

FOOD SECURITY PILOT PROJECT

Pinecrest-Queensway CHC with the Ottawa Food Bank
(March 2020 – May 2021)



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INTRODUCTION

ABOUT PINECREST-QUEENSWAY COMMUNITY HEALTH CENTRE

Pinecrest-Queensway Community Health Centre (PQCHC) is an innovative community based, multi-service centre that provides more than 60 health and social services (Pinecrest-Queensway Community Health Centre, 2019). Its vision is “to build a safe, just, and healthy community for all” (ibid). To achieve this, PQCHC works in “partnership with individuals, families and communities to achieve their full potential, paying particular attention to those facing barriers to access, including those who are most vulnerable and at risk” (ibid).

“To build a safe, just, and healthy community for all”

ABOUT THE OTTAWA FOOD BANK

The Ottawa Food Bank is the main emergency food provider in the National Capital Region, which works in partnership with a network of 112 community food programs to provide food and supplies for tens of thousands of people each month – 36 per cent of whom are children. With a focus on fresh and nutritious food, and always looking for ways to better provide to the network and the community, the Ottawa Food Bank’s vision is healthy, accessible, sustainable food for all.

ABOUT THE JOINT PINECREST-QUEENSWAY CHC AND OTTAWA FOOD BANK FOOD SECURITY PILOT PROJECT

In late 2019, Pinecrest-Queensway Community Health Centre (PQCHC) and the Ottawa Food Bank (OFB) met to discuss a collaboration on a food security pilot project. The volunteer groups running two of the PQCHC food banks (Morrison Gardens and Pinecrest Terrace) were planning to dissolve and there needed to be a plan put in place to continue operations. The third PQCHC food bank, Foster Farm, was seen as a potential model. It has been run by the Community House Coordinator, staff, and community volunteers for over a decade. While the food bank was successful in terms

of reaching clients, it was a great deal of work for the Community House Coordinator on top of her other responsibilities. As such, two PQCHC staff members, with funding from the Ottawa Food Bank, would take over the coordination of the three food banks. One would be responsible for Morrison Gardens the other for Foster Farm and Pinecrest Terrace.

Pilot project purpose: To explore how food banks that operate at community houses under the direction of a community health centre can foster the most efficient use of resources to offer effective food security supports and address the underlying causes of food insecurity in the clients we serve.

In early 2020, staff were preparing to start this pilot project when the pandemic hit. COVID-19 expedited the transition, forcing staff at all the Community Houses to take over operations to protect vulnerable volunteers. Food Banks were shifted to an appointment-based phone model and staff spent the first few weeks explaining to clients why the change was made.

During the first few months of the pandemic, PQCHC staff continuously changed and adapted the model to best suit clients and staff. Morrison Gardens and Pinecrest Terrace Community House staff took over the operations of their food banks from volunteers and became responsible for all aspects of running the program.

As PQCHC became more aware of the food banks and their importance within the communities, there was a realization that PQ staff could provide more than food; they could make referrals addressing root causes of food insecurity. This led to the development of a logic model in July 2020 that would direct the evaluation of this pilot.

Inputs	Activities	Outputs*	Outcomes (short)	Outcomes (long)	Impact
Staff	Informal chats with clients	X number of informal chats with X number of people	Clients will become aware of available services and resources	PQCHC/CFB target resources appropriately based on needs assessments	Decreased food insecurity in catchment
Time	Virtual events with clients	X number of virtual events with X number of people	Clients will learn how to use the available resources	Increased client-use of services and resources	Greater social inclusion
Knowledge	Workshops	X number of workshops			CFBs operating
Funds	Surveys				
Facilities	Retrospective analysis				
Equipment					

Partnerships	Training staff and volunteers to collect data	(COVID-permitting) with X number of people	PQCHC, Community Houses and OFB will become aware of gaps, needs, and strengths in the community and how these relate to best practices	Procedure changes to enable resource targeting	with best practices
Other Resources/ services	Tracking referrals (if possible)	Create documents of retrospective analysis		PQCHC/CFB/ Community Houses implement best practices based on assessments and resource targeting	Reach more people in community who need help
Gift cards	Tracking services used by clients	3 case studies per community house			
Training (OFB and other)		# of staff/ volunteers for each output			
		Track # of people trained to collect data			
		Track # referrals			
		Track services used by X # of clients			

* For outputs, no specific goals were set due to the uncertainty of what to expect during the COVID-19 pandemic. That is why “x number of” is seen throughout.

