

In 2017, OSHaRE served  
**21357** meals



**“A meal is a simple,  
tangible way to show we care”**  
**- OSHaRE Board**

WHAT WE HAVE WE WILL SHARE  
**2017 OSHARE EVALUATION REPORT**

RELEASED: MAY 30, 2018

# INTRODUCTION

In 2011, the Owen Sound Hunger and Relief Effort (OSHaRE) was established to fill community service gaps by providing a daily supper, Monday to Friday. The OSHaRE Board was formed with seven representatives to work towards a shared vision to provide a nutritious meal in a safe and social environment for anyone who needs it. OSHaRE led renovations of the Harmony Centre in downtown Owen Sound to create a bright, accessible, and functional space for meal service. OSHaRE has recently expanded this service to include a Saturday Packed Lunch Program in response to the lack of consistent community meals on weekends. For the last five years (OSHaRE) has consistently provided meals to community members.

In 2013, OSHaRE committed to restoring the dignity of all people, without discrimination, through: Meals that relieve hunger and renew hope; Caring relationships that restore dignity to those experiencing the effects of poverty; Community connections that foster networking to provide answers and meet needs; and Advocating for the transformation of unjust structures that perpetuate poverty. All guests and volunteers of OSHaRE contribute to this mission. In total, OSHaRE relies on a team of about 145 volunteers for program support. OSHaRE aims to deliver services in a manner that empowers guests to meaningfully participate in their community and currently about 10 OSHaRE guests also fill volunteer roles with OSHaRE.

OSHaRE strives to be known in the community as a trusted, comprehensive, and valuable outreach to the vulnerable people in Owen Sound and the surrounding area. For the last five years, OSHaRE has worked with individuals, faith groups, businesses and community organizations to effectively address needs in our communities.



“People sit together – it’s like a family, like their kitchen table. They plan their day to come sit and eat together here.” - *Volunteer*



**Serving hot,  
nutritious meals  
Monday – Friday  
& Lunch-to-go on  
Saturdays & Stat.  
Holidays**

2018 marks the fifth anniversary of the Owen Sound Hunger and Relief Effort. In recognition of this milestone OSHaRE, in partnership with the Grey Bruce Health Unit, has evaluated the impact of the program. It is important to acknowledge that OSHaRE is not alone in their efforts. Many individuals, groups and organizations are working collaboratively towards a shared community vision of overcoming hunger at every level and providing relief from the effects of poverty.

This report reflects the results of a series of focus groups held in the fall of 2017 with guests, volunteers, staff, and board members of OSHaRE.

*OSHaRE has  
“developed a good  
reputation as a  
service that is  
needed and  
appreciated by  
guests and  
community” -  
Volunteer*



# LITERATURE REVIEW

A Literature review was conducted to identify best practices and potential evaluation tools to support this project. A scan of available literature was conducted by a public health librarian to compile the evidence on community meal program evaluations and indicators.

Databases searched included: Medline, Medline in process and epub preprint, CINAHL Plus with Full text, PsycINFO, EMBASE- excluded Medline records, Cochrane Central Register of Controlled Trials, Cochrane database of systematic reviews, and SPORTDiscus. Several key words were used to locate relevant resources including but not limited to: community kitchens, food insecurity, community food programs, low-income, free meal, program evaluation, surveys and questionnaires, and food assistance. A filter was applied to restrict results to main terms in the title of the article due to the absence of an appropriate subject heading. Links to grey literature resources were included. The results were filtered to include articles published in the English language, from 2010-2017. The searches were conducted in March, 2017.

The original search yielded 1239 results after removing duplicates. One Public Health Dietitian and one Health Promoter reviewed the titles and abstracts of these articles and as a result, 16 were deemed potentially relevant and were identified for full article retrieval. The team included sources that discussed community meal programs, their impact, evaluation, or reach. The population of interest included those at risk of food insecurity, including those experiencing low income, low socio-economic status, or isolation.

Studies were excluded when food assistance or meal provision were not a primary focus of the research, this included studies of food literacy program evaluations. Studies set in developing countries were also removed. Internet searches for grey literature were completed, in addition to manual searches for resources identified or referenced in articles that were relevant.

After reading the selected peer-reviewed studies (16), no resources were identified to inform the evaluation tool used for this project. A total of thirteen peer-reviewed references and three grey literature documents were used to describe the background and inform context in this document.



**“We need to work towards creating a society where no one goes hungry, or is homeless” - OSHaRE staff/board**

# FOCUS GROUPS

## Development of Evaluation Tools

Given the limited availability of published literature evaluating community meal programming, new evaluation tools were developed for this project. Public health project leads collaborated with OSHaRE staff in consultation with a public health program evaluator throughout the evaluation design, implementation and analysis process. Consensus determined that a series of focus groups would be the most effective method for data collection. Evaluation tools developed for this project included: Interview guides; Demographic data collection form, and Consent forms (Appendices I, II, III). Evaluation tools were framed on the stated goals of OSHaRE. Separate interview guides and demographic data collection forms were developed for guests, volunteers, and staff. Ethics approval was received following review of the project proposal, evaluation tools, and consent forms by the Grey Bruce Health Unit Ethics Review Committee.

