HFI. They observed that for every \$100 increase in rent, there was an associated 22% increase risk of HFI, independent of other sociodemographic characteristics (Sriram & Tarasuk, 2016). Among low-income families in Toronto, being in affordable housing was associated with having lower odds of being HFI compared to low-income families in market housing, who had nearly twice the odds of being HFI. Housing quality was also a factor as these odds increased in market houses that required major repairs (Kirkpatrick & Tarasuk, 2011). Tangential to the research for understanding the causes of HFI, are the numerous investigations into the ways in which HFI impacts health. Poor health as an outcome of HFI has been firmly established, yet there are numerous competing pathways in which this has been posited that this may occur.

Competing pathways by which HFI impacts health outcomes

Food insecurity has a negative impact on the diet and nutrition status of individuals and families (Broughton, Janssen, Hertzman, Innis, & Frankish, 2006; Glanville & McIntyre, 2006; Kendall, Olson, & Frongillo, 1996; Tarasuk & Beaton, 1999). In Canada, food insecure households have a decreased likelihood of consuming healthy foods (Power, 2005), including milk products and fruits and vegetables (Kirkpatrick & Tarasuk, 2008), putting individuals at increased risk for nutritional deficiencies. Women and children are particularly vulnerable to deficiencies due to their higher nutritional requirements (Food and Agricultural Organization of the United Nations, 2000). Nutrient deficiencies may hamper proper development of social, emotional and intellectual skills (Kleinman et al., 1998) as well as increase the risk of infection (Katona & Katona-Apte, 2008).

Food insecurity can impact health through different mechanisms, or pathways. Hertzman (2003), as reviewed by Raphael using a materialistⁱ and a life-course perspective identifies three pathways to explain how living circumstances shape children's health and development (Raphael, 2009, 2011b). For this research paper, we will explore these frameworks to understand how food insecurity impacts health via latency, cumulative and pathway effects.

Latency effects refer to how childhood and *in utero* exposures impact health in adult life. These associations are best observed through longitudinal studies and are associated with experience of stress and poor maternal diet (Hertzman & Power, 2003) as well as early childhood experiences that impact health in the short- and long-term (Raphael, 2015b). For example, poor childhood living conditions are associated with increased risk of asthma (Williams, Sternthal, & Wright, 2009) as well as cardiovascular disease and diabetes later in life (Raphael & Farrell, 2002).

Malnutrition during fetal development may lead to epigenetic changes to metabolic programming, which has been hypothesized to play a role in developing chronic diseases, such as type 2 diabetes and cardiovascular disease later in adult life (Barker, 1998, 2001). This phenomenon, known as the Thrifty Phenotype hypothesis, was first proposed by Hales and Barker to explain the high prevalence of type 2 diabetes and insulin resistance observed in individuals who were *in utero* during the Dutch famine of 1944-1945 (Hales & Barker, 2001). They suggested that in response to famine the fetus adapts glucose-conserving methods and reduces metabolic demands or growth until adequate nutrition is available (Barker, 2001). This response resulted in permanent changes in gene expression affecting the morphology, physiology, and metabolism of the fetus, mainly dysregulation of insulin production (Barker, 1998). However, when the postpartum environment changes from famine to plenty, as it did when the famine abruptly ended in 1945, these changes were no longer adaptive and in many cases resulted in chronic disease in later adult life.

Pathway effects are dependent sequences of exposures that result in individuals being put on trajectories that influence their health (Hertzman & Power, 2003). One well-known example is looking at school readiness, which by itself is not a health issue, but can lead to experiences that are (Raphael, 2009). For example, chronic malnutrition during pregnancy may lead to growth problems such as stunting and lower birth weights (Onis & Branca, 2016). This poor growth early in life is correlated to shorter adult height, lower levels of schooling, reduced adult income, and decreased offspring birthweight (Victora et al., 2008). In addition, hunger and malnutrition resulting from food insecurity will weaken the immune system, resulting in increased risk of infection (Katona & Katona-Apte, 2008) and in more days missed of class. Furthermore, malnutrition has been associated with reduced cognitive functioning and increases

in attention deficits, resulting in poorer school attainment (Fanjiang & Kleinman, 2007). The result is a child who is set on a trajectory of poor academic performance, and this has negative impacts on their future education and employment prospects (Raphael, 2011b). Indeed, Alaimo and colleagues observed that children in food insecure households had significantly lower academic achievement as well as poorer psychosocial outcomes compared with other children from food secure households (Alaimo, Olson, & Frongillo, 2001). Another pathway effect is the determination of child food preferences, which occurs as early as *in utero* and continues throughout their development (Savage, Fisher, & Birch, 2007).

According to a review by Savage and colleagues, parents may influence their children's preferences in a number of ways, including making available certain foods over others and by providing a model of culturally appropriate eating behaviours and patterns. Through exposure to dietary flavours in the amniotic fluid and breast milk, mothers may also influence the taste preferences of their fetus and infants respectively, which is believed to help influence the acceptance of solid foods later in life (Savage et al., 2007). However, as food insecure households have a decreased likelihood of consuming healthy foods (Power, 2005), children in early stages of development are at risk of being placed on a path which strongly influences their food choices later in adult life, and that may make the adoption of healthier, nutrient-rich foods later in life more difficult.

Cumulative effects refer to the accumulation of multiple exposures, or a single recurrent factor, over the life course of an individual that has an impact on health over time (Hertzman & Power, 2003). As many cumulative effects are generally dose-dependent, the longer that children are exposed to material and social deprivation, the more likely they will have adverse health outcomes (Hertzman & Power, 2003; Raphael, 2011b). Cumulative effects may also be viewed

as being a combination of both latency and pathway effects (Raphael, 2009). A large body of research exists regarding the health impacts of food insecurity on both children and adults, pointing to the potential cumulative impacts of long-term HFI on health outcomes. As discussed by Gundersen & Kreider (2009), children living in severely food insecure households are more likely to experience poorer health, including increased risk of developing asthma (Kirkpatrick, McIntyre, & Potestio, 2010), micronutrient deficiencies (Skalicky et al., 2006; Tarasuk & Beaton, 1999), impaired mental proficiency (Zaslow et al., 2009), poor oral health (Muirhead, Quiñonez, Figueiredo, & Locker, 2009), increased risk of overweight (Casey et al., 2006) as well as increased risk of hospitalization (Cook et al., 2006).

In adults, food insecurity has been observed to increase the risk of developing diabetes, hypertension, heart disease, depression and fibromyalgia (Chen & Che, 2001; Fuller-Thomson, Nimigon-Young, & Brennenstuhl, 2012; Vozoris & Tarasuk, 2003), obesity and overweight among women (Adams, Grummer-Strawn, & Chavez, 2003; Martin & Ferris, 2007; Olson, 1999; Townsend, Peerson, Love, Achterberg, & Murphy, 2001) as well as decreased physical and mental health status (Stuff et al., 2004). Moreover, the cost of healthcare per person increased proportionately to the severity of HFI experienced by the individual or household (Tarasuk et al., 2015).

Disciplinary approaches to addressing HFI

Political scientist Deborah Stone wrote “it’s far easier to identify common problems of a group than to find a common solution” (Stone, 2002, p. 230). This is as true in the case of food security as it is for any other issue. Although the literature on HFI is robust with regards to its implications for health, the approaches to addressing this issue range considerably (Table 1).

How food insecurity is understood and responded to in Canada helps us to understand how food insecurity has not only persisted but worsened over the last 40 years.

Nutritional Science/Dietetics

The dietetics and human nutrition approach takes an apolitical, depoliticized approach to food insecurity, focusing primarily on the behavioural aspects of food insecurity and the resulting biomedical outcomes. The research and practice activities of this group focus on encouraging the adoption of healthy eating behaviours, as it is assumed that these factors are the primary contributors to ill health (Nettleton, 1997). Efforts are made to improve the diet of individuals through the creation of nutrition guidelines and recipes, as well as food literacy programs which sharpen food shopping and preparation skills.

Community Traditionalism

The community traditionalists respond to HFI at the community level through efforts to increase the local food supply via meal programs, community gardens and kitchens, farmer's markets, as well as health education and skills training. In addition to improving local food supply, these efforts aim to improve social cohesion and foster a sense of community (Scanlan, 2009; Weiler et al., 2015).

Social Determinants of Health

Food insecurity can be understood as a social determinant of health (SDH) issue—SDH being the social factors, the unequal distribution of which contributes to promoting or

undermining the health of individuals and populations and creating health inequalities (Graham, 2004).

The concept of HFI as a SDH is relatively new. In 1998, HFI was declared a SDH by the European Office of the World Health Organization (World Health Organization, 1986) and in Canada was included in the 2003 conference on *Social Determinants of Health Across the Life-Span* held at Toronto's York University. Later, two chapters on HFI, authored by Lynn McIntyre and Valarie Tarasuk, were included in the 2006 conference-related volume *Social Determinants of Health: Canadian Perspectives* cementing HFI as a SDH issue (Raphael, 2004).

Research activity has centered on identifying the health effects of HFI as well as identifying which groups are at risk these adverse health outcomes (McIntyre & Anderson, 2016; Tarasuk et al., 2016). In addition, this group calls on governments to make public policy that addresses food insecurity as well as advocates for further research and monitoring programs.

Political Economy

Political economy sees politics and economics as interrelated factors that shape living and working conditions (Coburn, 2010 cited in Bryant, 2015). There are many political economies, but in this MRP, I refer to political economy which uses a materialist approach. As discussed by Coburn (2010; 60), the materialist approach views “ideas and institutions as emerging from how a society organizes production, and uses such concepts as mode of production and class”. Furthermore, political economy as used in this MRP is a critical political economy as the approach challenges “current perceptions, beliefs, ideologies, and ideas and also contributes to asking questions about how things could be different” (Coburn 2010, p. 60). I examine how the

larger political, economic and societal processes have contributed to current rates of HFI in Canada.

Political Economy of Health

Political economy is useful in understanding health and health inequalities within a given society. The political economy of health refers to the recognition that the social determinants of health are shaped by larger structural determinants, including politics and the economy, as well as the organization of work, the labour market, and the state (Bambra, 2011). Bambra (2011;19) writes that within the political economy analysis of health, politics is understood as “the process through which the production, distribution and use of scarce resources is determined in all areas of social existence” and therefore public health and health inequalities are politically determined.

That said, the political economy model provides a lens through which we can understand the presence of poverty and food insecurity, and the forces that create and reproduce them, as we have established these determinants have a strong impact on health. Seen through this lens, the inequitable distribution of food insecurity in Canada is the direct result of policies governments have or have not implemented to equitably distribute economic and other resources (Kawachi, Subramanian, & Almeida-Filho, 2002). These policy actions (or inactions) are in turn seen as resulting from Canada’s historical traditions as a liberal welfare state, as described by Esping-Andersen, which give deference to market forces as a mechanism for the distribution of economic resources (Esping-Andersen, 1990; Raphael, 2010a). Furthermore, political economists view policy development as driven by “powerful interests who assure their concerns receive rather more attention than those not so situated”, and in Canada, these powerful interests

are often “based on the private sector and have powerful partners in the political arena” (Bryant et al., 2011, p. 54).

Bambra (2011; 22), writes that health inequalities are politically and economically determined, as politics and the balance of power between key political groups, primarily labour and capital, influence the response by the state to reduce inequality. One of the ways in which we will use the political economy framework, then, is to examine the role that political ideology, primarily neoliberalism—the belief that the marketplace, rather than the government, should decide how economic and other resources are distributed—has in shaping public policy (Bryant, 2015). In Canada, neoliberalism has had a major influence on policy development, driving welfare retrenchment beginning in the late 1970s and early 1980s onwards. In his article “Income Inequality, Social Cohesion and the Health Status of Populations: The Role of Neo-Liberalism”, Coburn (2000) addresses the relationship between neoliberalism, the welfare state and health inequality. Coburn argues that the causes of income inequality stem from neoliberal ideologies, which undermine the welfare state. Furthermore, neoliberals oppose any interference in the markets, as they feel it damages ‘the invisible hand’ of production, consumption and distribution. These ideas are further expanded on in his follow-up paper “Beyond the income inequality hypothesis: class, neo-liberalism, and health inequalities”, that shows that social democratic welfare regimes have better health outcomes than those who follow neoliberal ideologies (Coburn, 2004).

For this paper, the political economy framework enables an analysis of poverty and food insecurity, and informs my presentation and analysis of the HFI approaches which are to follow. In the following sections, I discuss in more detail the theory and basic tenets of political economy, which have informed my research.

Canada's liberal welfare state

Perhaps the best known political economy analysis is the classification of welfare states by Esping-Andersen (Bryant, 2015). Welfare states, or regimes, are characterized based on the extent of the de-commodification, social stratification and social security of labour (Bryant, 2015), and furthermore based on whether the state or the market serves as the dominant institution (Saint-Arnaud & Bernard, 2003). Esping-Andersen (1990) classifies welfare state regimes as belonging to one of three types: liberal, conservative or social democratic. Canada, along with other Anglo-Saxon countries including the UK, New Zealand, Australia and the USA, is a liberal welfare state (Esping-Andersen, 1990). Compared to conservative (Germany, France) or social democratic (Norway, Sweden) welfare states, individuals within the liberal welfare states have the poorest health outcomes (Coburn 2000). A well-known political economy analysis is the classification of welfare states by Esping-Andersen (Bryant, 2015), who classified three types of welfare states—liberal, conservative or social democratic (Esping-Andersen, 1990)—based on the extent of the de-commodification, social stratification and the state's role in providing social and economic security (Bryant, 2015), and furthermore based on whether the state or the market serves as the dominant institution (Saint-Arnaud & Bernard, 2003). Canada, along with other Anglo-Saxon countries including the UK, New Zealand, Australia and the USA, is a liberal welfare state (Esping-Andersen, 1985). Compared to conservative (Germany, France) or social democratic (Norway, Sweden) welfare statesⁱⁱ, individuals within the liberal welfare states have the poorest health outcomes (Coburn 2000).