Before getting into the details of how the food banks were run and what was collected, this report will address the role of the pandemic. Arguably, the pandemic was both a blessing and a curse. It provided greater opportunities and heightened awareness around inequalities, but also took a toll on individual lives and the economy. Despite everything the Community Houses were able to stay open and provide meaningful support to clients.

The role of the pandemic: COVID-19 (2020-2021)

This project, in many ways, was timely. Food insecurity was known to be a serious issue within PQCHC communities, but the pandemic further highlighted and heightened this need. It brought it to the forefront, creating greater opportunities for discussion around accessibility to healthy food, living wage, subsidized daycare, and greater Federal and Provincial benefits. Would this pilot project have been the same without the pandemic? No. Arguably, the pandemic was a catalyst for change. It allowed staff to innovate and experiment. The Community Houses were able to switch over to an appointment-based model with minimal opposition and the food banks were designated an essential service at PQCHC. Furthermore, additional funding was secured, primarily in partnership with the Ottawa Foodbank and short-term COVID-19 response funding. This funding allowed the Community Houses to purchase pre-made meals via local businesses wishing to support food security, gift cards, and various supplies.

On the other hand, the pandemic played a devastating role in the physical, mental, and emotional health of clients, staff, and volunteers. On top of the looming fear of becoming ill and potentially dying, valuable programs and services moved online or were cancelled, children were forced to go online for schooling, many lost their jobs, and Ottawa was put into lockdown multiple times. At the Community Houses, it was apparent the toll the pandemic was playing in the lives of large families, seniors, and single individuals. It led to an increased need for programming and services at the community level. Many clients looked to the Community Houses for meaningful

support, which in turn, led to signs of caregiver/compassion fatigue for staff. Furthermore, volunteers who historically supported services at the Community Houses were themselves vulnerable and unable to continue. This put a greater burden on staff to fill in all the gaps. The existing staff team was impacted by the pandemic and some staff were unable to continue to work for a range of health and family reasons. Additional staff were redeployed and recruited to fill front-line staff positions at the foodbanks including using pandemic related resources to hire temporary program staff. This impacted capacity to collect data, run workshops, and host virtual events.

This report is formatted based on the logic model. It is sectioned under the following headers: **inputs**, **activities**, **outputs**, and **outcomes**. The final section discusses learnings from the pilot project and future planning.

INPUTS

Inputs are resources available to support the program. In this pilot project, this includes training, partnerships, other resources and services, and additional funding.

TRAINING

All PQCHC staff are required to do training upon being hired and on a yearly basis. These trainings include Accessibility for Ontarians with Disabilities Act (AODA) training, Breast Feeding Initiative - Level 101, Non-Violence Crisis Intervention (NVCI), Workplace Hazardous Materials Information System (WHMIS) training, Privacy training, and Setting the Context for Indigenous Cultural Safety: Facing Racism in Health.

In the beginning of the pilot project, there was discussion around trainings that could be given to staff to help them in their work. Initially the hope was to provide training on evaluation to support staff in accurate data collection. Unfortunately, due to time constraints and high turnover, this never came to fruition. Nonetheless, staff were given an opportunity to receive some additional training on proper health and safety procedures regarding the pandemic and techniques for working with low-income clients. The trainings available were Preventing Disease Transmission (Red Cross), Infection control practices (with a PQCHC Registered Nurse), Being COVID-Wise (Ottawa Public Health through the Ottawa Food Bank), Bridges out of Poverty (Aha Process through PQCHC) and Introduction to Motivational Interviewing (PQCHC). In addition, at All-staff meetings, Community House staff were kept up to date on Ottawa Public Health guidelines and expectations and provided additional resources.