## Focus Groups and Analysis

A total of 6 focus groups were held (5 for program guests, 1 extended group for volunteers). Staff focus groups were not held due to scheduling conflicts. Instead staff and board members responded in writing and mailed their completed interviews to researchers. Guest or volunteer respondents joined focus groups at various points during the scheduled sessions. All participants were given the opportunity to answer each question. This fluid structure meant that the order of responses varied. Data analysis comprised of qualitative thematic content analysis. Coding involved careful review of the data with highlights drawn for significant findings. Themes were identified for responses to individual questions as well as from the discussions as a whole.



*A guest and volunteer speaks about their work with OSHaRE "Makes me feel useful"*

# RESULTS

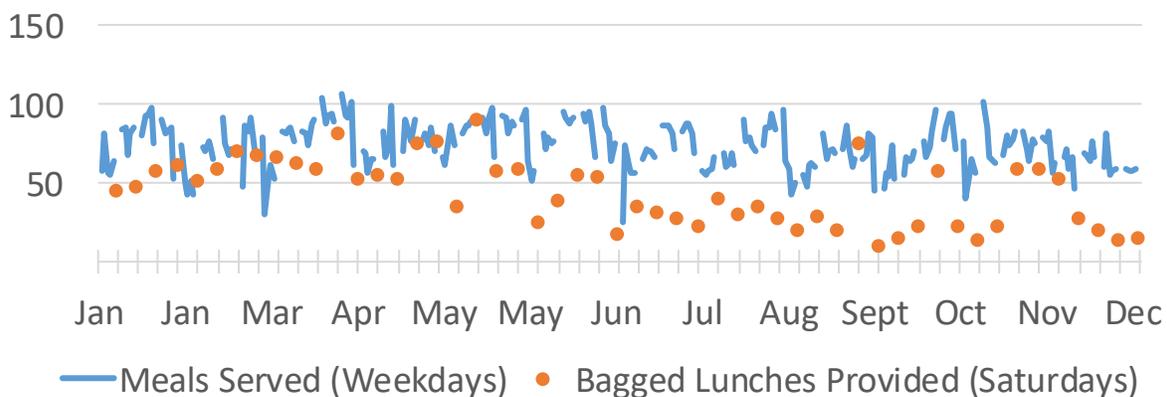
## Annual Trends

In 2017, an average of 73 meals were served per weekday through OSHARE. December (average 63 per day) and September (average 66 per day) had lower counts and March (average 83 per day) and May (average 84 per day) had higher counts of meals served than average. Typically, Mondays had the highest counts of meals served (average 77), followed by Thursdays, Tuesdays, and Wednesdays. The fewest meals were served on Fridays (average 68).

In general, each month there was an increasing trend in numbers of hot meals served as the month progressed. The lowest average count of meals served per day was observed on day 1 and 31 at around 53 meals per day. From the first to the third week of each month, rates tended to rise and peak at around day 19 at 85 meals per day, and stayed on average above 75 meals per day until day 28. This may indicate that guests experienced financial constraints by the mid-month with a peak in last two weeks.

The average number of Saturday bagged lunches served was lower than for weekday hot meals at 44 lunches. There was an observed decline over 2017 in the number of bagged lunches served; the numbers of bagged lunches served dropped substantially after May. The peak of 67 average bagged lunches served in February fell to an average of 27 by July and remained lower for the rest of the year.

Daily Meals Served and Bagged Lunches Provided at OSHARE, 2017 Year



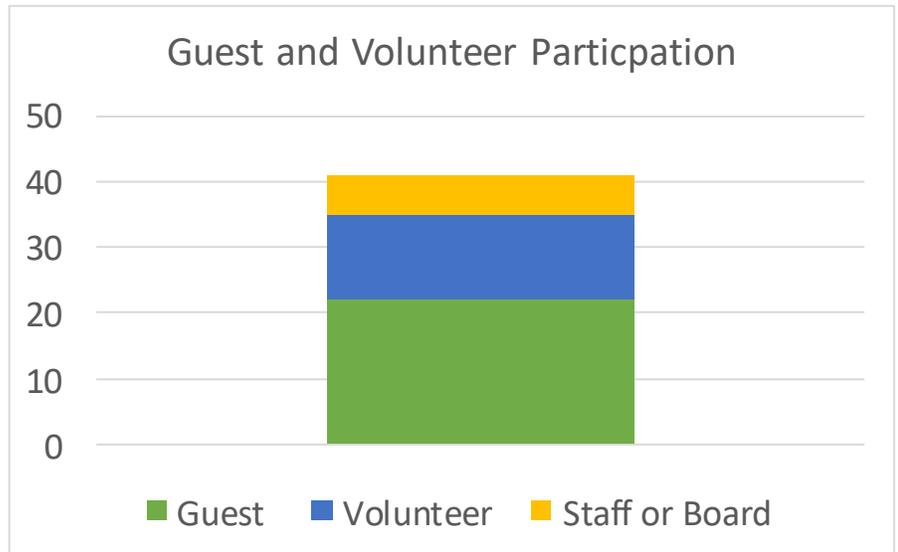
An average of **73** meals served per weekday at OSHARE in 2017