John Myles (1998; 342) characterizes the liberal welfare state as one that gives “a preference for market solutions to welfare problems”. As a result, the liberal welfare state provides meager benefits to those on social assistance, few universal services and programs,

limited support for families and children and weakened legislative support for labour movements (Raphael, 2010a). In addition, many aspects of daily life are commodified, which makes “a decent quality of life independent of involvement in the paid employment market” impossible (Raphael & Bryant, 2015, p. 4), including income replacement associated with disability and sickness, retirement and unemployment (Esping-Andersen, 1990), dental care, child care, employment training, food and other health services (Raphael & Bryant, 2015). The result is a market-based approach to welfare policy, where emphasis is placed on the importance of having money and therefore more choice in the market (Yalnizyan, 2017). This means Canadians have to seek out gainful employment to provide adequate income for their families, to pay for food, shelter and other necessities for maintaining a decent quality of life (Raphael, 2010a). In a health-based approach however, public goods and services are largely de-commodified, meaning these public services are available regardless of income, allowing individuals and families more freedom from the market place (Yalnizyan, 2017). Farrants and Bambra (2017) see de-commodification itself as a social determinant of health. In a society where all citizens benefit from high levels of de-commodification, they enjoy higher standards of living, including less financial stress. This is true even for countries with weak labour markets (Haber, 2015).

Neoliberalism and welfare retrenchment

In the late 1970s and early 1980s, successive Canadian Conservative and Liberal governments reduced spending on welfare and social programs and reduced transfer payments to provinces (Rideout et al., 2007). The Progressive Conservatives, elected in 1984, initiated a “profound” restructuring of social policy (Myles, 1998 p. 343). This restructuring of the welfare system happened slowly and in many areas of social policy, and included claw backs on social

assistance, healthcare and post-secondary education, elderly and child benefits and unemployment insurance (Sanscartier, 2015). Changes were also made to employment stability legislation, making unionization more difficult and long-term employment scarcer (Sanscartier, 2015). Federal and provincial tax systems also underwent restructuring. Between 1990-2005, the tax rate for the wealthiest 1% dropped by 4%, while the tax rate for the poorest 10% increased by 5% (Kerstetter, 2003). As poverty and inequity grew as the result of neoliberal influence on public policy, so did food insecurity (Riches, 1999).

Perhaps one of political economy's most distinctive tenets is the analysis of power. More specifically this MRP will investigate the power of interest groups on policy development. In the case of HFI, different groups have been successful in influencing public policymaking for their own benefit, with little regard to impacts on the overall health and well-being of Canadians. The retrenchment of the Canadian welfare state, for example, occurred in part due to the influence of neo-liberal ideology promoted by powerful interest groups. Examining power is therefore essential to understanding public policymaking in Canada, especially with regards to HFI.

Power

In order to understand the root causes of inequality, we must explore the concept of power. Gregg Olsen (2010), drawing from the work of Karl Marx and Max Weber, identifies three forms of power: economic, ideological and political, occurring at three levels: situational, institutional and systemic/societal.

Briefly, institutional and systemic/societal power is expressed through institutions and often goes "virtually undetected", as they are widely accepted as "commonsensical" (p. 184). Olsen (2010) writes:

“The fact that the ‘generally accepted’ or dominant standards and values of society are socially constructed, and continually renewed and defended is not often acknowledged; they are simply taken-for-granted and left unquestioned. In the words of the Italian political theorist Antonio Gramsci, they have become ‘hegemonic’ and consequently, serve to help secure the position of the powerful” (p. 185).

Situational power, unlike institutional or systemic/societal power, is understood as power held by particular actors in certain situations. These actors may be an individual or a specific group or class. These actors, may use a variety of techniques to maintain power, ranging from providing incentives like salary increases, bonuses, fringe benefits, or disincentives like physical force, coercion, and violence. These actors may also work to manipulate or persuade those with less power into accepting certain situations, like income inequities, as merely part of the “natural order” as a way of maintaining the status quo and hence their power (Olsen, 2010, p. 178).

Within the context of the capitalist system, the ability for these actors to maintain power is reflected by the ability to gain access to key resources, specifically material or economic resources (capital, property, wealth), normative or ideological resources (newspapers, education) and explicit political resources (influence on public policymaking) (p. 178). Another important factor is the ability of these groups to organize themselves in a united front. Although the capitalist class have greater access to all three of these resources, the working class and other groups can gain ground by utilizing organizational resources to influence public policymaking.

Power and influence play a part in shaping the quality and distribution of household food security in Canada. As discussed below, special interest groups, food industry lobby groups and charity organizations have all lobbied governments to influence public policymaking in Canada,

putting their interests above those of the vulnerable, resulting in further worsening in the severity and prevalence of HFI in Canada. The concept of power will be revisited later when discussing HFI policymaking in Canada.

CHAPTER II

METHODOLOGY/METHODS

Paradigms and Discourses

All knowledge production, and hence research, requires a paradigm with which to orient itself: without a pattern by which to direct research and to interpret its results, empirical data cannot be understood. That said, there are different ways of understanding health, each with its own paradigm. Knowledge paradigms, defined by Guba and Lincoln (1994), are a set of basic beliefs or assumptions about knowledge and how it is created. These paradigms inform how phenomena are understood or investigated (Guba, 1990; Kuhn, 1970) and shape the ways in which we think about numerous issues, including health, and therefore how we conduct research and make policy (Bryant, 2009).

I will use a critical theory paradigm for this research. Critical theory is a set of alternative paradigms (Guba & Lincoln, 1994) concerned with issues of power and domination (Torgerson, 1996) and is oriented at critiquing and changing society as a whole (Bryant, 2009). One of the ways it can do this is by paying explicit attention to the assumptions embedded in the paradigms chosen to define problems and structure research programs, such as this one. Paradigms come with assumptions about ontology—what sort of entities comprise reality—as well as epistemology—how knowledge is constructed. The ontological assumptions of critical theory are that reality is shaped and/or created by political, cultural, economic, social, ethnic and gender factors that have formed social structures. Furthermore, critical theory holds that the social and political genesis of this reality is usually concealed, and the resulting categories of reality are “inappropriately” taken as real and immutable (Guba & Lincoln, 1994 p. 110). The epistemological approach of critical theory is subjectivist, and demands that the researcher reflect their own social and

political embeddedness about the topic; the investigator recognizes that it is not possible to separate themselves from what they know and what can be known is “tied to the interaction between a particular investigator and a particular object or group” (Cohen & Crabtree, 2008).

The methodology of this MRP uses both the ontological and epistemological assumptions of critical theory. In this framework, problem framing and policy development is understood to be “driven primarily by powerful interests who assure their concerns receive rather more attention than those not so situated” and in Canada, it is argued that these “powerful interests are usually based on the private sector and have powerful partners in the political arena” (Bryant, Raphael et al., 2011 p. 54). For this MRP, I use the analytical framework of critical political economy, as “It focuses on the broader social, political and economic context to analyze how objective living conditions help inform a variety of health-related issues” (Bryant, 2009 p. 46).

Discourses

Raphael (2009) posits that understanding the approaches to SDH, in this case HFI, requires going beyond Kuhnian paradigms (Kuhn 1962), that define intellectual world views about how such phenomena can be understood or investigated. Instead, it requires examining these differences using discourse analysis. According to Michel Foucault, discourse analysis is a way of examining aspects of reality, or a set of common assumptions which are often “so taken for granted as to be invisible or assumed” (Cheek, 2004, p. 1142). Like political economy, Foucauldian discourse analysis raises issues of power, coercion and legitimation (Foucault, 1972).

Discourse demands consideration, as for Foucault (1972) language is not a neutral medium of communication, as “what is ‘sayable’, indeed thinkable, is embedded within

historical conditions of possibility” (Norman et al., p. 348, 2016). Knowledge and the associated production of ‘truth’ shape what is culturally available or sayable, allowing certain ways of thinking, speaking and acting while not allowing others. In this way, Foucault sees discourse as how statements function to create social realities through language and power (Given, 2008) and therefore exert influence over research and practice (Raphael, 2011a).

There are a number of possible discourses or stories for any phenomenon, including HFI. However, they are not all given equal presence and thus authority (Cheek, 2004). Rather there exists a tendency for stories told by experts to be considered more ‘truthful’ and therefore to have more power, potentially marginalizing or excluding others (Cheek, 2004). This ‘truth’ shapes governmental policy, the media portrayal of the issue and even individual interpretations and practices (Norman et al., 2016). There are also discourses that are more palatable than others to the society and the actors within this society. For van Dijk (1991), critical discourse analysis can be used as a tool to resist dominant narratives or ‘truths’ by “analyzing the mechanisms of the discourses of power that reproduce and legitimate the many forms of inequality [so that] we may be expected to contribute our share to the struggles of resistance and change” (p. 2). Therefore, critical discourse analysis formulates a “counter-discourse” and the development of “counter-ideologies” (van Dijk, 1991, p. 2).

To conduct the critical discourse analysis in this MRP, informed by Foucault and van Dijk, I analyze a number of documents, including peer reviewed journal articles, position statements, newspaper articles and book chapters belong to each of the identified approaches. The purpose is to illuminate the different discourses on HFI and to identify their sources and influences upon understanding and responding to HFI in Canada. The discourses unearthed in

this way will then be critiqued through a political economy lens for how they help to maintain and reproduce existing relations of power.

CHAPTER III

FINDINGS AND DISCUSSION

The following four approaches were identified through a variety of sources including academic material, news articles, social media and websites, as well as personal experience—having studied human nutrition at both the undergraduate and graduate level. The approaches outlined in this paper, nutrition and dietetics, community traditionalists, SDH, and political economy are an attempt to best categorize and reflect the competing ways in which the causes and appropriate responses to HFI are conceptualized and framed in Canada. Examination of these approaches allows us to understanding how the acceptance of some ideas over others has enabled the severity of HFI to worsen in Canada over the last 40 years.

Household food insecurity as a nutrition and dietetics issue

Food insecurity is often framed as an issue of individual lifestyle behaviour, a problem that can be remedied with increased knowledge of cooking or bulk food purchasing techniques.

In one example of this approach, Bauer and colleagues examined the parenting practices of mothers in food insecure households and concluded that “addressing maternal behavior in the context of interventions that address healthful eating and weight control among food insecure families may increase the likelihood that such programs lead to sustainable dietary intake, eating behavior, and/or weight changes” (Bauer et al., 2015, p. 9).

In another example, Mercille and colleagues (2009; 134), who observed that in an Aboriginal population, “Severe household food insecurity was associated with significantly lower healthy food preparation...” recommended behavioural interventions and the implementation of public policies to improve diet. Although there was an acknowledgement that

“using only an educational approach to change behaviours cannot compensate for insufficient income...” (p. 139) behaviour change remained the dominant focus of this paper as they conclude the paper by saying “If we are to develop effective public health nutrition interventions for Aboriginal people, better conceptualization of food security and eating practices embedded in sociocultural contexts should guide future research (p. 139).

Food literacy skills are cited in the literature as an important component of health and food security, as well as knowledge, empowerment, culture and fun (Thomas & Irwin, 2011). Furthermore, food literacy “... has both nutritional and mental health benefits (e.g., self-efficacy, social connectedness) which may impact on chronic disease prevention” (Ontario Society of Nutrition Professionals in Public Health, 2016a, p. 1). In a technical brief written in response to the Ontario’s Ministry of Health and Long-Term Care’s call to modernize standards for public health programs, the Ontario Society of Nutrition Professionals in Public Health (OSNPPH) recommend that Public Health advocate for “Provide[ing] Registered Dietitian-led grocery store tours with priority groups”, “Promote[ing] eating and cooking together and healthy food prep as a normal life skill for all in school and community food programs” and “Implement food literacy programs across Ontario, targeted specifically to youth” (p. 6) as a way to improve food literacy in the province. While OSNPPH also calls for “Living wages and an adequate food allowance for social assistance” (p. 6), this recommendation is lost amidst the recommendation's strong dietary behaviour component.

Nutrition and dietetics’ focus on individual lifestyle behaviour may best be exemplified by numerous cookbook and recipe initiatives.

In another example, Leanne Brown, a Canadian graduate student in Food Studies at NYU, created a free downloadable cook book entitled *Good and Cheap* (2013). This book was

designed to help individuals on the US federal government's Supplemental Nutritional Assistance Program (colloquially referred to as food stamps) cook healthy and affordable meals. In an interview, Brown states "What we're up against is this myth that it is not possible to eat well on a budget and I think sometimes people believe that because it is what they're told" (Barclay & Roberts, 2014).

Dieticians and nutritionists have turned to technology to help promote the healthy eating and lifestyle approach. Dieticians of Canada, for example, have two apps designed to encourage individuals to make healthy eating choices. *Cookspiration* provides a selection of over 300 dietitian-approved recipes, while the second app, *eaTracker* "makes diet journaling easy" (Dietitians of Canada, 2017).

These texts reveal a strong focus on changing individual behavioursⁱⁱⁱ as a way to address HFI. This includes better design and implantation for more 'effective' nutrition interventions, food literacy education, and dietitian-led grocery store tours. Furthermore, these texts reinforced the belief that cooking was an 'easy' way by which families could become more food secure—provided they had access to the correct cookbook or smartphone app. Although touched upon, this text fails to emphasize the importance that insufficient income has in structurally creating and perpetuating HFI. Rather, insufficient income is treated as one of the many variables precipitating HFI with no real stress placed on implementing immediate action to resolve it. Furthermore, the role that governments play in forming the social and economic circumstances that lead to or aid in the development of HFI is missing as well.