PARTNERSHIPS

During the pilot project PQCHC worked closely with existing partners and formed new ones. Partners played an essential role within the Community Houses. They provided

PPE, food (perishable and non-perishable), hygiene products, information, staff, and funding. In total, PQCHC and the Community Houses worked with 43 partners; they are listed below:

- Ottawa Food Bank
- Ottawa Network for Education
- Krackers Katering
- Ottawa Community Housing
- The Ottawa Mission Food Truck
- Woodvale Pentecostal Church
- City of Ottawa
- Cobs Bakery
- Algonquin College Culinary Arts Program
- South Nepean Satellite
- MET Church
- West End Chaplaincy
- Dymon Storage
- Human Needs Task Force
- The Great Canadian Soap Company
- Lush
- Food for Thoughts
- Ottawa Coalition of Community Houses
- Ottawa Public Health
- Integrated Neighbourhood Services Team
- PeriodPacks.org
- IKEA
- Red Cross
- West End Interfaith Action Group
- Boys and Girls Club
- Catholic Women’s League, St. John the Apostle
- St. Stephan’s Anglican
- Bethany Baptist
- Roman Catholic Episcopal Corps of Ottawa, St. John the Apostle Parish
- Fire Station 21
- St. John the Apostle
- St. Paul’s Church
- Pinecrest Public School
- Ottawa Nepean Canadian Sport Club
- Kanata United Church
- Ottawa Muslim Women’s Organization
- United Way
- Ontario State Council, Knights of Columbus
- Knights of Columbus, St. John the Apostle
- St. Basil Church
- Knox United
- Youth Services Bureau
- The Ottawa Library

Thanks to the contributions of partners, the following items were given to families, children, and youth in Community Housing neighbourhoods during this pilot project (March 2020 to May 2021):

ITEM	QUANTITY
PPE (masks, face shields and hand sanitizer)	6,692
Resource Sheets from PQCHC Health Promotion (Foster Farm)	368
Outreach material- clinics, tools for school, etc.	851
COVID-19 Information hangers (Foster Farm + Morrison Gardens)	605
Ikea bags	266
Breakfast boxes	3,993
Pre-made meals (excluding Winthrop and Michele Heights)	3,346
School bags	61
Furniture (Morrison Gardens)	3
Hygiene products (soap, shampoo, sanitary pads, etc.)	1,100
Cleaning products (Pinecrest Terrace)	54
Direct financial support for residents (Gift Cards) (apart from Food Bank issued ones)	1,581
Baby supplies (diapers, wipes, formula, and baby food)	835
Clothing	153
Community food truck meals (Morrison Gardens)	755
Community fridge food (Morrison Gardens)	268
Newsletters (Pinecrest Terrace & Morrison Gardens)	8,889
Youth kits (Morrison Gardens)	6
Kids pack (Morrison Gardens)	58
Science kits	697
Make-it Club kits	1,028
Easter treats bags/baskets (Foster Farm + Morrison Gardens)	68
Youth care kits (Foster Farm)	33
Summer fun kits (Foster Farm)	200
Youth cheer bags (Foster Farm)	30
Ice pop kits (Foster Farm)	67
Craft & activity sheets	80
Haunted Halloween wagon (Foster Farm)	167
Snack Packs (Foster Farm)	40
Ramadan bags/Eid Baskets	166
Care packages (Foster Farm) + Welcome basket (Pinecrest-Terrace)	41

The quantities are likely higher, but data collection was difficult in the beginning of the pandemic due to various reasons that will be mentioned in the retrospective analysis.

GLOBAL MARKETPLACE GRANT

During this pilot project, the Ottawa Food Bank created the Global Marketplace Grant that gave food banks additional funding to purchase cultural food for clients. The PQCHC Food Banks chose to support Halal clientele as there are approximately 892 Halal-identified households in the neighbourhoods. Arguably, the food security pilot project allowed PQCHC to apply for this grant. The pilot project leads developed an evaluation plan and timelines, formed partnerships with two butchers, a bakery, and their local Metro, made most purchases, created tracking tools and an evaluation survey, and wrote the final report. In addition, they were able to reach more Cultural clients, supporting them in ways they were unable to before. This was captured in the small survey created for the final report.