# RESULTS

## Demographics

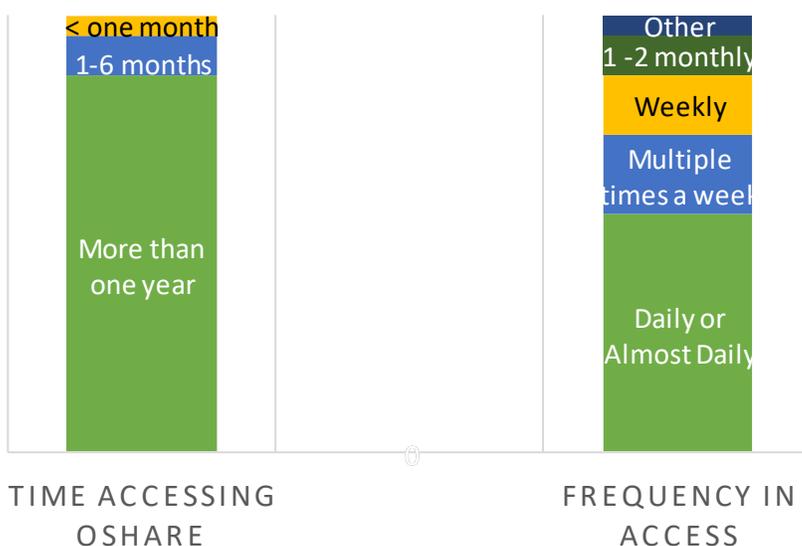
A total of 41 individuals participated in the focus groups. 22 of these were guests, 13 were volunteers, and 6 were OSHaRE board or staff. Gender was evenly represented among guests (11 male and female respondents), while most volunteer respondents were female (10 of 13). Most guest respondents were over 50 years old (12 of 22), only one guest respondent was younger than 18 years old. Volunteer respondents were mostly over 50 years old (10 of 13), and most (10/13) had been volunteering for more than 1 year. OSHaRE is committed to supporting manageable volunteering experiences and this was reflected by nearly all volunteers (12/13) limiting their participation to once or twice a month or less.

### Guest and Volunteer Participation



In 2017, volunteers served meals on **311** days of the year

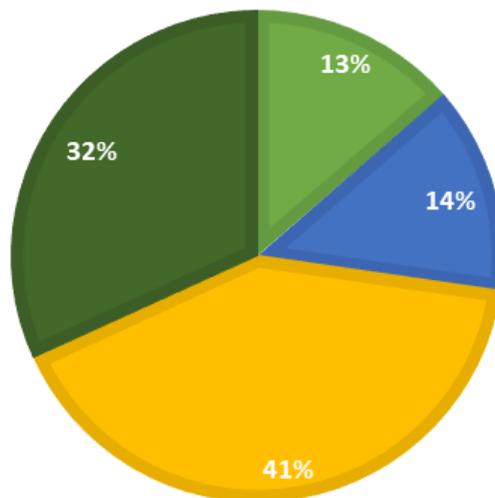
### TIME PERIOD AND FREQUENCY OF ACCESS



The majority of guests reported accessing OSHaRE services Daily or Almost Daily (n=12). Fourteen guest respondents live alone. 20 of 22 respondents identified limited access to food; 16 of 22 respondent households (73%) often or sometimes do not have enough to eat. Most staff and board respondents reported being involved with OSHaRE for greater than 6 months, including two founding members. These respondents became involved through a desire to "make a difference in the community"

## HOUSEHOLD FOOD ACCESS AMONG GUESTS

- 1. You and other household members always had enough of the kinds of foods you wanted to eat
- 2. You and other household members had enough to eat, but not always the kinds of foods you wanted
- 3. Sometimes you and other household members did not have enough to eat
- 4. Often you and other household members didn't have enough to eat



### Household Food Access

The majority of guests reported experiencing at least some restrictions to household food access, indicating that OSHaRE is reaching its primary audience. 41% of guests sometimes did not have enough food for their household, while 32% often didn't. Only 13% of guests felt that their household always had enough of the kinds of foods they wanted to eat.