The nutrition and dietetics approach is an apolitical^{iv} perspective on HFI that frames hunger or food insecurity in apolitical terms and ignores the role of larger political and economic structures that play a part in creating both food insecurity and poverty (Poppendieck, 1999;

Raine, McIntyre, & Dayle, 2003; Tarasuk, 2005; Wakefield, Fleming, Klassen, & Skinner, 2013). Nutrition and dietetics professionals and researchers, for example, may use the terms ‘hunger,’ ‘food insufficiency’ or ‘food poverty’ (see Picket, Michaelson & Davison, 2015), which serves to individualize the problem of HFI, obscuring its societal roots.

With regards to the research fields of human nutrition and dietetics, Hayes-Conroy argues that because nutrition (what is referred to as ‘hegemonic nutrition’) is universally equivalent and standardized, it is easily decontextualized from the socio-spatial, political-economic and cultural locations where it exists. Furthermore, because the sciences in general are seen as neutral and objective, this further enables researchers to view nutrition in apolitical terms (Hayes-Conroy, 2016).

In Leanne Brown’s cookbook, *Good and Cheap* (2013), insufficient income is not seen as a barrier, but rather, a fact of life to be overcome with proper cooking knowhow and a willingness to do so. This text, much like others addressing HFI from within nutrition and dietetics approaches, reproduces neoliberal ideology which according to Coburn (2010; 64) is inherently individualistic as it “[attacks] various forms of collective or state action, insisting that we face markets only as individuals or families, that we provide for ourselves”, thereby placing the responsibility for food security on the individual and ignoring the role that governments and policy play in creating it. At this point, it is useful to examine neoliberal ideology and individualism from a political economy framework, using Foucault’s concept of governmentality.

According to Foucault (1985), as discussed by Guthman and DuPuis (2006), governmentality refers to the principles by which we govern ourselves as opposed to how we are governed, and suggests that there are particular and unique ways in which individuals act to

govern themselves to “produce their semiotic and corporeal identities within the larger context of neoliberalism” (p. 442). In liberal welfare states, governances are not exclusively located in formal institutions but through “indirect mechanisms that can translate the goals of political social and economic authorities into the choices and commitments of individuals (Miller and Rose 1996, p. 58, cited in Norman et al., 2016). Neoliberal governmentality “produces a certain sort of subject” (Guthman p. 442) through the idea of consumer choice, and the idea of choice as a right. In neoliberalism, we see a move away from a centralized governance towards one where individuals are increasingly made responsible for their own social, economic and physical well-being (Rose, 1999). This is reflected in numerous calls to increase education and effect behaviour change regarding healthy eating and diet. Gard suggests that the neoliberal health agenda represents hegemonic ideas about what citizenship and health are, and how these hegemonic ideas are used to blame individuals and hold them responsible if they fail to become ideal neoliberal citizens (Gard, 2010).

Neoliberal governmentality is also expressed in the balance of social reproduction within a household (Katz, 2001). The observed by the shift of care from the public to the private sphere, seen with increased privatization, has resulted in women “fill[ing] the gap” (p. 713) between the state and the market in order to maintain their household’s well-being and social reproduction (Katz, 2001). As described by Katz (2001; 711), in its simplest form social reproduction refers to the biological reproduction of the labor force, in general and or on a day-to-day basis through the “acquisition and distribution of the means of existence”, e.g. food, clothing, shelter, health care. Where Marxist theory was more concerned with social reproduction in relation to the production and reproduction of the labour force (Katz, 2001), one of feminist political economy’s primary contributions has been to expand the definition of social reproduction to refer to the gendered,

classed and racialized divisions of labour (Jackson, 2012), including the activities, attitudes, behaviours, responsibility and relationships involved in daily life including maintenance of food, clothing, childcare, elder care and care for the sick. Work is not limited to just the physical, but also includes emotional and mental work (Laslett & Brenner, 1989). Due to the gender division of labour occurring in majority of households, women have more of the responsibility for carrying out the tasks of homemaking necessary for social reproduction (Katz, 2001).

With regards to HFI, women, especially mothers, are targets of behavioural interventions and research (see Anderson, 2007; Byrd-Bredbenner & Abbot, 2008; Crawford, Ball, Mishra, Salmon, & Timperio, 2007; McLaughlin, Tarasuk, & Kreiger, 2003; Mercille, Receveur, & Potvin, 2012; Newman et al., 2005). There are several reasons for this focus on women as the targets for behavioural interventions. Women-led single parent households have been observed to be the most vulnerable to HFI (Tarasuk et al., 2016). Women have also been observed to “deprive themselves of food to spare their children” (Tarasuk & Beaton, 1999, p. 678), and women are still primarily responsible for household food purchasing and preparation (Dosman, Adamowicz, & Hrudey, 2001).

Another example of the focus placed on women in the context of health promotion emphasizing behaviour change comes from the Federal Government, who in 2010, released a report examining the current state of knowledge regarding cooking and food preparation skills in Canada (Chenhall, 2010). Notably, the report identifies a shift away from meals prepared at home, generally by mothers, as precipitating increased consumption of processed and pre-prepared convenience foods, and thus the loss of food literacy skills at home. They write, “Without the opportunity to observe and practice basic or 'from scratch' cooking and food preparation skills within the home environment, many argue that children and adolescents will

not be equipped with the necessary skills to make informed choices within an increasingly complex food environment” (p. 3). While the Government of Canada has made some effort to “develop healthier alternatives for consumers” (p. 12), the responsibility for a household’s healthy diet is nonetheless placed on the shoulders of mothers as “women, including adolescents, young adults and mothers, are primarily responsible for food preparation functions within the home” (Chenhall, 2010, p. 2). By producing this report, the Federal Government of Canada reinforces a narrative of individual responsibility often found in the field of public health, and in the fields of dietetics and nutrition. From a political economy perspective, this report reflects the approaches to policy that the government takes to addressing HFI, which emphasize a reliance on market solutions to welfare problems (Myles, 1998). By placing the responsibility for food security on the individual, government obfuscates their responsibility for addressing the issue, as reducing HFI (as will be further discussed in the recommendations) would require strengthening of key SDH.

Household food insecurity as a community traditionalist issue

Charitable responses to HFI include soup kitchens, food banks and feeding programs. Emergency food delivery dates back to the soup kitchens of the Great Depression (Wakefield et al., 2013). The first food bank in Canada opened in 1981 (Wakefield et al., 2013), and early food banks were intended as short-term and emergency solutions to dire economic conditions, including recession and economic restructuring, as well as cuts to welfare programs (Husbands, 1999).

Today, food banks are no longer viewed as temporary solutions and have expanded their reach to include community kitchens and gardens, education and skills training as well as policy

advocacy work. For example, Food Banks Canada's mandate states that they provide "social programs that help to foster self-sufficiency; and advocate for policy change that will help create a Canada where no one goes hungry" (Food Banks Canada, 2017a). In their 2016 *HungerCount* report, they provide policy recommendations to the federal government for reducing HFI including fast tracking the poverty reduction strategy, implementing a basic income and investing in food security in Northern regions (Pegg & Stapleton, 2016). While food banks themselves may be working to address the root causes of HFI, dominant rhetoric regarding food banks remains largely focused on 'feeding the hungry'. For example, each year the Canadian Broadcasting Corporation (CBC) hosts the 'Sounds of the Season', a two-month campaign raising money and food donations for food banks in the Greater Toronto Area (GTA).

"Thousands of Torontonians in need will have access to food throughout the winter thanks to the generosity of CBC listeners this holiday season" reports the CBC, who uses Canadian actors, musicians and TV hosts to bolster donations in a one-day live event. In 2016 Sounds of the Season raised \$510,000 and received 20,000 pounds of food to donate to food banks (McGillivray, 2016).

Riches (2014; 64), however, sees this campaign occurring in part out of a genuine concern for food insecure households, but also as an effort to boost ratings. He further states that media support only reinforces the perception that hunger is a charitable and not a political issue, which encourages governments to "look the other way". OSNPPH also criticized the drive for normalizing HFI and neglecting the role poverty plays in creating and perpetuating HFI. In an open letter, they described the charity as 'ineffective' and 'counterproductive' and stated that "it perpetuates the misconception that food insecurity is being taken care of by food banks" (OSNPPH, 2016).

Often, food banks work in partnership with the private sector, receiving large sums of money, food and other types of in-kind donations. For example, Food banks Canada receives donations from Food & Consumer Products of Canada, a prominent food industry lobby group, which has raised over \$75,000 since 2013 through charity initiatives (Food & Consumer Products of Canada, 2017). Recently, the Walmart Foundation donated \$2.6 million to be used to “support capacity building efforts for food banks to acquire and share more food and specifically fresh food to Canadians in need” (Food Banks Canada, 2017c). Specifically, these funds were used to purchase and support infrastructure, storage equipment and transportation for the foods (Alberta Food Banks, 2017). Walmart’s large donations have helped to rehabilitate the image of a company that has come under fire for organizing food drives for its own employees due to their low wages and lack of benefits (Nicks, 2013).

In a blog post, Food Banks Canada describes itself as being in a “privileged position to work with a wide range of organizations” as “these partnerships allow Food Banks Canada to help over 840,000 Canadians every month...” (Baylis, 2015). Food Banks Canada has recently partnered with McCain Foods, “a long-time partner that is equally passionate about hunger” (Baylis, 2015), to raise funds and donate foods to their food banks. The blog post states:

“Joanne Devisser, of McCain Foods Canada, told me that they could have simply written a cheque as part of their goal to raise \$1 million dollars in food and cash for Food Banks Canada, but the team wanted to make an even bigger impact...This gave rise to the Share Something Good campaign where Canadians were encouraged to share stories of acts of kindness through social media. By sharing a story, McCain Foods donated \$5 to Food Banks Canada as part of their overall goal of \$1 million” (Baylis, 2015).

Within this text, the issue of food insecurity is presented, not as a dire problem which negatively impacts the lives and well-being of millions of households, but as an opportunity to collectively work together (albeit individually) to ‘do good’. Similar to what was observed in the nutrition and dietetics approach, the responsibility of remedying HFI is placed on the individual. In this text, however, individual actions are encouraged within the framework of capitalism with the underlying assumption that the market, rather than the state, is responsible for reducing rates of HFI in Canada. Furthermore, despite what is written in the text, this campaign is less about ‘acts of kindness’ than it is about promoting the company and improving public perception of their corporate social responsibility (CSR). Silvasti and Riches (2014; 197) see CSR as technique for product branding, helping food corporations gain an edge in a competitive marketplace, while allowing them to benefit financially from charity tax breaks. CSR builds a perception of trust and “good corporate citizenship connected to social and environmental responsibility”.

Like the individualistic frameworks seen with in the nutrition and dietetics approach, the community traditionalist approach reinforces dominant approaches to social and health care services that obscures the importance of the SDH on health outcomes (Raphael, 2011a) and food insecurity. Livingstone (2013) suggests that governments have legitimized charity through state legislation—setting regulations and guidelines for registering charities, as well as embracing charity—by engaging and promoting it as a “guiding social principle” (p. 348). Indeed, in Canada, Prime Minister Justin Trudeau has promoted a number of charities and food banks, most easily identified through their promotion on the social media platform Twitter. Recently, the Prime Minister met with Immigration Minister, Ahmed Hussen, to promote ‘Project Ramadan’, a charity which fundraises money to purchase and distribute baskets of food during Ramadan

(Project Ramadan, 2017). In a recent Tweet, he wrote “Wrapping up a busy day in the GTA with @AhmedDHussen, local MPs and #ProjectRamadan volunteers filling food baskets for people in need” (Trudeau, 2017, June 22). Another Tweet a few days later writes “The community spirit felt at Ramadan food banks in Montreal & Toronto reminds us all: no matter our backgrounds, we're in this together” and was accompanied by video of the Prime Minister filling empty boxes with food items alongside other volunteers (Trudeau, 2017, June 24). From writing these tweets, the Prime Minister is participating in the reproduction of the charity narrative which reinforces individual and collective responsibility, whilst ignoring government responsibility. Livingstone argues that by promoting and embracing charity, governments are “promoting the redistribution of impoverishment, as charity is formalized and inequality preserved” (Livingstone, 2013, p. 348). In this way, the focus on charity shifts the burden of responsibility away from governments towards individuals and communities, allowing governments to ignore the problem even as it worsens. Livingstone also suggests that food charity stands in the way of effecting change. In the face of real hunger not mitigated by food charity, the food insecure may rally or protest. Food charity pacifies the food insecure into accepting food charity as a means of subsistence and allows governments to ignore calls for policy action (Livingstone, 2013).

Community food gardens and community kitchens and feeding programs are another component of the community traditionalist approach. Community food gardens have a positive impact on the health and well-being of participants by improving nutritional status and access to food, increasing physical activity, improving mental health, and increasing social cohesion (Johnston, 2003; Wakefield, Yeudall, Taron, Reynolds, & Skinner, 2007). Similarly, community kitchen programs have been shown to improve nutritional status of participants by improving their capacity to attain food security (Fano, Tyminski, & Flynn, 2004) and positively influencing

diet and eating patterns (Engler-Stringer & Berenbaum, 2006). Another type of community program involves increasing access to and affordability of fresh foods to households. The Good Food Box, for example, run out of Toronto's FoodShare program, is a collective buying program delivering fresh fruits and vegetables at a discounted cost to low-income individuals (Johnston, 2003). In 2015, the Good Food Box delivered over 30,000 boxes in the GTA (FoodShare, 2016) and has become an integral part of the food security and food advocacy landscape in Toronto. School feeding programs are another example of community food programming, and these set out to provide meals to school-age children across the country. Arguably the most prominent program in Canada is Breakfast Club of Canada, who are supported and/or funded by a number of corporate partners including General Mills and Danone, as well as federal public health agency Health Canada (Breakfast Club of Canada, 2016).