To gain greater insight into how the Grant benefitted clients and what they would like to see in the future, a small survey was disseminated with three simple questions.

- 1. Do you feel like you had more choices during the Global Marketplace Grant?*
- 2. What other cultural food would you like to see in your order?*
- 3. Is there anything that you would like to share?*

18 clients completed the survey. Based on the results, 78% felt they had greater choices during the grant and overall were grateful. They also highlighted that they would like to see the following additional items in their hampers: more fresh fruits and veggies, more Halal meat, yogurt, cheese, and hummus.

ACTIVITIES

Activities are defined as what the program does with its available resources (inputs) (The University of Kansas, 2021). For this pilot project, activities included a retrospective analysis (procedures and lessons learned), tracking documents, informal chats (wellness checks), and virtual events.

In this section, the Needs Assessments lead by Health Promotion have been included. While they were not included in the logic model for this project, the Community Houses played a role in collecting the data.

RETROSPECTIVE ANALYSIS

On Wednesday March 11th, 2020, the World Health Organization declared the Novel Coronavirus (COVID-19) outbreak a global pandemic. In response to this declaration, the Canadian government put Canada into lockdown on Monday March 16th. The Friday before lockdown, on March 13th, the PQ foodbank staff team met to discuss how to run the food banks moving forward. It was clear that significant changes were needed to the Community House service model, including closing the Houses to residents and moving programs online where possible, pausing in person services delivered by high-risk volunteers, and implementing new guidelines for contact and infection control measures. It was decided that an appointment-based system over the phone would be the best method for services. While clients would come to the door of the Community Houses in the beginning, eventually they would understand the process. It was also agreed that guidelines and procedures would need to change and adapt based on the pandemic, weather, and needs of clients.

Since the very beginning of the pandemic, food banks have been serving clients. Staff have taken the opportunity to record their guidelines and procedures, highlight their successes and challenges, and share information with one another. Below are the identified successes and challenges. They have been organized based on the model vs. influence of the pandemic. As this is a model that the Community Houses will continue

to use post-pandemic, it is important to identify which issues were directly related to operations and which were a result of COVID-19.

Successes

Staff-run appointment based model:

1. Majority of residents are happy with the changes
2. The model allows for one-on-one time with residents to do wellness-checks and provide greater support and referrals
3. Qualified staff are better able to support clients through referrals, crisis management, and empathetic listening
4. Collaborative approach for food orders empowers clients and encourages them to reach out
5. Less disputes between clients through reduced contact
6. Greater opportunity to provide clients speciality items (condiments, baking supplies, etc.)
7. Ability to spread out deliveries.
8. Some benefits for clients with limited mobility (no need to go inside the building)
9. No special privileges for community volunteers
10. Opportunity to re-use some of the cardboard boxes
11. Reaching out to more clients
12. Enough time for residents to get their groceries before next person arrives
13. More efficient food pick-ups
14. Distribution of food is fair based on family size
15. Straight forward process that can be easy to teach new staff
16. Staff at some Community Houses feel more useful as they are addressing a basic need
17. Connection to a Health Care Centre with a Primary Care Team has ensured staff are well trained on safe infection control practices and have access to medical grade PPE

Pandemic influence:

1. Contact with clients is minimal, so it is easier to maintain social distancing
2. Increased fresh fruits and vegetables have supported healthier diets of clients

3. Access to gift cards has allowed clients to purchase needed supplementary supplies
4. Additional COVID-19 funding has allowed staff to purchase missing and needed items in food hampers
5. The Global Marketplace Grant has allowed Community Houses to greater meet the needs of Halal clients (purchasing of culturally appropriate foods)
6. Additional hygiene products and PPE have been well-received

Challenges

Staff-run appointment-based model:

1. Increased volume of calls
2. Phone quality - static and dropped calls
3. Inability to prove information (not seeing ID)
4. Mondays are labour intensive for staff
5. Staff have been physically injured unloading skids and lifting heavy boxes
6. Difficult to reach clients who do not have phones
7. Limited capacity for community development/engagement
8. Carrying all the items can be challenging for clients (especially with 7 days' worth)
9. Difficult for individuals with mobility issues to carry groceries home
10. Less environmentally friendly (using more plastic bags)
11. Clients leaving items and boxes behind (more work for staff to clean-up)
12. Clients missing their appointments or showing up too early or late
13. Staff can forget some items in the process and are not always consistent in adding extras
14. There were complaints in the beginning (people don't like change)
15. Inconsistency between the food banks when it comes to making orders
16. Restrictions on delivery services to clients who cannot leave their homes (mobility, health, children, etc.)
17. Perpetually short staffed, especially on Mondays