### OSHaRE Community Impact

Guests, volunteers, staff, and board members consistently stated that OSHaRE had significant community benefits and felt it was important for the program to continue. Following qualitative analysis of guest, volunteer, staff and board member discussions, five themes were identified: accessibility, food quality, social opportunities, safety, and the reliability and responsiveness of the service.

**Sometimes this is the only meal I have**

*- Guest*

# RESULTS: ACCESS

## Accessing OSHaRE

Both guests and volunteers recognized the value of OSHaRE before coming to the program. Volunteers felt OSHaRE provided an opportunity to contribute to their community, fulfill a desire to volunteer to meet a community need, and stay connected socially. Beyond the limited access to food described above, guests also consistently identified OSHaRE as a strategy to connect socially. Multiple guests also enjoyed being able to participate as a volunteer as well as a guest. Most guests were introduced to OSHaRE through existing social ties like friends and family. Community groups and media were also identified for introducing the program to guests. Only 2 guests reported receiving a referral from a health or social service professional, this may represent an opportunity for outreach to familiarize these professionals to services available. Board and staff members mostly felt that OSHaRE services were reaching those with the greatest need. There was an interest in reaching out further to young adults in the community and families who were concerned about negative impacts on their children from attending OSHaRE meals. Word-of-mouth was the most valued recruitment method, however one respondent suggested the board and staff connect with social and community services to increase referrals.

Volunteers were most likely to have joined OSHaRE through participation with community- or faith-based groups. Volunteers recognized a social benefit to their role and multiple volunteers joined OSHaRE as a family activity. Most guests found it convenient to come to OSHaRE, however some noted that their access had been limited by employment hours and the limited hours of operation. One volunteer stated that the timing of OSHaRE was sometimes difficult to balance with work and family commitments. Volunteers appreciated younger community members supporting the program and recommended reaching out to local high-schools to increase youth volunteer recruitment.

Access points to the Harmony Centre were noted by guests and staff or board respondents. Guests expressed excitement for the ramp installation and anticipated a significant improvement for accessibility. They recommended improved signage in addition to the ramp to facilitate access. A board/staff participant suggested that receiving donations at the delivery door can be a challenge. Given that OSHaRE is reliant on community donations, this is an important barrier to address. This evaluation did not seek feedback from donors, however this may be a future activity to prioritize to better understand the needs and interests of donors.

It's a 2 way street, symbiotic.  
Coming together of people all  
on the same rock in space. **We  
all work together, both sides  
giving and getting.**— *Volunteer*



# RESULTS: FOOD

## Food Quality

Though no formal nutrition policy exists at OSHaRE, volunteers and staff aim to serve nutritious meals comprised of at least one protein, starch, and vegetable option. Food served is dependent on donations received and as a result the availability of fresh produce is unreliable, however fresh vegetables are generally offered at least twice each week. This can be particularly challenging in winter months when choices are limited. Protein choices are generally served as four to six ounce portions and starch choices are generally a rotation between potatoes, rice, bread, and pasta.

Many guests felt that OSHaRE significantly contributes to their nutritional intake. Board and Staff also emphasized their goal of providing nutritious meals to support health improvements. Guests recognized and appreciated efforts made by volunteers and staff to accommodate dietary needs like allergies. The value of a “wholesome” and “home cooked” meal was noted. Most guests enjoyed the service style of dinner meals and felt it provided a valuable opportunity to interact positively with volunteers. The addition of the weekend lunch bag has been positive for guests, though several noted that the quality and quantity of the food provided was lower than the meals provided through the week. Recommendations included a condiment table to allow individuals to individualize their sandwiches.

Guests noted food procurement challenges experienced by OSHaRE and many charitable food programs. Members of the staff and board felt that greater emphasis should be placed on procuring fresh produce donations. Guests appreciated existing coordination between OSHaRE and other community services and would like to see this expanded in the future. Guests highly valued meals which were perceived as healthful, and were concerned with the frequency of foods that were perceived as less filling or lower nutrient dense foods like pasta or soups. Multiple guests felt that meals would benefit from more vegetables and fruits. This was echoed by staff and board members. These limitations were felt most by those struggling to manage existing chronic diseases or other health concerns like diabetes.

“Reminds me of eating growing up as a family. I’ve lost touch with a lot of my family so this is nice” - *Guest*

I have also heard from many guests that the meal they get at OSHaRE helps them to be healthier as well as two men have told me that their doctors say the meals “saved their lives.”  
- *OSHaRE staff/board*

# RESULTS: FOOD & SOCIAL

Many of the guests have been joining OSHaRE meals for extended periods and noted variations in meal quality when trained culinary staff were not present. Safe food handling practices were generally perceived positively, however past issues were remembered with concern. Volunteers suggested that greater training and mentorship on safe food handling and placing a hand sanitizing station near the entrance may be helpful to protect the health of guests and volunteers. Some guests and staff felt that the services could be supported with improvements to the kitchen including new cold storage. These recommendations speak to the essential skills required when recruiting OSHaRE staff and volunteers. Volunteers recommended more opportunities to share food skills with guests and youth. A guest suggested that these skills could be shared with the guests by offering recipes for the food served.