From a political economy perspective however, charitable responses including community these food gardens, kitchens and feeding programs are unable to sufficiently deal with the issue of HFI in their communities and have further heightened the problem by facilitating government-led welfare state retrenchment (Livingstone, 2013; Poppendieck, 1999; Wakefield et al., 2013). Furthermore, they are criticized for merely managing the problem of food insecurity and for failing to address the social determinants of health, such as poverty.

Rather than decline, the demand for food banks has increased (Figure 1) and is now a part of how food insecurity is dealt with in Canada (Riches, 2002). Graham Riches sees the rise of food banks in Canada as "concrete evidence both of the breakdown of the social safety net and the commodification of social assistance" (Riches, 2002, p. 648). While food bank usage has typically been used as an indicator of population-level rates of HFI, there is evidence that it is a poor indicator and that using food banks as an indicator underestimates the prevalence and

obscures the characteristics of people who are household food insecure (Loopstra & Tarasuk, 2015). In fact, Loopstra and colleagues estimate that the number of food insecure people (n=605,500) is 4.6 times greater than the number of individuals that receive food from food banks (n=130,800). As a result, jurisdictions relying on food bank estimates will not be able to implement effective policies that adequately deal with the scope and magnitude of food insecurity (Loopstra, Reeves, & Stuckler, 2015).

Raine and colleagues (2003) examined the effectiveness of feeding programs in their critical ethnographic study on charitable school and community-based nutrition programs in Atlantic Canada and their ability to meet their goal of feeding hungry children. In their study, they examined a sample of six breakfast and three lunch programs across three Atlantic provinces and found that these food programs were not effective in feeding hungry children, but rather contributed to the alienation and stigmatization of poor families. Raine concludes that these charitable programs assuage public fear and mute the debate on hunger by shifting the focus away from the root causes of HFI. They further state that “this depoliticization legitimizes hunger as a matter of charity, not social justice” (p. 155) and argues that if these programs used a social justice model they could address social inequities and poverty by reducing program dependency and need, and could therefore be part of a productive strategy to reduce HFI (Raine et al., 2003).

In addition to being ineffective, community gardens, kitchens and other community-based organizations are precarious as many are at risk for being discontinued or shut down due to their reliance on external funding and volunteer support (Wakefield et al., 2007). Community gardens are often faced with issues of insecure tenure—being located in areas not owned by gardeners and areas that maybe vulnerable to redevelopment, as well as issues of soil

contamination and bureaucratic push-back (Wakefield et al., 2007). Similarly, food banks cannot guarantee a constant supply of nutritious food due to donor (Riches, 1997; Tarasuk & Eakin, 2003) and volunteer fatigue (Goldstraw, 2015).

Lastly, rather than implement policies that would eliminate the need for food banks and community programs, governments have been actively supporting their entrenchment (Tarasuk, Dachner, et al., 2014). For example, rather than develop a poverty reduction strategy, the British Columbia (BC) Provincial government gave \$10 million to Food Banks BC for expanding refrigeration capacity (Government of BC, 2017). The Province of Ontario has also recently committed a small sum of money to help expand the capacity of food banks to transport, and store fresh and perishable foods (Paralovos, 2017) and both Nova Scotia (Smith, 2016) and the Province of BC (Government of BC, 2016) have implemented tax credits for farmers, allowing farmers a small rebate on food they donate to food banks. Community initiatives are also heavily supported by local governments. In Peterborough ON, for example, the Nourish Project, led by the YWCA is recently received a grant worth \$749,900 from the Ontario Trillium Foundation. The Nourish project aids marginalized and low-income families access healthy foods through cooking and gardening programs, and has a strong focus on improving social cohesion and community building (Nyznik, 2017).

Household food insecurity as a social determinants of health issue

The HFI as SDH proponents place HFI within the context of Canadians lacking adequate economic resources necessary for achieving food security. The SDH approach is characterized by a recognition of the importance of government policy in shaping the quality and distribution of food security and by a focus on research and advocacy. Since its establishment, proponents of

the HFI as a SDH approach have worked to document the prevalence and distribution of HFI as well as its impacts on health and health care, and have advocated for a recognition among policy makers of how public policy both creates HFI and can reduce it.

The HFI as a SDH approach raise the issue of HFI at the public policy level, particularly within the context of declining welfare state policies that create conditions of income inequality which make it difficult to purchase food. In this regard, research has focused on aspects of public policy on HFI including impacts of increased social assistance and rental assistance programs (Li, Dachner, & Tarasuk, 2016), age limits for the Canada Pension Plan (Emery, Fleisch, & McIntyre, 2013a), and the examination of a possible food stamp program in Canada (Power, Little, & Collins, 2015). Proponents of this approach have advocated for governments to reduce food insecurity by:

1. Increasing income by raising minimum wages or social assistance rates;
2. Ensuring healthy foods are accessible and affordable;
3. Providing affordable housing. This allows more of the family budget to go towards necessities such as food;
4. Improving women's job prospects, providing job supports and employment training as well as providing affordable child care;
5. Improving monitoring programs (McIntyre & Rondeau, 2009).

Evidence of the increasing prevalence of the SDH approach in public health agencies and research institutes include an open letter from the Ontario Association of Health Professionals (OPHA) outlining seven recommendations for addressing HFI in response to the Province's call for input into their first Food Security Strategy (Walsh, 2017). Of note are the recommendations

for the Province to continue to support basic income, to mitigate potential negative outcomes that arise from precarious employment and to have fiscal policies in place that allow households to access healthy foods. They also recommend creating an expert committee to implement and evaluate the strategy, prioritize monitoring and data collection, as well as promote solutions that would alleviate food insecurity in Northern regions of the province (Walsh, 2017).

Perhaps the best example of this approach comes from PROOF, the research team mentioned above, which has co-investigators from several Canadian universities investigating food insecurity in Canada with the goal of identifying effective policy for reducing household food insecurity (PROOF, 2016). Their reports provide a rich source of data on the drivers and consequences of HFI, recognizing that food insecurity has severe social and public health consequences, with the hopes that this data will influence and guide public policies that will address food insecurity, including poverty reduction strategies (Li et al., 2016; Tarasuk et al., 2016).

There has been strong support for implementing basic income from the SDH group because it is thought that “the only way to eliminate household food insecurity in Canada is to ensure that every individual has access to an adequate income” (McIntyre & Anderson, 2016 p. 313) as the “[e]xisting social assistance benefits are thousands of dollars below low income cut-offs and do not permit the purchase of a sufficient quality and quantity of nutritious food” (Rideout et al., 2007, p. 570). Basic income (universal basic income, guaranteed annual income etc.) refers to “an income paid by a political community to all its members on an individual basis, without means test or work requirement” (van Parijs, 2004, p. 8), regardless of income or age. Basic income as a solution for food insecurity has been endorsed by Dietitians of Canada (2016), OSNPPH (2015), Ontario Association of Food Banks (2016) and researchers (See Emery

et al., 2013a). How basic income is framed, however, is an important determinant of its success as a policy for alleviating poverty, and hence HFI. Whether basic income is framed as a policy to extend material enablements, as typically advocated for by the left, or framed as a policy to contract material enablements, as typically advocated for from the right (McMurtry, 1979) will result in drastically different population level health outcomes.

Prominent food insecurity researcher and advocate, Dr. Valarie Tarasuk (2017) recently authored a report, “Implications of a Basic Income Guarantee for Household Food Insecurity”, released by PROOF in partnership with the Northern Policy Institute. In this report, Tarasuk discusses the merits of implementing a basic income as a means for remedying HFI. The report concludes that a basic income would be more effective in addressing HFI compared to ‘alternative strategies’, including policies addressing affordable housing, food programs and increased minimum wage. Specifically, she writes:

“One overarching limitation of policies and programs designed to improve low-income households’ access to basic needs by raising the minimum wage, increasing access to affordable housing, raising social assistance rates, or providing other in-kind supports to specific at-risk groups, is the piecemeal nature of these interventions. Problems of food insecurity are not limited to any single population subgroup defined by household structure, main income sources, or some other socio-demographic characteristic. The only common denominator is inadequate, insecure incomes. A major advantage of a B.I.G. [Basic Income Guarantee] over policy initiatives tailored to specific population subgroups such as seniors, social assistance recipients, working families, youth, etc., is that a B.I.G. can reach all individuals and households who are vulnerable to food insecurity by virtue of inadequate, insecure incomes” (p. 16).

Tarasuk analyzes and compares food assistance programs that have previously been identified as inefficient, including food banks and other community programs (GoodFood Box) and the US based food stamp program (SNAP in the USA). She concludes: "In the absence of evidence that food assistance programs like SNAP offer advantages beyond direct cash transfers, the costs associated with mounting publicly funded food assistance programs in Canada seem unwarranted" (Tarasuk, 2017, p. 16).

Within this text, a strong emphasis is placed on the role of insufficient income in precipitating HFI, and unlike the previous two approaches, the SDH oriented approach firmly advocates for the implementation of policy to redress income inequality and poverty. The framing of basic income in this report, and in other texts found within the SDH approach, err on the side of retracting material enablements by virtue of downplaying their importance, and focusing only on basic income as a ‘magic bullet’ for HFI. In a CBC article entitled “Busting Myths About Food Insecurity” Tarasuk states that “subsidizing housing costs does not mean people are less likely to be food insecure” (Fraser & Chapin, 2017). Although this statement may ostensibly be true, it ignores the importance of strengthening (or de-commodifying) the social determinants of health, and more importantly, this argument has the potential to be co-opted by those wishing for further retrenchment of the welfare state by using basic income as a way to cut back on social provisioning. Finally, like the nutrition/dietetics and community traditionalist approaches, basic income has the potential to be used by governments to obfuscate their responsibility for strengthening the quality and distribution of the SDH, and ultimately placing the responsibility for health and well-being on the individual. Tarasuk’s report on basic income only looks at programs currently in place in North America, and overlooks policies which would

de-commodify food, such as those implemented in social democratic countries. This reinforces an understanding of basic income which would allow governments to maintain their current market-oriented public policies. In a society where key SDH such as housing, daycare and food are commodified, individuals rely on income from the marketplace to obtain these goods and services. Without adequate policies controlling the costs of these determinants, such as price controls for rent, daycare and food, individuals require ever increasing amounts of income to obtain access to these important SDH. The implementation of basic income without simultaneous investment in and de-commodification of the social determinants of health may therefore result in any extra income that an individual receives being siphoned off to rising prices or costs for these goods and services. For these reasons, Armine Yalnizyan (2017) warns that basic income has the potential to become “a complex redistribution scheme involving large amounts of taxpayer dollars being transferred to people least likely to need financial support”, e.g. landlords and grocery store chains.

With regards to the de-commodification of food, Andrew Smolski (2017) argues in his article ‘Capital’s Hunger in Abundance’ that “[m]ost policy-makers do not attempt to tackle the problem of whether food should be a commodity or a right” and that the purpose of food as a commodity is to produce profit, rather than feed the hungry. He sees the government’s failure in de-commodifying food as a fundamental barrier to asserting the individual’s right to food. As a result, basic income may become yet another band-aid for the larger structural, social, economic and political problems that continue to precipitate food insecurity, and may furthermore become a catch-all solution to HFI.

In any case, advocating for basic income is an example of one of the many efforts made by the SDH oriented group to influence policy makers and governments. Despite this activity,

however, response from the government is lacking. This may be because HFI as SDH proponents generally believe that all groups have an equal opportunity to influence policy, and that the best, most convincing idea will be implemented. This theory of public policymaking is known as pluralism (Brooks & Miljan, 2003).

Pluralism, or pluralistic interest group theory, according to Bryant, holds that society consists of interest groups that vie for government attention to achieve their goals (Bryant, 2015). Pluralists look to include federal governments as part of the solution by producing research and reporting on the impact of food insecurity on health, or poverty on food insecurity, in the hopes that the government will take action (Bryant, 2015). Bryant notes, however, that the limitations of pluralism as a model of public policy change reside in its failure to consider the role of political ideology or political power in the policymaking process (Signal, 1998; Walt, 1994). Neo-pluralism however, recognizes that growing inequalities lead to issues of unequal influence and power, therefore acknowledging that some groups have more power than others, but still maintains an emphasis on interest groups on the political process (McFarland, 2007).

In response to the ineffectiveness of these attempts to influence HFI policy, researchers have also taken an institutionalist approach to policy change, placing their focus on how societal institutions structure public policymaking. A ‘policy paradigm’ refers to the realm, or framework where policy makers operate; this realm defines the ideas, rules and types of problems that policy will address (Bryant, 2016; Hall, 1993). Hall, a historical institutionalist, in his seminal work “Policy Paradigms, Social Learning and the State: The Case of Economic Policymaking in Britain” describes paradigmatic shift occurring in policy when major changes in the dominant policy discourse occur. Public policy then, is made based on previous policy choices and change is believed to be incremental and path dependent. Like Hall, the SDH oriented group put their

focus on how institutions deal with issues like income inequality (Chang, 2002) or food insecurity.