Pandemic influence:

1. Can be difficult to keep clients up to date on changes due to the pandemic
2. No longer open during evenings because of PQCHC set hours
3. Can be difficult to maintain social distancing between staff

4. Increased use by clients due to COVID-19 has impacted staff capacity and significantly increased the workload resulting in fatigue of program staff team
5. Increased demand due to COVID-19 has also made it difficult to fit everyone in a time slot every month. Restricted to 3 days a week with set daytime hours
6. While the Global Marketplace Grant has been greatly appreciated, shopping for food has been time consuming. Staff are traveling to grocery stores to reduce the cost of delivery
7. Time required to develop safe procedures for allowing clients to enter the Community Houses to pick up their food bank orders during the winter

Additional Challenges

In addition, there are some challenges that are not related to the new model or the pandemic. They include:

- *Inconsistent food truck deliveries*
- *Snow removal - challenging for clients and food truck*
- *Space within Community Houses - especially when normal programming resumes*

TRACKING TOOLS

Staff created different evaluation tools to help gather information. This included sheets at the front door to collect observations and statistics, surveys, and case studies. Community House Coordinators and Community Workers inputted data into Link2Feed, the Ottawa Neighbourhood Social Capital Forum (ONSCF) Portal, and various Excel spreadsheets. The ONSCF Portal was created and is monitored by the Social Planning Council of Ottawa (SPCO). The ONSCF Portal allows Community Houses to track clients who are accessing programs and services. Included in the database is a map to provide a visual of which homes have a connection with the Community House. The database can provide an individual count and total encounters (how many times clients visited/accessed the Community House).

Not all the food banks were accurately capturing referrals in the beginning of the pandemic. It was not until the summer, with the creation of the logic model, that data collection was better defined. In addition, due to staff turnover, some Community Houses were better at capturing data than others throughout this pilot project.

Nonetheless, Community Houses were able to capture most of the work that is performed daily.

NEEDS ASSESSMENTS

In the beginning of the pandemic, PQCHC, led by the Health Promotion team, performed a needs assessment in March and April of 2020. Approximately 1,054 clients in the PQCHC catchment shared their needs/concerns. The top three needs identified were food security, computer access, and internet access.

The Community Houses helped collect this information through phone wellness checks. Community House Coordinators were able to connect residents facing crises to one-time COVID-19 financial supports to allow them to purchase food, hygiene, phone cards and devices to allow them to meet basic needs and/or participate in services that had moved online. During this period 288 clients called the three food banks and approximately 1,161 individuals benefited from these supports.

A second needs assessment was performed by the Health Promotion team from July to November 2020. 305 participants within the catchment completed surveys (Collins, November 2020, pg. 15). The survey consisted of 15 questions and was translated into 4 languages- English, Somali, French, and Arabic. The Community Houses played a significant role in getting clients to complete surveys.

The top challenges identified by respondents were increased stress due to COVID-19 (n=198), loneliness and isolation (n=172), ability to afford and access food (n=131), paying bills (n=94) linked to a loss or reduction in employment (n=91) (ibid, pg. 17).

Based on results, the food banks (n=144) and support from Community House staff (n=116) were identified as the most helpful services by respondents (ibid, pg. 16).

INFORMAL CHATS AND WELLNESS CHECKS

As the Community House Coordinators and staff have relationships with many clients, they took the time during food bank to talk with clients. These conversations served many purposes:

- Developing a trusting relationship
- Providing an empathetic ear

- Wellness checks
- Meaningful feedback
- Crisis intervention
- Determining needed resources

Often these “informal chats” were labeled as wellness checks by the Community Houses. The first set of mass wellness checks occurred in April with the OFB gift card distribution. There were 288 wellness checks performed, April 6 - 19, 2020. Below is a chart of how many wellness checks were recorded during the pilot project. It is important to note that not all chats were recorded. The number is likely much higher.