## **Social Opportunities**

Guests enjoy OSHaRE's atmosphere and stressed the importance of a shared meal for connecting with or making new friends. Board members and staff noted the mental health benefits to participating, including an observation of increased self-esteem among guests. Guests appreciated having a reliable place to gather with friends for an enjoyable meal. Reduced social isolation was the most frequently observed change by guest, volunteer, and staff or Board respondents. Staff and board members noted that these social benefits are not only experienced by guests. Staff and volunteers were also believed to benefit socially from participating and engaging with other volunteers or guests. The relationships built between volunteers and guests was thought to be an important positive outcome from the program. Noise levels were noted by some guests and staff or Board as a barrier to sharing an enjoyable meal and conversation. Guests and volunteers both shared that they enjoyed music during the meals, stating that it contributed positively to the atmosphere and seemed to reduce negative behaviours. However, others would prefer a quieter setting to better converse or a greater variety of music played.

**“When you feel low and come and see everyone you know, you feel good” -  
*Guest***

**“I didn't know anyone when I came from the recovery house and I made friends here” - *Guest***

# RESULTS: SOCIAL

## Creating a Safe & Welcoming Space

OSHaRE aims to offer an accessible service for any interested community member. Unlike many charitable food organizations there is no expectations that guests provide any documentation before participating. Board and staff noted the importance of dignity for guests and felt that the meal service structure supported this goal. Creating a welcoming and social atmosphere is not without challenges. Interactions with volunteers were reported as positive overall, however both guests and volunteers recommended training, particularly related to responding to aggressive or violent behaviours. Guests and volunteers commented on instances of personal conflict or other safety issues. This concern extended to outdoor spaces near OSHaRE with some respondents reporting avoiding OSHaRE due to rumors of drug use. A shared understanding among guests and volunteers on respectful behaviours towards others and the space was important to guests. Volunteers and staff were recognized for quickly and effectively responding to these issues. However, some guests observed that fewer families with children seemed to be benefiting from OSHaRE potentially due to concerns for safety or social service involvement. Others were concerned that restrictive policies regarding those with criminal behaviour may limit access to necessary food and opportunities to participate. Guests recommended additional staffing, including a mental health worker to respond to some of the safety concerns. Volunteers recommended more regular communication and training on safety measures.

**“People can join us  
for a meal no  
questions asked” -  
*OSHaRE staff/board***

**“I like that OSHaRE provides a  
place for lonely people, hungry  
people. It’s a safe place.” - *Guest***

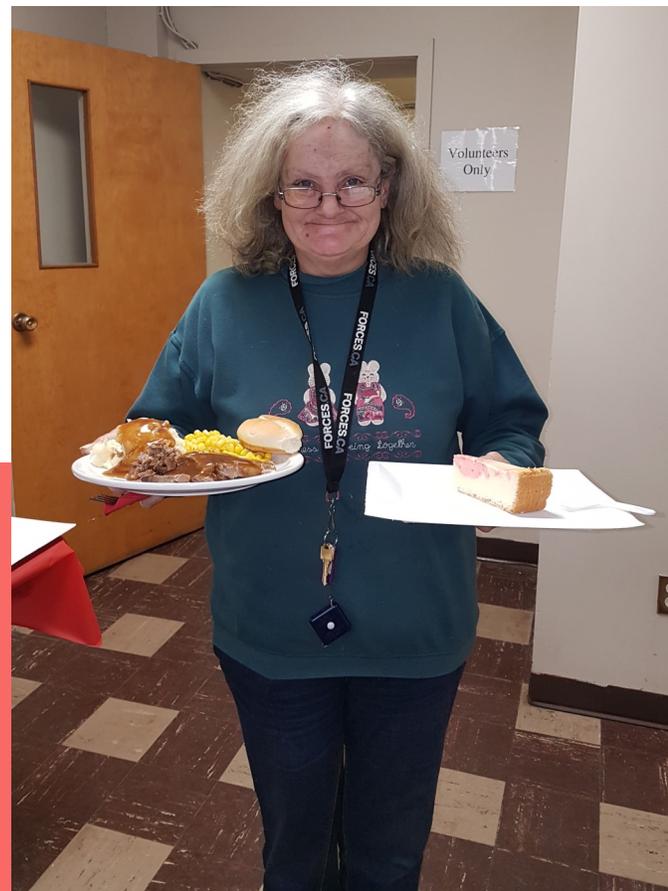
# RESULTS: RELIABLE & RESPONSIVE

## Reliable and Responsive Services

Existing OSHaRE services were highly valued and all respondents expressed a desire for the program to continue. The Board and staff expressed an interest in expanding meal services, however it was recognized that this would require greater resources. One participant noted that service expansion would likely require an investment in paid-staff, who could be expected to be more accountable and to take on more responsibilities.