Researchers working within the SDH oriented approach have recently published a series of articles analyzing Canadian government Hansard records to gain insight on how HFI policy advocates can design and communicate HFI messaging to advance their arguments (McIntyre, Lukic, Patterson, Anderson, & Mah, 2016; McIntyre, Patterson, & Mah, 2016; Patterson, McIntyre, Anderson, & Mah, 2016). In these records, researchers found that food insecurity was problematized as occurring because of insufficient income (McIntyre, Patterson, Anderson, & Mah, 2016), and that the approach to remedying HFI varied depending on political orientation. To account for political orientation, these researchers recommend HFI advocates use a “non-polarizing centrist, pragmatist, approach” to policy (Patterson et al., 2016, p. 1). Finally, from these records they concluded that in these debates, HFI was framed as an intractable problem, thus explaining the governments’ failure to adopt progressive policy solutions (McIntyre, Patterson, & Mah, 2016). Many HFI as SDH advocates therefore view the HFI crisis as unresolvable (Riches & Silvasti, 2014).

According to Bryant (2015), this model of policy change is neither effective in explaining or addressing income inequality. Although it is understood that food insecurity is caused by unequal distribution or quality of the SDH, and the interaction of social, political and economic structures, there is little mention of the economic interests and political ideology that drive income inequality (Bryant, 2015). Furthermore, Hall’s policy paradigm model privileges expert knowledge, and does not account for the marginalization of some perspectives and voices in the policy process. Furthermore, the relations between the state and economic interests that dominate the political arena are implied but not considered (Bryant, 2009). Moreover, this model assumes

that governments and experts are well-meaning and will work together to collectively respond to growing issues to create effective public policy (Bryant, 2015).

Political economy, the last approach discussed in this MRP, focuses on how economic interests and political ideology have impacted HFI public policymaking in Canada. Unlike the SDH oriented approach, the political economy perspective places its focus on how the power and influence of specific groups—primarily the private sector—influence public policies that create social inequalities like food insecurity. This analysis moves beyond the institutionalist and pluralist analyses common in the SDH approach by advocating for the countering of the power and influence of these groups through political and social action.

Household food insecurity as a political economy issue

The Government of Canada, according to the political economy perspective, can effectively address the issue of food insecurity through public policies that shape both the quality and the distribution of the SDH, but does not do so because this would interfere with current market-driven ideologies and is opposed by a powerful corporate and business sector (Raphael, 2015a). As shown in Figure 4, there are three key sectors that influence public policy. The Business and Corporate Sector is centrally placed as they have the greatest influence on shaping aspects of economic and political systems, and public policies which determine the quality and distribution of the SDH, including HFI. It also has the ability to shape the way society thinks about these issues through the creation of ideological discourses (Grabb, 2007; Raphael, 2014).

Any health inequities that exist in Canada are a direct result of the policies governments have, or have not, implemented, and these policy decisions are a result of Canada's historical traditions and liberal welfare state, which gives deference to market forces as a mechanism for

the equitable distribution of economic resources (Raphael, 2010a). Therefore, the causes of food insecurity “lie in governmental and business-sector reluctance to provide Canadian families with the economic resources necessary for health” (Raphael, 2010a, p. 86).

An example of the impact of Canada’s public policy on food insecurity rates is highlighted by alarmingly high rates of HFI in northern communities, especially among Indigenous populations. A recent study comparing Inuit populations in northern Canada and western Greenland shows that household food insecurity in the Inuit settlement of Qeqertarsuaq in western Greenland was 8% (Goldhar, Ford, & Berrang-Ford, 2010), which is extremely low in comparison with Inuit populations in Canada, where the prevalence of food insecurity was 64% in the town of Igloolik, Nunavut (Ford & Berrang-Ford, 2009) and 83% in the town of Kugaruuk, Nunavut (Lawn & Harvey, 2003). Importantly, residents in Qeqertarsuaq described foods as being affordable. This is in stark contrast to Canada, where the price of foods in Nunavut have been observed to be an average of 140% more expensive than the average price in the rest of Canada (Campbell, Honrado, Kingston et al., 2014). Although a self-governed country, Greenland is part of the Danish realm, and receives aid and support from Denmark, a social democratic country with progressive redistributive policies. By comparison, Canada, a liberal country with fewer redistributive policies, has devastatingly high rates of food insecurity which are a matter of policy action, or in this case, inaction.

Another example is the Canadian government’s failure to ensure affordable prices for foods and goods in Northern communities, especially in hard to access areas. According to a recent CBC news article, residents of the northern community of Iqaluit are turning to Internet giant Amazon and their free delivery service, Prime, for purchasing affordable goods and foods (Frizzell, 2017). This comes on the heels of a recent report from Indigenous and Northern Affairs

which found the Nutrition North Canada (NNC) program ineffective in making healthy food affordable and available (CBC, 2017).

Before NNC, northern communities relayed on the Northern Air Stage Program, better known as the Food Mail Program (FMP) (Burnett, Skinner, & LeBlanc, 2015). The FMP, created after World War II, provided subsidized shipping for northern communities that lacked year-round access to surface transportation. Eligible foods were based on the Nutritious Food Basket^v and included essential items like bottled water, automobile parts, personal hygiene products, medical and hunting equipment (INAC, 2005; Lawn, 1998). In 2008, the Harper government commissioned a report from Graeme Dargo (2008) on the FMP. Finding the program expensive and unsustainable, Dargo recommended that the program be terminated and instead replaced with a market-based system where the delivery model would occur in partnership with northern retailers. Under the current program, subsidies are provided to retailers to partly cover the cost of transportation. There are two levels of subsidies, a high level for nutritious perishable items such as milk, cheese, eggs, meat fruits and vegetables. A lower level of subsidies is provided for other foods deemed healthy, but these foods may not reflect the actual diet or eating habits of people in these regions. Among other recommendations, Dargo called for eligibility criteria for communities as well as foods and goods be reassessed. The new NNC program was implemented in 2011 and to save money, most non-food items including items necessary for hunting (ammunition, gas, fishing nets) and hygiene products (diapers, dental, toilet paper, shampoo) were excluded (Burnett, Skinner, & LeBlanc, 2015). Moreover, eligibility for communities was changed, resulting in less coverage than had been provided under the FMP. However, even if the program had not been restructured under the Harper government, it was still inadequate to reach

the entire northern population as it required individuals to have credit cards and speak either French or English (Burnett et al., 2015).

In northern regions of Canada, HFI is a crisis, clearly precipitated by weak government supports and a lack of coherent public policy. Corporations such as Amazon, however, are clearly benefiting from the situation.

Powerful actors and interest groups

The quality and distribution of the social determinants of health is influenced by those who benefit, and even create, social inequalities (Raphael, 2011a), and is the corporate and business sector that benefits from the shift to neo-liberal public policymaking that has created HFI.

In Canada, the corporate and business sector is often represented by a number of interest groups including business associations (e.g. Canadian Chamber of Commerce), think tanks (e.g. Fraser Institute), citizens' front groups (e.g. Canadian Taxpayers Federation) and lobbyists. Food industry related groups including the Canadian Beverage Association and Food & Consumer Products of Canada are especially active in lobbying public policymakers on a variety of topics including proposed sugar-sweetened beverage taxation and advertising restrictions to children. Through the creation of these special interest groups, the food industry influences public policymaking by forming a united front which fosters a greater sense of consensus on these issues (Olsen, 2010).

The corporate and business sector has benefited from a number of governmental policies associated with the retrenchment of the welfare state including the relaxation of employment standards and increased barriers to unionization. Especially important has been the reduction in

corporate taxation levels as well as shrinking government expenditures (Chernomas & Hudson, 2009; Langille, 2016; Navarro, 2009; Scambler, 2001; Wright, 2003; Yalnizyan, 2007). These have led to an increase in income inequalities which create HFI (Jackson, 2000; Kerstetter, 2003; Lee, 2007). The corporate and business sector also plays a significant role in food supply, negatively impacting food security and food sovereignty for nations by skewing the production and distribution of food (Lang & Barling, 2012; Lang & Heasman, 2015).

As discussed by a report from OSNPPH entitled “Position Statement on Responses to Food Insecurity”, corporations are heavily involved in the food charity sector. As we have seen, corporations provide large food and monetary donations and perhaps more importantly participate as board members for food charity organizations at both the provincial and national level (Riches, 2011)—including Food Banks Canada and the National Zero Waste Council (2016a). It is perhaps not surprising then that both of these organizations have lobbied the government to provide tax credits to corporate food donors (Riches, 2011).

The National Zero Waste Council (NZWC) has been behind a recent push for implementing a federal tax incentive which encourages businesses to donate food to charitable organizations. The NZWC is a self-proclaimed ‘leadership initiative’ to advance waste prevention in Canada, and includes members of local governments, non-profits and businesses, including grocery store chain Metro, and business interest group Retail Council of Canada. The NZWC has already gathered support from 20 local governments including the municipal governments of Montreal, Ottawa and Vancouver to implement this tax incentive (NZWC, 2016b). On the surface, this policy seems like an effective way to improve food security. According to the Toronto Food Policy Council, however, this tax incentive would only burden the already overwhelmed food bank structure, which has limited operating capacity for increased

food donations and does not address the upstream issues of systematic food waste, nor any drivers of food insecurity, and disproportionately benefits corporations by allowing them to avoid expensive landfill disposal fees (TFPC, 2016).

Lastly, charitable donations boost public perception of corporations, allowing them to attract new customers and grow revenue (Tarasuk & Eakin, 2005) while obscuring their involvement in perpetuating food insecurity (OSNPPH, 2015). For example, according to a report from UC Berkley, low wages cost the US federal government \$152.8 billion a year in public support for working families. The report calculates that one-third of these families receive aid in the form of food stamps (Jacobs, Perry, & MacGillvary, 2015). Many Walmart employees have been reported to depend on food stamps even while working full time (Clark, 2014), and, as previously mentioned, Walmart's employees have held food drives to support their own co-workers (Nicks, 2013). Through charity, food corporations have created the perception that HFI is 'managed', allowing governments to ignore growing income inequities.

Despite the attack against corporations in OSNPPH's report on food insecurity, none of their recommendations for improving HFI in Canada specifically addressed combating these powerful interests. In this way, these powers are treated as immutable. Using the political economy framework, however, allows us to analyze how power is not immutable, but rather, as Olsen writes, fluid:

“While the capitalist class is exceptionally well organized and enjoys unparalleled influence over some of the most important resources in society, power is almost never held exclusively by this class, or by any one group. And power is fluid” (p. 182).

Rebalancing power

Reducing rates of HFI in Canada requires correcting the imbalance of power and influence that has created it. The political economy approach emphasizes the importance of correcting this imbalance between corporate and business power on the one hand, with labour and civil society power on the other. This can be done by increasing rates of unionization, supporting political parties of the left, as well as advocating for proportional representation.

Drawing on ideas from Marx and Weber, Olsen writes that it is possible to shift power from the capitalist class to that of the workers. He refers to ‘power resource theory’ which in sum, states that when workers increase their levels of power, they can reduce social inequality in society by directly impacting the market and indirectly by strengthening supportive welfare institutions, programs and laws (Olsen, 2010). There are two types of resources, organizational and political, through which this change can occur.

Workers can increase their power and foster greater solidarity by organizing labour unions, federations and other groups. According to Brennan, based on the work of J.K Galbraith (1952), labour unions act as a ‘check’ or ‘balance’ against corporate power. Unions are able to negotiate as a collective unit, enhancing their bargaining position more than if each individual were bargaining alone. Although the organization of unions seems far removed from the issue of food insecurity, it is not, because increased union density has a ‘spillover effect’. Average hourly earnings increase in countries where union density also increases (Brennan, 2014). In fact, Brennan links the decline in unions since the late 1970s with wage stagnation and income inequality in Canada. Brennan further argues that union density has eroded as the concentration of corporate power has increased (Brennan, 2014). Research by Lynch and colleagues found that of 16 countries observed, those that had greater trade union membership as well as a higher

proportion of female political representatives had better child mortality outcomes (Lynch et al., 2001), illustrating the importance of both organizational and political resources in improving health outcomes.

Political resources refer to the political parties who represent the interests of workers, or other organized groups (Olsen, 2010). One way to leverage political resources for the left would be to implement proportional representation to replace the current first-past-the-post electoral system, which artificially inflates majorities for center-right and right parties.

In a parliamentary system that implements proportional representation, each vote fairly and accurately translates a voter's preference into a seat in parliament. The result is more diversity in government including minorities and women, which aids in building political trust as constituents see themselves reflected in government representation (Barnes, 2016). This system is seen fairer as compared to the first-past-the-post electoral system currently in place, which has allowed numerous governments to hold power without a majority of the popular vote (Riches, 1997).

Moreover, lack of proportional representation is associated with higher rates of child poverty and less government support for children's health (Raphael, 2010b), whereas the presence of proportional representation is associated with more comprehensive health and social programs as well as welfare policies (Barnes, 2016). Proportional systems often afford a higher degree of influence to parties of the left, with whom center and center-right parties achieving a plurality of votes must cooperate in order to form a government (Alesina & Glaeser, 2004; Brady, 2009; Esping-Andersen, 1985). It is noteworthy that in Canada it was a Liberal-New Democratic Party minority government under which Canada's universal healthcare act was drafted.

Rebalancing power also requires building political and social movements. According to Hofrichter (2003), democracy has always depended on ordinary people participating in social movements aimed at the collective empowerment of “*whole classes of people*” including minorities, women, workers, youth and the aged (p. 13, emphasis in original), while individualism, a popular philosophy in North America, limits public space for building social movements. Food Secure Canada, and Ontario Coalition Against Poverty are examples of organizations that educate and mobilize the public on issues of food insecurity and poverty respectively and have been key in bringing issues to the attention of policy makers and government officials. Through mobilization, political and social movements can be built that can shape policy and ultimately alter the political and economic structures (Langille, 2016; Raphael, 2015a) that create HFI.