Community House	March – Dec 2020	Jan – May 2021
Foster Farm Family House	1,512	140
Morrison Gardens Community House	215	82
Pinecrest Terrace Community House	141	151
Total	1,817	373

Wellness checks were more widely recorded in the beginning of the pandemic to align with the need assessments. As the pandemic was new, scary, and stressful, more clients were reaching out to understand what was going on, what resources were available, and how they could access the food bank. This is not to say clients didn’t continue to seek support later in the pandemic, but in the beginning, it was more important to capture these interactions.

VIRTUAL EVENTS

During this pilot, the Community Houses held virtual events with adults, families, and children. The goal of these virtual events was to engage the community through fun activities, create opportunities for social inclusion, and reduce social isolation. Normally throughout the year, the Community Houses host events to bring people together, celebrate successes, share information, and address needs. These events are excellent opportunities to build trust, find community leaders, and make referrals. As COVID-19 made it impossible to get together in person, the Community Houses hosted zoom events instead.

The events included: West End Bingo Bonanza, Virtual Bingo, Virtual Kids Bingo, Virtual Cooking Class, Game on Club, Cooking for the Cause, Virtual Painting Party, Ottawa Community Housing (OCH) Information Night, Community Coffee Chat, Kids Paint Nite, Candle Workshop, and two Pizza Nights.

Total encounters for these events were 742. Based off the biggest event, approximately 262 (Pizza night) unique individuals attended. While many of these virtual events were attended by the same participants, there were new clients. Overall, participants enjoyed these events, especially bingo as the prizes included gift cards.

OUTPUTS

An output is what we count. It is a “volume of a program’s actions, such as products created or delivered, number of people served, and activities and services carried out” (Stanford PACS, 2015). In this project, outputs were the number of clients served and number of referrals made.

LINK2FEED DATA

From March 16, 2020, to May 31, 2021, the food banks supported 2638 individuals and 744 households. Surprisingly, this is less than the numbers of individuals and households that were served in the previous three-time periods (based off the hunger report). It is important to note that there is overlap for each of these years (three months) due to the timeframe of the pilot project.

While less people were served in 2020 to 2021, the frequency of food bank use was much higher. For example, comparing 2018-2019 (that had the highest number of individuals), 2,900 individuals visited the food bank 17,746 times. In 2020-2021, 2,638 individuals visited 19,402 times. That means on average, clients visited the food bank six times in 2018-2019 and seven times in 2020-2021. It can be argued that food insecurity was greater for individuals during the pandemic as many were compelled to visit the food bank more often for hampers.

	Mar 16, 2017 - May 31, 2018	Mar 16, 2018 - May 31, 2019	Mar 16, 2019 - May 31, 2020	Mar 16, 2020 - May 31, 2021
Unique Individuals	2,748 (1,073 new)	2,900 (1,081 new)	2,786 (818 new)	2,638 (838 new)
Unique Households	854	878	838	744
Total Encounters	16,627	17,746	18,293	19,402

REFERRALS

As part of the logic model, each Community House captured referrals that were made during food bank hours. The importance of recording referrals was to show how PQCHC staff provide more than food. Referrals were made to PQCHC programs and services as well as other organizations, funds, and services.

	Foster Farm Family House	Morrison Gardens Community House	Pinecrest-Terrace Community House	Total
System Navigation	13	31	25	69
Employment	10	78	17	105
Child/Youth Referrals	12	22	14	48
Mental Health	1	42	2	45
Housing	--	20	25	45
Community Building	--	19	21	40
Printing/Fax/Phone	20	25	102	147
OCH Services	--	5	21	26
Tax Clinic	90	104	75	269
Senior Food Security Initiative	81	--	--	81
Toy Mountain	99	25	30	154
Christmas Exchange	99	304	--	403
Caring & Sharing	114	26	207	347
Tools for School	110	3	--	113
Camp registration	13	--	--	13
Vaccine outreach and testing	108	--	76	184
Other referrals: police, insurance, Service Ontario, snowsuit fund,	14	4	15	33

OCISO, volunteering, MP, etc.				
Total Referrals	784	708	630	2,122

The variation in referrals is largely due to needs of clients within each neighbourhood. For example, at Morrison gardens there were more clients in need of direct mental health supports. This is further highlighted in the case studies that Morrison Gardens provided. In addition, as Morrison Gardens serves many clients outside of the PQ catchment, a special relationship was made with Pinecrest-Queensway Community health Centre’s South Nepean satellite and Nepean Rideau Osgoode Community Resource Centre (NROCRC).