Regular communication through the announcements is appreciated by guests and some would like to see this used more often. Recommendations for expansions of OSHaRE services included: opening the space for an afternoon drop in and social activities (games and cards); establishing a "Free Room" for essential items like clothing, toiletries, and pet food; Designating a Calming room for guests to access when needed; and a Sunday meal service. Again, community partnerships were suggested to improve access to services such as outreach nurses and social workers to support access to services, such as health, addictions, and housing.

Volunteers strongly felt that they were providing a necessary community service and recognized their role in creating a positive atmosphere. Most volunteers stated that they enjoyed getting to know guests, and try to approach each interaction with a smile and some conversation. Volunteers were concerned that service could be slow and that volunteers were not able to be as responsive to guests as they would like to be, though guests were noted to be patient. Volunteers felt that designating a volunteer greeter may support the social aspects of the program and establish a friendly presence for newer guests.



***Volunteers "get more out of it than people receiving meals"***

# RECOMMENDATIONS: EDUCATION & TRAINING

Guests, volunteers, staff, and board members expressed interest in OSHaRE growth and sustainability. Recommendations made by respondents were themed into three categories: Education & Training, Partnership, Service Expansion or Increased Use of Space. Additional recommendations have been gleaned from the literature and are also included in the report. These recommendations may not reflect current organizational capacity and may require significant investment of resources. The implied goals of many of the recommendations focused on increasing the reach of OSHaRE and improving the meal-time environment.

## **Recommendations for Education & Training**

### **Increase training and mentorship on safe food handling**

**Further enable safe food handling practices through a supportive environment (eg. hand sanitizing station near the entrance)**

### **Increase food skills and food literacy by:**

- **Creating opportunities to share food skills with guests and youth.**
- **Offer OSHaRE recipes for guests and volunteers to use at home**
- **Offer cooking or peer mentorship programming**

**Train staff and volunteer for improved response to disruptive or aggressive behaviours**

# RECOMMENDATIONS: PARTNERSHIP

## Recommendations for Partnership

**Improve community outreach to increase referrals and awareness of program, particularly to families**

**Partner with local high schools to recruit youth volunteers**

**Partner with other organization and private sector to increase access to high quality, nutritious foods**

**Partner with local mental health services for training and service access**

**Engage outreach nurses and social workers to support access to services such as health, addictions, and housing**

**Engage the community to encourage the donation of fresh vegetables and fruits**

# RECOMMENDATIONS: SERVICE EXPANSION

## Recommendations for Service Expansion and Increased Use of Space

**Create a new volunteer position to greet guests and encourage safe spaces leading to OSHaRE**

**Establish a quiet dining area**

**Establish a calming room as a safe area for guests to use when overwhelmed**

**Encourage community use of outdoor spaces leading to OSHaRE to reduce perceived safety risks. This could include benches, raised garden beds, or accessible play areas (eg. hopscotch paint)**

**Expand OSHaRE services in partnership with community group opening the space for an afternoon drop in and social activities (games and cards); establishing a “Free Room” for essential items like clothing, toiletries, and pet food; Designating a Calming room for guests to access when needed**

# RECOMMENDATIONS: FROM THE LITERATURE

## Recommendations from the Literature

**Establish nutrition policies to improve consistency in the quality of meals provided (Wingrove, Barbour, & Palermo, 2016; Lindberg, Whelan, Lawrence, Gold, & Friel, 2015)**

**Support advocacy efforts for integrated policy approaches to food insecurity that address the underlying determinants, including an income response (Ontario Society of Nutrition Professionals in Public Health (OSNPPH), 2016, Wingrove, et al., 2016; Lindberg, et al., 2015)**

**Adopt less stigmatizing practices such as universal accessibility, no requirements for information/proof of need, and empowerment programming. Train staff to deliver appropriate services and programming (Lindberg, et al., 2015)**

**Work collaboratively with a variety of community groups and services to address community needs (Lindberg, et al., 2015)**

## Further Considerations

Nutrition policies may be controversial due to potential limitations to client choice or donor contributions (Wingrove, et al, 2016). Community dietitians are recommended to support charitable food providers to improve the quality of food offered through such initiatives (Bocskei & Ostry, 2010).

OSHaRE leadership currently sits on the Bruce Grey Poverty Task Force's Food Security Action Group. This group is committed to eliminating or mitigating the effects of food insecurity in Grey Bruce. Evidence supports engaging impacted community members in these efforts and empowering the community to undertake advocacy efforts (OSNPPH, 2016).