In sum, the four competing approaches differently conceptualize and frame the causes and appropriate responses to HFI in Canada. The first two, nutrition and dietetics and the community traditionalist approach, focus on remedying HFI at the individual and community level, while the SDH oriented approach places emphasis on the importance of governments’ public policy making. Common to all three of these approaches however, is an inability to identify and address neoliberal ideology. In the first two approaches, neoliberal ideology is manifest in the emphasis placed on individual behavioural and behaviour change. The SDH oriented approach, though focusing on public policy, lands on basic income as a solution rather than the de-commodification of key SDH, and allows for the reproduction of neoliberal market-oriented public policy from Canadian governments. Governments are not encouraged, therefore, to implement public policy which would address problems like lack of affordable housing, insufficient income, precarious work, and rising food prices. The political economy framework

however, identifies the influence of neoliberal ideology and the influence of special interest groups and private sector have on public policy making. Using this framework, HFI is understood as arising from the skewed distribution of economic and social resources as a result of imbalances in power and influence, and therefore addressing HFI requires countering these powers as an effort to change public policy.

CHAPTER IV

RECOMMENDATIONS AND CONCLUSION

Recommendation

Based on the information and arguments provided in this text, I propose four recommendations for redressing household food insecurity in Canada. Ultimately, the intent of these recommendations is to expand the Canadian welfare system, allowing individuals and families a high quality of life regardless of income or participation in the workforce. Part of rebalancing power requires advocating for specific policy changes which will have a positive long-term impact on rates of food insecurity. There exist policies which would nearly eradicate poverty, homelessness and food insecurity if governments chose to implement them, in this section, I highlight what some of the key policy focuses should be, but this list is by no means exhaustive.

The first recommendation is to improve worker conditions in Canada by increasing the hourly minimum wage and implementing legislation allowing workers to more easily unionize. The Centre for Policy Alternatives (CCPA) defines a living wage as a wage that “allows employees not just to survive (in minimal physiological terms) but to have a decent quality of life, to raise children to be healthy and successful citizens, to enjoy recreation, culture, and entertainment, and to participate fully in social life” (Mackenzie & Stanford, 2008, p. 7). Improved wages and working conditions, therefore, would allow individuals and families to afford essential commodities such as food and shelter, and have income remaining to participate more fully in society. As discussed previously, increased union density has a spillover effect, resulting in increased average hourly earnings (Brennan, 2014) and countries with higher union density rates observed better child mortality outcomes (Lynch et al., 2001). Allowing Canadians

to more easily unionize their workplace could have a positive impact on the health and well-being of Canadians. The Ontario NDP recently introduced a private members' bill, the *Fairness in First Contracts* and the *Right to Representation Act*, that would make it easier for workers to unionize and to attain a first contract (Ontario NDP, 2017). The act includes reinstating the card check certification^{vi}, which was abolished by the Ontario conservative government in 1995, and also protects workers against intimidation and prolonged challenges in negotiating a first contract. Similar bills have been introduced in the past but voted down by the majority Liberal government (Ontario NDP, 2017). Increasing union density is a relatively easy way to improve the lives and well beings of workers and their families. Despite the relative ease with which such laws can be enacted, governments are reluctant to introduce new legislation, most likely from fear of business sector pushback. This is perhaps what in part is so attractive about basic income to public policy makers.

Although it has sparked heated debate and brought a lot of needed attention to the issue of income inequity and food insecurity, basic income is not an ideal solution to poverty or HFI in the Canadian context. Basic income is costly and current or future governments may cut other valuable social programs on which people depend in order to pay for it (McCracken, 2016). In any case, basic income allows governments to maintain a market-based approach to welfare provisioning and as previously discussed this may lead to an increase in costs of living including food, and housing, and food insecure households may end up worse off. For these reasons, I do not recommend the implementation of a basic income, but rather that governments work diligently to de-commodify key social determinants of health including housing, daycare/early education, and food. This is especially important when considering the cost estimate for basic income versus investment in key SDH. As discussed by Yalnizyan (2017), implementing a basic

income, targeted at raising the income of those below the poverty line, would be approximately \$30 billion per year, minus the elimination of any other existing income transfers. The CCPA Alternative Federal Budget (2016), however, estimates that for half this amount, \$15 billion it would be possible to permanently expand the stock of affordable housing, public transit, childcare and significantly reduce user costs for dental care, pharmacare and post-secondary education. Although there are other important SDH to consider (See Raphael 2016 for more), I will focus on these three as they are key in reducing poverty and therefore food insecurity.

Investing in housing assistance is a top priority as many Canadians are faced with high rental costs, leaving them without enough money for food or other necessities. Moreover, low-income households typically sacrifice spending on food for rent and utilities, leaving little left over to buy food and groceries (Hamelin, Beaudry, & Habicht, 2002). Since the beginning of the 1980s the Canadian Federal Government, however, began to disinvest in social housing, precipitating the affordable housing crisis we see in many metropolitan areas today. For example, accounting for all levels of government combined, there were 20,450 new social housing units provided in 1982, this number dramatically decreased to approximately 1,000 new units in 1995, and slightly rebounded up to 4,393 new units per year in 2006. Over the last 30 years the Canadian population has increased by approximately 30%, but the annual national investment in housing has decreased by 46% (Gaetz, Gulliver, & Richter, 2014). Additionally, there is a disproportionate amount of homeownership in Canada compared to supports for renters. Homeowners in Canada are given over \$8.6 billion in annual tax and other benefits including Canadian Home and Mortgage Corporation Mortgage Loan Insurance, capital gains exemptions on primary residences, energy retrofit programs and more, while spending for those

in the lowest income households is only a quarter of what is invested in homeownership (Gaetz et al., 2014; Londerville & Steele, 2014).

The result has been a housing affordability crisis which has caused high rates of homelessness and has contributed to HFI. Swift action must be taken in the form of immediate and substantial investment in housing that matches Canada's growing population, as well as economic realities of under and precarious employment previously discussed. Investing in affordable housing is especially crucial in Northern regions of Canada where inhabitants carry the double burden of some of the highest food prices in the country as well as some of the most unsafe, inadequate and overcrowded housing, especially in the case of Aboriginal populations living both on and off reserve (Gaetz et al., 2014). The Canadian Federal Government recently pledged \$300 million for Northern affordable housing over the next 11 years (Rendell, 2017). It remains to be seen if these efforts will be adequate to fix the dire situation faced by many of these Northern and Aboriginal communities.

Investment in early childhood education and care is important for the proper development and overall well-being of children, as early exposures shape adult physical well-being (Friendly, 2016). Furthermore, investments in early childhood programs allow women to have greater participation in the labour force and achieve greater occupational status and increased earnings (Cleveland & Krashinsky, 1998). Canadian metropolitan areas with high costs for childcare also have correlated high gender unemployment gaps. Specifically, Toronto and Vancouver had costs for day care of \$1,736 and \$1,225 a month, and saw 12.6 and 11.8 percentage points for gender unemployment gaps respectively. Compared to Quebec, where daycare costs are subsidized and fees are only \$174 a month and the gender gap was only 6.4 percentage points—nearly half of that of Toronto (Moyser, 2017). Furthermore, the return on investment for subsidized daycare is

considerable. Research by Fortin and colleagues showed that in 2008, for every \$100 of daycare subsidy spent by the Quebec government, they had a return of \$104 for the province and \$43 for the Federal Government (Fortin, Godbout, & St-Cerny, 2012). Yet despite this, Canada still fails to invest in children and families, and in 2005, Canada scored 36th out of 37 OECD countries for public spending on family benefits (Raphael, 2010c).

Subsidizing the cost of healthy and nutritious foods is perhaps the most obvious and direct way to reduce HFI. Riches states that “To deny access to the means of life [to food] is also to deny community and democracy” (Riches, 2003, p. 4). This is especially relevant in Northern regions of the country, where food prices are extremely high and present a massive barrier to HFI. Aside from farming subsidies, the only government program to control the cost of food is the NNC, which as we have previously seen is inadequate for a number of reasons. Even with the re-design of the program that the Federal Government is now undertaking, other programs are needed to alleviate HFI in the rest of Canada, as even densely populated urban areas contain food deserts^{vii}, and households face high levels of food insecurity.

The third recommendation is to provide fair distribution of income to Canadians via progressive tax structures and increased social assistance rates. In Ontario, social assistance rates stayed above inflation until 1995 when rates were reduced by 21.6% by the Mike Harris government. Since this time, social assistance rates have not returned to pre-1995 levels and have not been adjusted to match inflation (Figure 6) (Milway et al., 2010). This trend is similar across Canada (Béland & Daigneault, 2015), and coupled with rising food prices, means that those on social assistance simply do not have the resources to achieve household food security. Social assistance in Canada should therefore be indexed to inflation, and be high enough to allow individuals to live a healthy life (Raphael, 2015b).

Changes in Canada's tax structure are also needed, as the current tax system allows for millions to remain uncollected from corporations and the wealthy. Under the new Liberal government, the Canada Revenue Agency is now attempting to crack down on international tax evasion and avoidance (Government of Canada, 2017), but more changes to the tax system are needed. As Igluka Ivanova (2013) notes, some ways to change the tax structure are to increase the corporate tax rate, which is among the lowest in the G8, and to increase taxes on natural resources. In addition, she suggests implementing an inheritance tax or other wealth taxes as a way to reduce the concentration of wealth that is passed from one generation to the next. A full set of recommendations is provided by CCPA (see Ivanova & Klein, 2013 for more). The CCPA is one of many groups seeking tax reform in Canada. Other examples include Canadians for Tax Fairness (2015) and the Broadbent institute (2017). With a truly progressive tax structure, funds can be pooled and redistributed to fund social programs like universal pharmacare, daycare and dental care. These programs would benefit the poorest Canadians, affording them a decent quality of life, irrespective of income, and consequently would improve the health of all Canadians (Ivanova et al., 2013; Raphael 2015b).

The final recommendation is to advocate for electoral reform at all levels of government in Canada. As previously discussed, proportional representation will yield political resources to rebalance power away from the corporate and business sector. Unfortunately, the current Liberal federal government has gone back on its campaign promise to implement proportional representation. In the Province of British Columbia however, there is hope as a newly elected NDP and Green Party coalition government has set its sights on proportional representation (Meissner, 2017). This could set a precedent for other provinces, and eventually for its implementation at the federal level.

The success of these recommendations partially rests on the cooperation of federal, provincial/territorial and municipal governments to work simultaneously to implement them. But it also requires champions, both in and out of government, to take action and implement policies that focus on improving the social determinants of health. As Claire Bambra asserts “...the purpose of research is not just to describe the world but to change it” (p. 867).

Conclusion

In this MRP, I have outlined four different approaches that attempt to explain HFI and suggest responses to tackling it in Canada. These approaches vary in how they address HFI, from placing focus on individual behaviour and choices, to addressing the imbalance of power and influence in Canada that create the inequitable distribution of food insecurity. I believe that the political economy framework best explains the current prevalence of HFI in Canada and provides the most robust and effective framework for policy to address it.

It is apparent, however, that some ideas and approaches are more accepted than others, and this acceptance acts as a formidable barrier to reducing HFI in Canada. Perhaps the most dominant are the nutrition and dietetics and the community traditionalist approaches which individualize and depoliticize the issue of HFI, and have enabled its increased severity over the last 40 years. This has occurred despite the increased recognition of the adverse impacts of HFI on health, and despite the recognition that Canadians have the right to food as indicated by several international covenants. Furthermore, by benefiting both directly and indirectly from HFI, powerful lobby groups representing the private and charity sector are yet another barrier to redressing HFI. Redressing HFI requires changing how HFI is framed, and shifting the focus

away from rhetoric of individual responsibility towards one which examines the role that neoliberal ideology plays in shaping public policy.

Furthermore, overcoming these barriers requires political action and moving beyond pluralist or institutionalist frameworks of policy change. Instead, health professionals and researchers must advocate for governments to address poverty, unemployment and housing insecurity along with other key SDH, the unequitable distribution of which has led to HFI. Furthermore, we must not endorse rhetoric which shifts blame and responsibility for HFI into the private sphere, and in particular, onto women.

Work must also be done to respond to powerful interest groups that have been successful in placing their interests over the interests of other less organized and less well-funded groups. It is possible to counter these interests and rebalance power through education and the mobilization of individuals in broader social movements. For example, joining grassroots organizations like Food Secure Canada, or more radicalized groups like the Idle No More Movement, is key in creating a groundswell to place pressure on governments to create public policy to address HFI. Recently, the Idle No More movement has made a call for a national day of action to support Indigenous self-determination over land, territories and resources (Idle No More, 2017). Increased food sovereignty and self-determination is an important step for eliminating HFI, and would allow Northern regions to become food secure without having to rely on Federal aid or funding.

In addition, educating the public on the role that public policy has in increasing wealth inequality, as well as the influence on this process of groups who benefit from those inequalities is key to mobilizing a response (Langille, 2016; Raphael, 2015a). Through mobilization, political

and social movements can be built that can shape policy and ultimately alter the political and economic structures that create HFI (Bryant, Raphael, Schrecker, & Labonte, 2011).

HFI has gained considerable attention from both provincial and federal governments as they move to address aspects of food insecurity. At the provincial level, Ontario has called for input for its first Food Security Strategy (Government of Ontario, 2017). At the federal level, the Nutrition North Canada Program is being evaluated and possibly redesigned. Expansion of the NNC program to be more comprehensive, reduce barriers to access and encompass more regions will surely aid in reducing food insecurity for Northerners. However, these measures only represent the minimum and pressure must be placed on the Canadian government at all levels to do more.

As Vincent Navarro said at his keynote address at the Eighth IUHPE European Conference, “what we, as public health workers, need to do is to act as agents, including political agents, for change” (Navarro, 2009, p. 441). Food insecurity is a political issue. Governments hold the power to eliminate poverty and food insecurity by implementing any number of policies, but seem unwilling to act as they go against the interests of the powerful corporate and business sector. Re-politicizing the issue and making visible these structures and processes is a crucial first step to redressing food insecurity. I hope that this paper helps move that process forward.