The greatest number of referrals from all three Community Houses went towards Christmas Exchange, Toy Mountain, Caring & Sharing, Tools for Schools, and the Tax Clinic. The first four services provide Christmas toys, Christmas hampers, Christmas vouchers (Toy Mountain and Christmas Exchange) and school supplies (Caring & Sharing and Tools for School). The Tax clinic is a free PQCHC service for clients to have a volunteer file their taxes. These services were identified by clients as being most important (within surveys) because they are linked directly to finances. Many parents struggle to buy gifts and school supplies for their children and to receive their benefits they must complete their taxes each year. The above-mentioned services are widely available to clients in the PQCHC catchment annually.

OUTCOMES

An outcome is what we wish to achieve. It is “meaningful change for those served by a program generally defined in terms of expected changes in knowledge, skills, attitudes, behavior, condition, or status” (Standford PACS, 2015). In the logic model the focus was mainly on knowledge. Short-term outcomes included clients becoming more aware of available services and resources, how to use them, and increased staff awareness of gaps, needs, and strengths in the communities they serve. Arguably, based on the case studies, clients experienced change not in knowledge but behavior and condition.

MINI-LONGITUDINAL STUDY **SURVEY RESULTS**

To determine how the Community Houses were supporting clients over time, a survey was developed that a client would fill in twice during the year. The initial period was November to early January and the second period was mid-March to April. Clients were asked the following questions.

1. Name
2. Date
3. Community House they use
4. How many times they accessed the food bank in the last 3 months
5. If they had enough food to make it through each month
6. If the food bank/Community House connected them to resources and services
7. A list of the PQCHC services and programs as well as other services they are aware of
8. How they rated the services they accessed
9. Any challenges they faced accessing resources and services
10. If accessing the food bank/Community House played a role in their health and well-being
11. If accessing the food bank/Community House made them feel more connected during the pandemic
12. Other resources and support they need or barriers to accessing these supports and resources

For the initial survey in the Fall/Winter, 95 clients responded - Foster Farm (30), Morrison Gardens (34), and Pinecrest Terrace (31).

In late March and April (Spring 2021), 65 clients responded from Foster Farm (21), Morrison Gardens (22), and Pinecrest Terrace (22). The number was lower (68%) due to a variety of reasons including disinterest, unavailability, turnover, and phone service. Nonetheless, a comparison for some clients was made to determine if their needs changed over time. Foster Farm completed 30 surveys in total in the spring, but new clients were excluded from this study.

Accessing the food bank and food for each month

In the Fall/ early Winter, 41% of clients accessed the food bank 3-4 times, 27% 1-2 times, 19% 5-6 times, 11% 7 + times, and 2% did not access the food bank during this time. Most clients had enough food to make it through each month at 59%, 40 % did not, and 1% was not applicable.

In the spring, 48% accessed the food bank 3-4 times, 26% 1-2 times, 15% 5-6 times, 6% 7+ times, and 5% did not access the food bank during this time. 62% of clients had enough food each month while 38% did not.

For the clients that completed the survey in the Fall (2020) and Spring (2021), 38% remained the same. They visited the food bank the same number of times and there was no change in whether they had enough food each month. 23% of clients increased their use of the food bank (more visits) while 18% decreased their use of the food bank. 13% of clients experienced an increased need of food monthly while 18% had a decreased need for food monthly. 5% of clients experienced an increased use and need of food, 3% experienced a decreased use and need of food, and 1% decreased their use of the food bank but had an increased need for food.