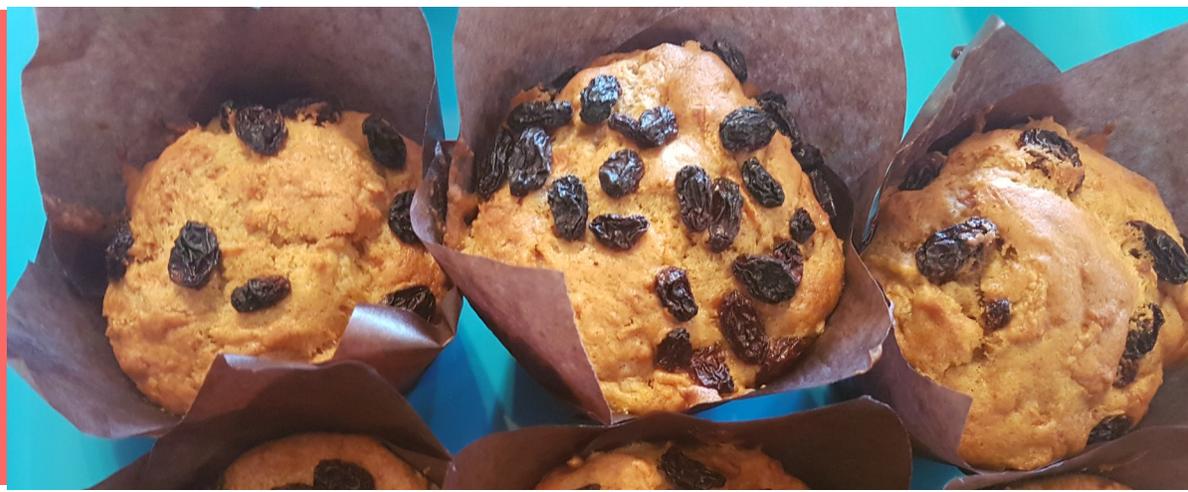
Community Food Centres Canada has created supports for food organizations to transition towards best-practice approaches within food security initiatives. These supports include the [Good Food Organization](#) designation. Through joining their networks OSHaRE may benefit from shared experiences of organizations across the country.

Referral or direct service  
Potential to support the development of food skills or food literacy among volunteers and guests

# DISCUSSION

The results of this project are subject to limitations in our sampling pool. The small numbers of participants in the focus groups limits the validity and generalizability of the results, meaning the responses may not fully reflect the perspectives of all potential stakeholders. This evaluation was only able to reach those currently involved with OSHaRE services, therefore the perspectives of those not accessing OSHaRE are not reflected in this report. It is important to remember that this evaluation set out to better understand the impact of OSHaRE based on the perspectives of respondents. Most recommendations are based on respondent perspectives and discussions were limited to OSHaRE services rather than the larger local charitable food network.

All respondents clearly described the role of OSHaRE in fostering community and reducing social isolation. Social isolation involves low levels of connectedness and engagement with others and a poor sense of belonging (Nicholson, 2009). Experiencing social isolation places individuals at risk of poor mental and physical health outcomes including increase risk of cardiovascular disease, depression, and dementia (Nicholson, 2012; Steptoe, Shankar, Demakakos, & Wardle, 2013; Keefe, Andrew, Fancey, & Hall, 2006). These risks may be in part due to the association of social isolation with poor food intake and nutrition (Nicholson, 2012; Raine, 2005). Benefits to social engagement include: improved health, economic performance, and reduced crime (Community Food Centres Canada (CFC), 2016; Claridge, 2004). Seniors and those of lower socioeconomic status are among the highest risk groups for social isolation (CFC, 2016; Stewart, et al., 2009; National Seniors Council, 2014). Beyond the literature, guests repeatedly described the value of these meal-time interactions and sought to expand them to create more opportunities to connect with others in a safe and inclusive environment. Recommendations included opening OSHaRE earlier in the day for community games and social time. Precedent for such action exists across Canada as charitable food organizations have broadened the scope of their mandate beyond emergency food relief to include health, social inclusion, and cultural goals (Lindberg, et al., 2015).