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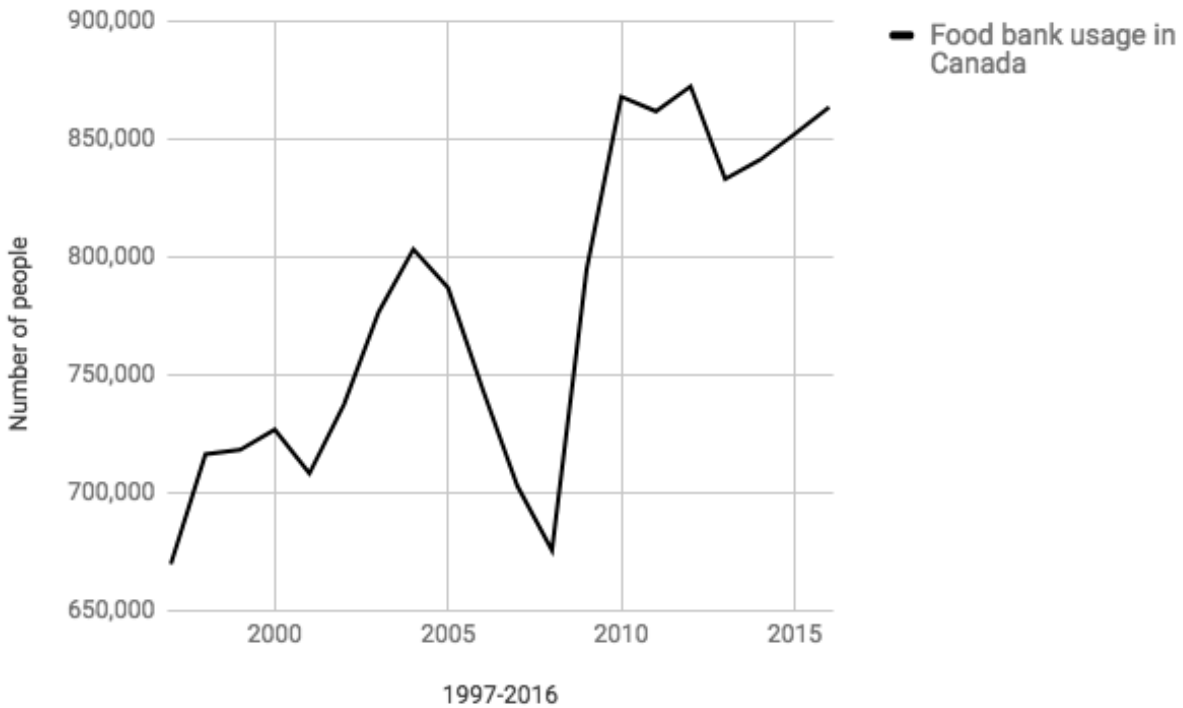
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Appendix A: Figures

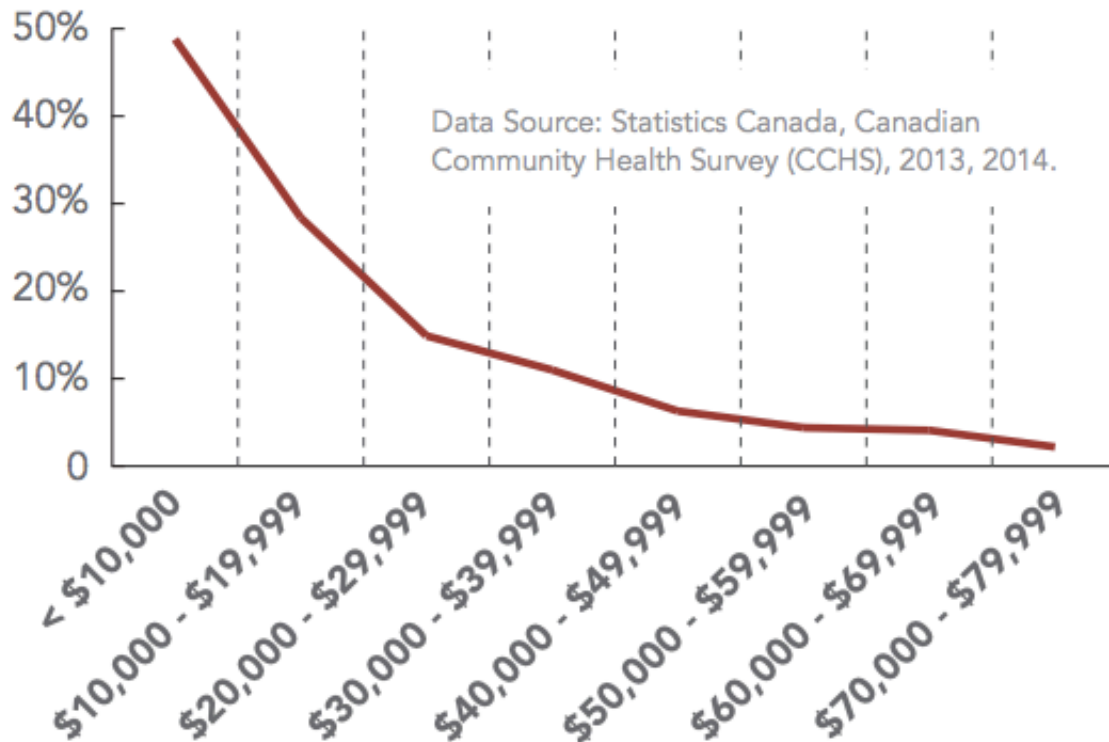
Figure 1. Snapshot of individuals using food banks in Canada over time



Source: Food Banks Canada, personal communication, (2017).

As reported by Food Banks Canada, food bank patronage has increased from 669,877 people in 1997, to 864,492 people in 2016. Data is collected every year in March by Food Banks Canada and represents a snapshot of the number of individuals who visit a food bank each month.

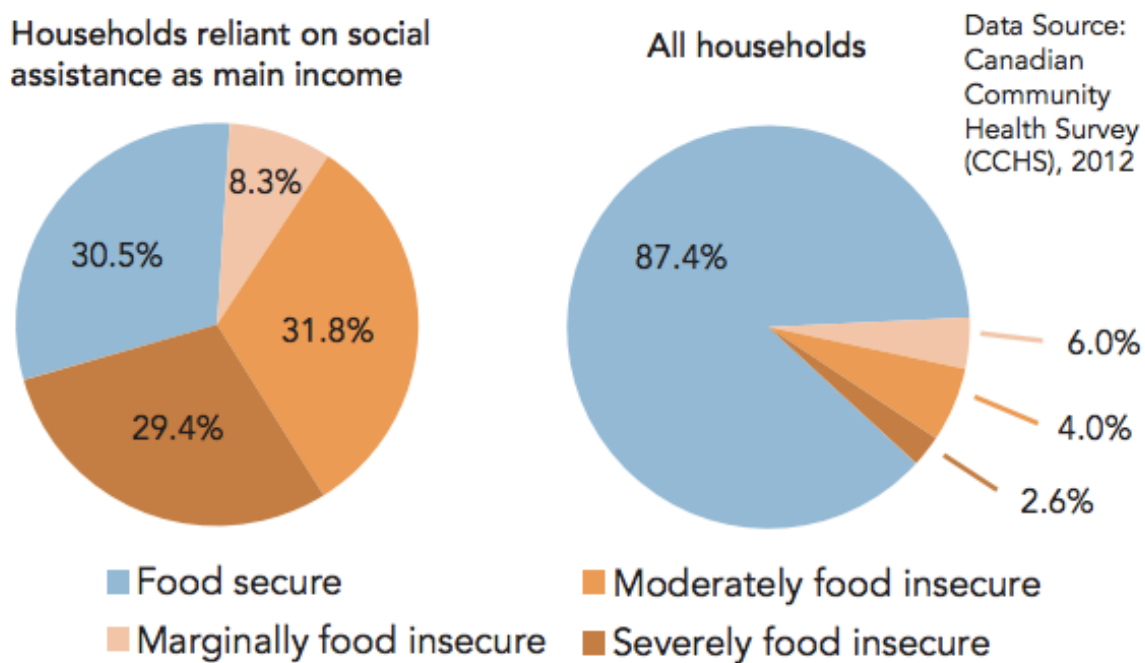
Figure 2. Rates of household food insecurity is related to annual household income



Source: Reproduced from Tarasuk, Mitchel & Dachner (2016) p. 11

Using CCHS data, Tarasuk and colleagues graph the relationship between gross annual household income and rates of HFI in Canada. From this figure, we can see that rates of HFI correlate to household income in that as household income decreases, HFI rates increase.

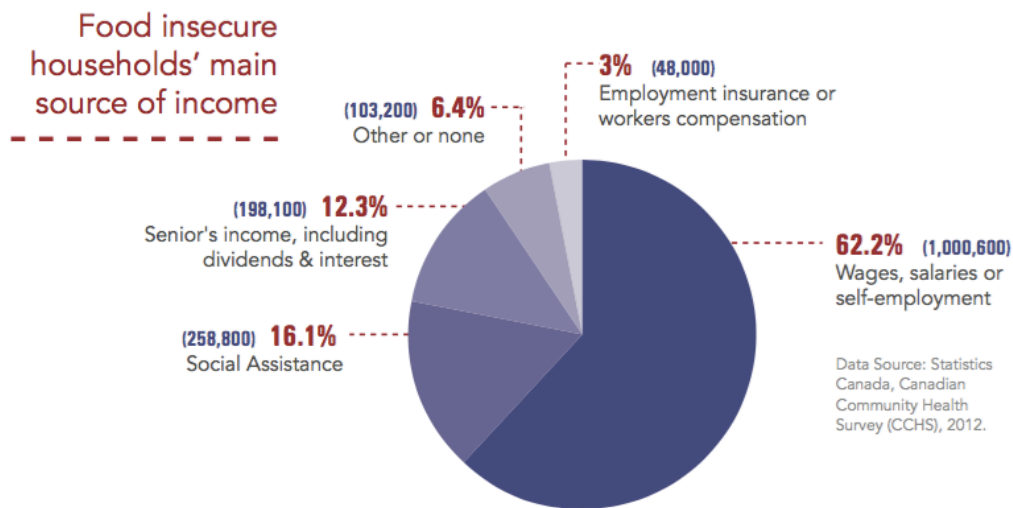
Figure 3a. Household food insecurity in Canada, 2012



Source: PROOF, (2017).

These charts depict rates of HFI in Canada for households that rely on social assistance as a main source of income (left), and rates for all Canadian households (right). Regarding social assistance, only 30.5% of households that receive social assistance are food insecure, while 29.4% are severely food insecure, suggesting that social assistance rates in Canada are insufficient. Of all Canadian households, 12.6% faced some form of HFI during the previous 12 months.

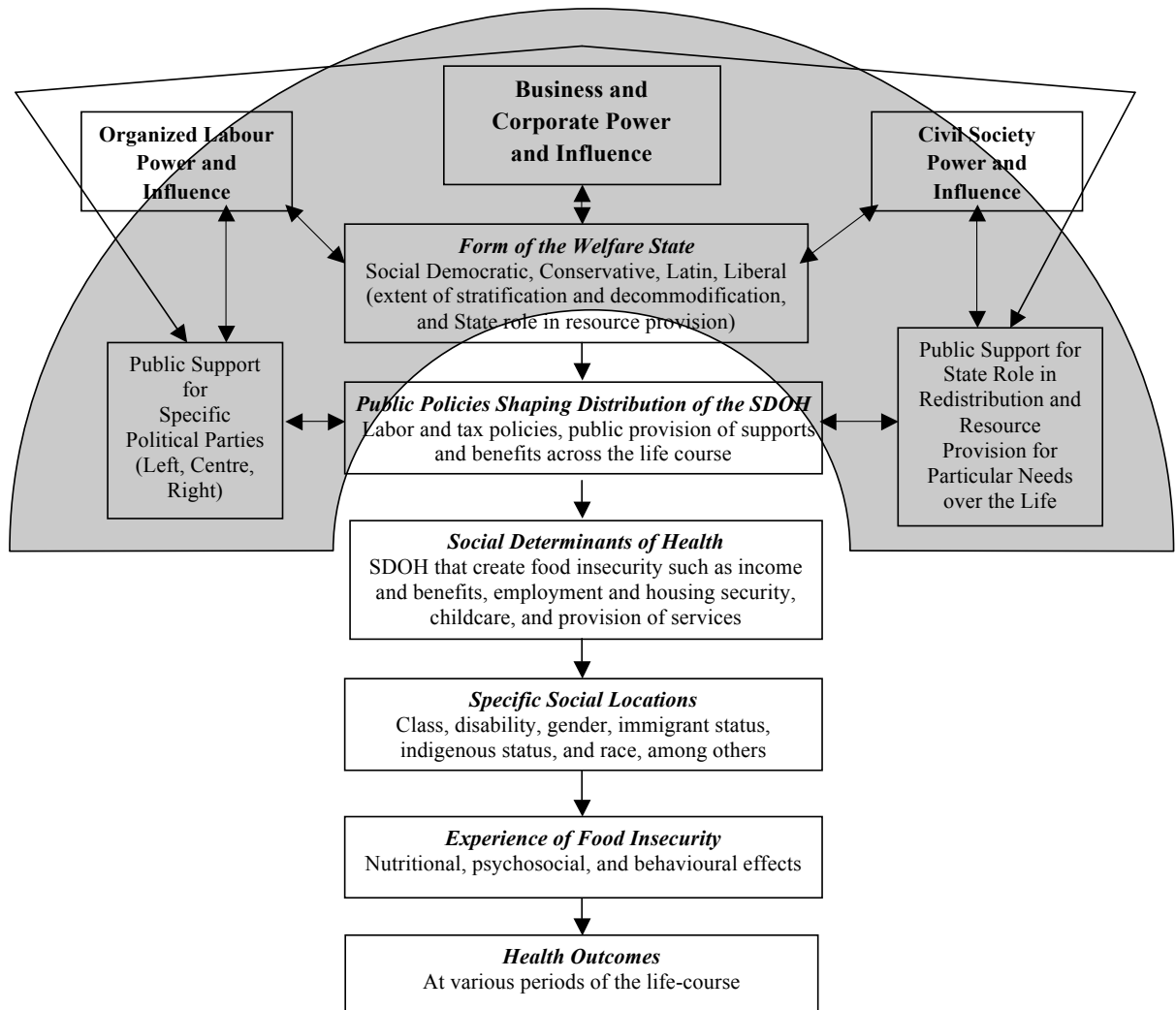
Figure 3b. Breakdown of main sources of income in food insecure households in Canada.



Source: Tarasuk, Mitchel, & Dachner (2014) p. 11.

The majority of food insecure households (62.2%) receive income from wages, salaries or self-employment, followed by those receiving social assistance (16.1%). This data indicates that employment precarity and low-wages are a big contributor to high rates of HFI in Canada, followed by insufficient levels of social assistance.

Figure 4. Influences on public policy formation in Canada

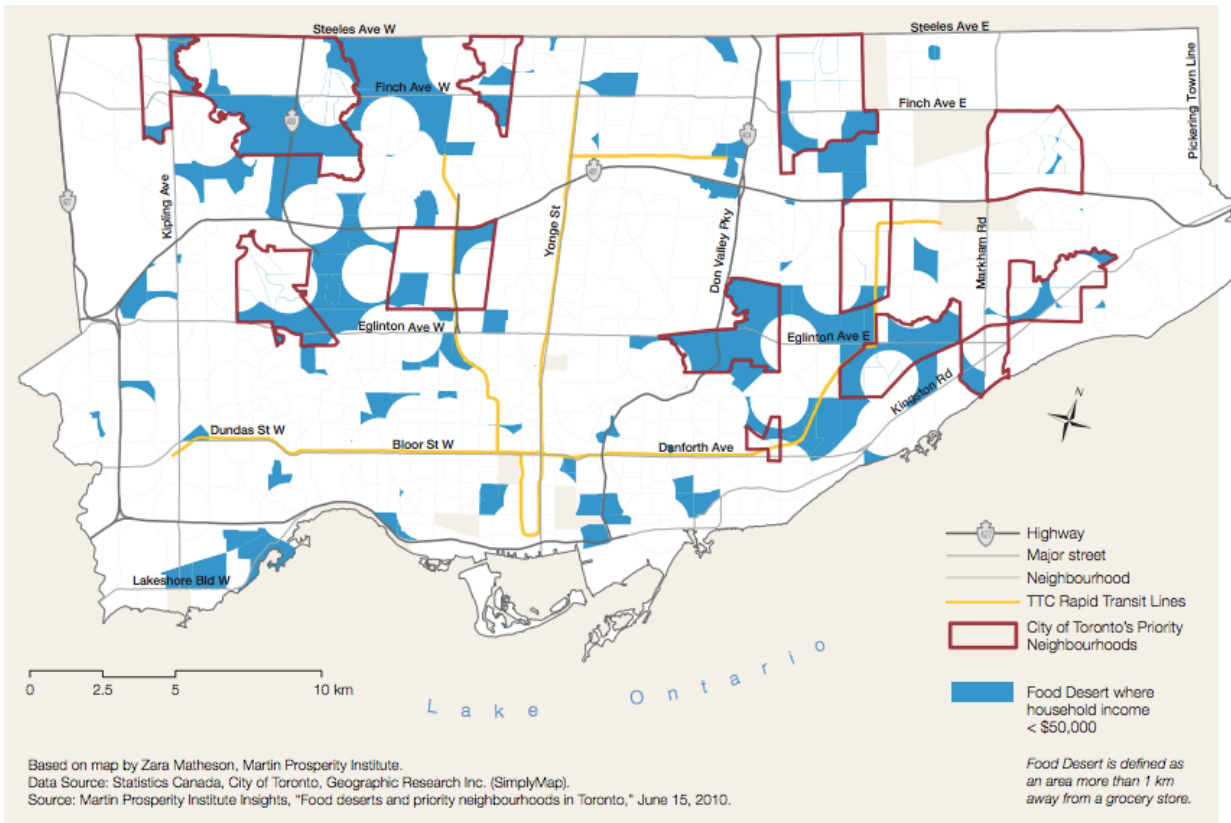


Source: Reproduced from Mendly-Zambo & Raphael, 2017 (unpublished).

Depiction of pathways by which Business and Corporate Power, Civil Society and Organized Labour influence the Form of the Welfare State as well as Public Support for Political Parties and support for State Role in Distributing Resources to produce Public Policy that shape Experiences of Food insecurity and Health Outcomes. Shaded area at the top represents influences on public policy that is largely ignored from majority of approaches to HFI in Canada.

Adapted from (Raphael, 2015a)

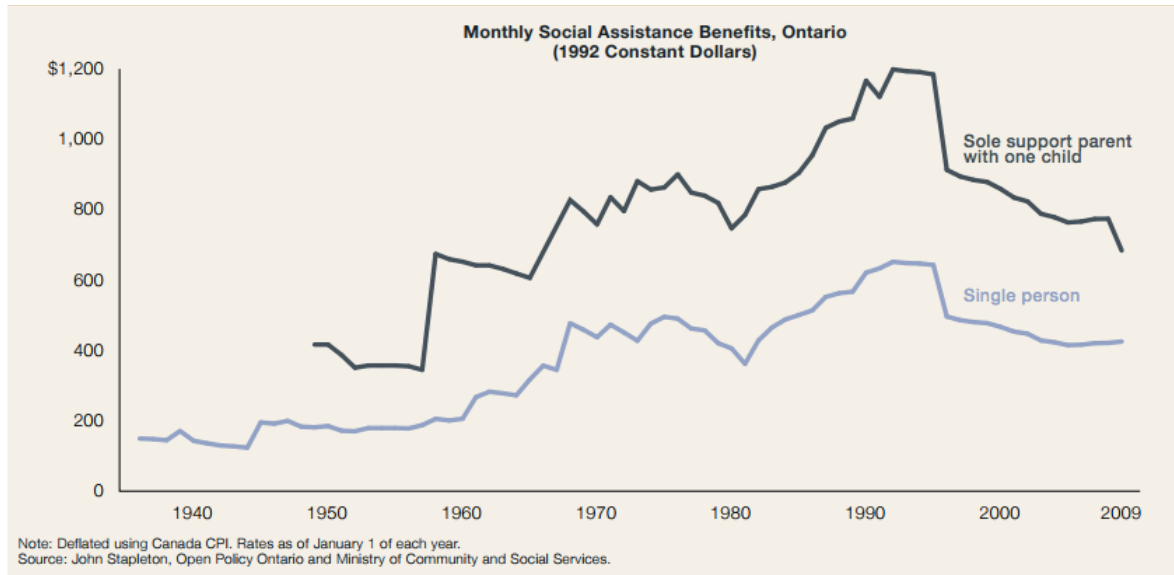
Figure 5. Map of food desserts across the City of Toronto



Source: Milway, Stapleton, & Cook, (2010).

This map indicates that there are many food insecure neighborhoods across the City of Toronto, some existing amongst or adjacent to affluent neighborhoods. Household food insecurity is not only an issue relegated to isolated or Northern communities, but exists in major metropolitan areas as well.

Figure 6. Monthly social assistance benefits, Ontario (1992 constant dollars).



Source: Milway, Stapleton, & Cook, (2010).

Rates of social assistance benefits in Ontario before 1995 were generally ahead of inflation. In 1995, however, assistance rates were reduced by 21.6% and as of 2009 had not returned to pre-1995 rates.

Appendix B: Tables

Table 1. Characteristics of competing approaches to addressing household food insecurity

<i>HFI approach</i>	<i>Key concept</i>	<i>Dominant research and practice paradigms</i>	<i>Primary targets</i>	<i>The role of public policy</i>
HFI as primarily a nutrition/dietetics issue	Food insecure individuals experience micro/macro nutrient deficiencies that can affect health	Provision and evaluation of health education and information provision, skill development, and counselling	HFI individuals' behavior with sporadic references to access to food issues and income	Minimal attention to sources of HFI and need for public policy to address these issues
HFI as requiring charitable and community responses	Charitable and community based food distribution activities such as food banks, feeding programs and community kitchens can reduce HFI	Provision and evaluation of charitable collection and distribution of food Establishing community-based initiatives that improve access to food	Vulnerable individuals and communities where local activities can build social cohesion and improve access to food	Advocacy for policies that increase supply of food/donations and funding for local activities with minimal reference to public policies that contribute to HFI
HFI as a social determinant of health	Public policies are the source of HFI and its adverse health outcomes	Research state of HFI and identify public policy sources of HFI and responses	Public policy makers with some public outreach	Advocacy can lead to public policy action to reduce HFI (primarily pluralist with some recent institutionalist analysis)
HFI as an imbalance of power and influence in society	Powerful forces benefit from the public policies that create HFI as well as ineffectual activities to manage it	Explication of societal structures and processes skewing the distribution of economic resources Organizing to produce equitable distribution of power and influence	Undue influence and power of the corporate and business sector	Political economy analysis focused on economic and political structures that shape distribution-related public policy and building political and social movements to oppose them

Source: Adopted from Mendly-Zambo & Raphael, 2017 (unpublished).

ⁱ As discussed by Raphael (2016), the materialist approach examines how the experience of material living conditions, adverse physical and psychosocial stress as well as the adoption of health-supporting or threatening behaviours influence health outcomes later in life. The materialist approach, or paradigm is also referred to as the ‘socio-environmental paradigm’ (Bryant, 2016).

ⁱⁱ As discussed by Raphael (2015), conservative welfare states are described as concerned with maintaining aspects of social stratification, and hence stability, (Saint-Arnaud & Bernard, 2003) by moderately de-commodifying societal resources, and economic and social support for families (Raphael, 2015a). Social democratic welfare states are described as concerned with addressing inequality by providing robust social and economic security (Raphael, 2015a; Saint-Arnaud & Bernard, 2003). Social democratic welfare states aim to reduce social stratification by de-commodifying societal resources so that its citizens “can live a decent life independent of employment market involvement” (Raphael, 2015, p. 196).

ⁱⁱⁱ These documents reflect a broader behavioural approach to health and health promotion which is problematic for a number of reasons. First, the focus on modifiable medical and behavioural risk factors assumes that individuals will be able to make ‘healthy lifestyle choices’ (Labonte & Penfold, 1981; Lindbladh, Lyttkens, Hanson, & Östergren, 1998; Raphael, 2002) while neglecting societal structures and processes that create adverse living conditions that restrain these choices (Raphael, 2003). Additionally, behavioural risk factors like cooking and healthy eating actually account for little of the variation in health outcomes, compared to the experience of adverse social determinants of health such as poverty or housing insecurity (Lantz et al., 1998; Raphael, 2003; Raphael & Farrell, 2002). This perhaps explains in part why programs aimed at changing individual behaviours through nutrition education (Anderson, 2007), cooking skills (Wrieden et al., 2007) and healthy eating (Bihan et al., 2012) show modest or short-term effects on behaviour, and health effects remain unclear (Pignone et al., 2003). Lastly, this approach assumes that individuals experiencing HFI are unaware of what constitutes a healthy diet or lack proper cooking skills. This is, however, not the case as individuals experiencing HFI are, for the most part, well aware of what constitutes a healthy diet but are unable to do so due to financial constraints (Vozoris, Davis, & Tarasuk, 2002). Furthermore, there is little evidence to suggest that improved food literacy skills can protect poor families from experiencing HFI (McLaughlin, Tarasuk, & Kreiger, 2003).

^{iv} An example of the depoliticization of food security within dietetics/nutrition approaches can be seen in research on obesity. HFI has been associated with an increased risk of obesity and overweight in women. Martin and Ferris (2007) offer possible explanations including: the affordability of nutrient-poor, high caloric foods compared to healthier nutrient-dense foods (Drewnowski & Specter, 2004; Starkey, Kuhnlein, & Gray-Donald, 1998), and the fact that individuals living in a food insecure household may experience disrupted eating patterns (Kendall et al., 1996) which may adversely impact metabolism (Dietz, 1995). Regardless of the behaviors associated with weight gain, it is important to note that food insecurity is caused by income insufficiency, and has a greater impact on weight for women than it does for men (Gooding, Walls, & Richmond, 2012; Larson & Story, 2011). Despite these linkages, however,

proponents of this individualist approach rarely advocate for policies that redress poverty, and even fewer look at the intersection of gender and poverty. Rather, researchers typically focus on targeting individual behaviours, even when systematic disadvantages for groups have been observed.

^v The Nutritious Food Basket is a tool used to measure the cost of basic food items, and includes 67 different types of foods. Foods are reflective of a nutritious diet for individuals of different age and gender, and are chosen to reflect eating behaviours of Canadians. The cost of the items reflects the lowest price available for that item size, irrespective of brand (Government of Ontario, 2010).

^{vi} Card check certification is a process of unionization which allows employees who wish to join a union do so by signing a card.

^{vii} A food desert refers to a low-income community that has limited access to quality fresh fruits and vegetables and other healthy foods. In the GTA many neighborhoods have been identified as food deserts and designated as high priority areas (Figure 5) (Milway, Chan, Stapleton, & Cook, 2010). In addition to inadequate income, food deserts provide another barrier to achieving HFI.