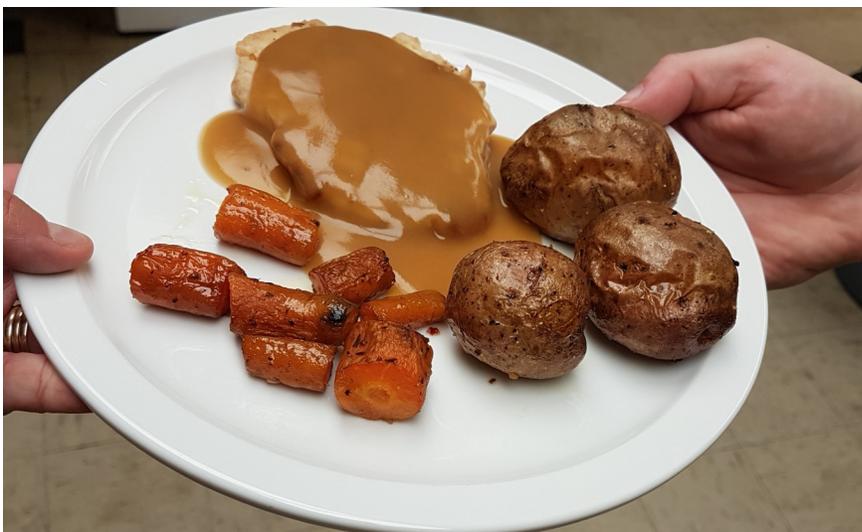
# DISCUSSION

Interestingly, perspectives of OSHaRE's role in improving nutritional health was mixed. Volunteers, staff, and board members felt strongly that OSHaRE reduced hunger and contributed to the nutritional health of guests. Alternatively, while some guests felt that OSHaRE significantly improved their food intake many others felt the social benefits were the most significant while the meals were secondary to this. Guests mostly enjoyed the meals, though many sought healthier options more often. Few guests reported direct physical health benefits to participating, though most reported experiencing social and mental health benefits. This may reflect evidence which states that while charitable food networks positively contribute to experiences of acute hunger and social isolation, their ability to shift experiences of food insecurity are limited.

Food insecurity has been linked with increased risks for poorer physical, social, and mental health outcomes. There is evidence that food insecurity is associated with the greater prevalence of chronic disease among lower socioeconomic groups (Lindberg, et al., 2015). Board, staff, and volunteers were passionate about their role in community building to reduce the incidence of hunger among marginalized populations. Previous research recognizes charitable food assistance as Canada's primary response to food insecurity (Pettes, Dachner, Gaetz, & Tarasuk). Community meal programs like OSHaRE are important elements within the charitable food network. They can be important partners in improving food literacy, reducing social isolation, act as a connector to other services, and advocate for necessary changes to reduce food insecurity (OSNPPH, 2016; Lindberg, et al., 2015). However, research recognizes important limitations to the services provided within charitable food networks.

Many agencies provide meals as a secondary service and struggle to manage competing operational interests and resource limitations, leading to meals that do not meet program user needs (Tarasuk & Dachner, 2009). Thus the central mandate of OSHaRE on meal service is a strength that should not be sacrificed should programming expand to other services. There are

benefits to service expansion, including potential reduction in stigma associated with meal provision as well as supporting a variety of interventions to meet community needs and interests (Pettes, et al. 2016).



# DISCUSSION

The continued community support of OSHaRE reflects local interests in ensuring all community members achieve food security. Despite this community support barriers still exist in obtaining consistent and high quality food. Like OSHaRE, many charitable food programs rely on donated food, this limits the quantity and nutritional quality of foods provided (Tse & Tarasuk, 2008). Reliance on volunteer participation and community donations leads to variations in the quality, quantity, and variety of the foods received by guests limiting any potential health benefits (Wingrove, et al., 2017; Bocskei & Ostry, 2010). Therefore, the board and staff respondents reported desire for more resources to supply a greater number of meals is not surprising. Other Canadian research has found that programs are unable to meet all of the food needs for their clients (Pettes, et al., 2016).

As charitable responses to food insecurity have grown in prevalence, there has been an observed withdrawal of government responses (Lindberg, et al., 2015), placing a growing number of Canadians at risk of food insecurity and further straining the charitable sector. However, this report cannot reflect the perspectives of all households that experience food insecurity given the evidence that only about a quarter of food insecure household access charitable food services in Canada. Therefore, communities must recognize that although charitable responses to food insecurity may reduce acute hunger they cannot act as a solution to food insecurity. Structural changes are needed to ensure all Canadians can consistently access affordable and appropriate food in a socially acceptable way. In the future, efforts should be made to create transparent and responsive systems that reflect governmental and non-governmental capacities to reduce food insecurity (Lindberg, et al., 2015).

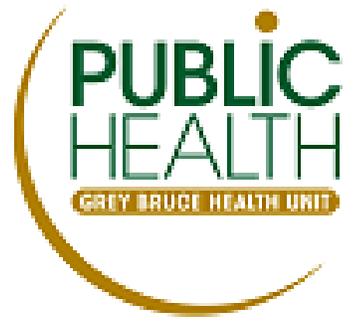
OSHaRE has adopted many positive practices to reduce hunger and social isolation among marginalized communities in and around Owen Sound. It has established itself as a reliable, trusted and critical service within Owen Sound. Limitations within the charitable food sector have led best evidence to suggest that policy changes are needed to address the root causes of food insecurity (OSNPPH, 2016; Lindberg, et al., 2015; Tarasuk & Dachner, 2009). However, it is important that immediate community needs are addressed. OSHaRE holds a prominent position for individuals in our community experiencing food insecurity. There is potential for future OSHaRE programming to build individual and community understanding of food insecurity and build capacity to advocate for the transformation of unjust structures that perpetuate poverty as described in its mandate.

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