There may be a variety of reasons why clients visited the food bank more often in the spring. From January 12 to February 11, 2021, Ontario went into its second lockdown. Following this, due to the numbers, the City of Ottawa went into the red zone and grey zone. These restrictions and the fear of contracting a variant of the virus may have brought more people to their local food banks. In addition, the unemployment rate rose in late January 2021 to 10.2% (YCharts, March 2021). More clients may have lost their

jobs during this time. The cost of food also plays a significant role. In December 2020, Canada's Food Price Report for 2021 predicted that due largely to the pandemic, bread, meat, and vegetables will rise by 3-5% (The Canadian Press, December 8, 2020). This may result in an average family paying \$695 more for food next year (ibid).

Referrals, knowledge of services, and usefulness

In the Fall/early Winter, 82% of clients said they were referred to services, 10% said they weren't, and 8% were not applicable. Of the services listed, the majority were aware of Additional Resources (n=78), Community House Events (n=55), Breakfast Boxes (n=55), and Printing/Coping/Faxing (n=35).

The top four services and resources that were accessed by clients were considered very helpful at 86% (additional resources), 64.3% (CH events), 69% (breakfast boxes) and 46.6% (printing/copying/faxing). Additional resources were Toy Mountain, Christmas Exchange, Sharing and Caring, and Tools for School.

In the Spring, 68% of clients said they were referred to services, 26% said they weren't, and 6% were not applicable. Again, most participants were aware of Community House Events (n=52), Additional Resources (n=38), Breakfast Boxes (n=35), and Printing/copying/faxing (n=34). These were the top four services/resources considered very helpful at 56.7%, 53.1%, 56%, and 45.8% respectively.

Based on the responses from clients in the Fall and Spring, 67% were referred to services during both time periods, 20% were not (including N/A), 10% were only referred to services in the Fall, and 3% were only referred to services in the Spring. The type of referrals remained largely the same in both time periods. This reveals that many clients continued to need support beyond food. Slightly more referrals were made in the Fall/early Winter likely due to Christmas and the Holiday season.

It is difficult to determine if access to these resources made a difference regarding reducing food insecurity and/or poverty. For those who accessed employment services for example, the Community Houses are rarely made aware of whether the individual was hired. Often these services are tracked independently. However, PQCHC is currently exploring options for better information sharing among its programs and services. Being able to track successful referrals from Community Houses would be meaningful as it

would identify beneficial programming and additional resources to support a client's goals.

FEEDBACK

Challenges/barriers, health and well-being, connections, and additional support

Challenges/barriers:

In the Fall/early Winter, the top challenges and barriers clients faced included:

- Transportation
- Lack of social services
- Technology
- Restricted access to being physically in the Community House due to COVID-19 restrictions
- Food bank schedule
- Wait time for other services
- Staff are not always at the Community House (staff needed to work from home when possible)

In the Spring, these were the top challenges:

- Hours of operations at the Community House
- Too many services closed
- Transportation
- Mental and physical health barriers

Accessing services and service availability continued to be the biggest challenges during both time periods. This is directly linked to pandemic protocol.

Health and well-being:

In the Fall/early Winter and Spring, clients had only positive things to say about the role of the Community House in their health and well-being. Below are some quotes (verbatim).

“It has kept our heads above water.” (Fall 2020)

“Personal connection to people that care.” (Fall 2020)

“Is very helpful to count on the Community House when [you] are in need. Well appreciated all the work they do for our community.” (April 2021)

“Sense of community engagement and connectedness. Food security. Heal and assistance when in need. Support system.” (April 2021)

Connection during the pandemic:

Overall, the Community Houses have helped participants feel connected to others, the community, and to the city (through information sharing). This is reflected in both sets of surveys. Below are some comments (verbatim).

“Yes. I feel that it helps keep me connected to the community. Staff at the Community House are there to support me and listen to me.” (Fall 2020)

“Yes, and it has made things easier in the pandemic.” (Fall 2020)

“The Community House has gone far to try and keep things running and trying to involve the neighbourhood as well as the surrounding neighbourhoods.” (Spring 2021)

“They give us sheets to tell us about Ottawa rules and they always give us masks.” (Spring 2021)

Other needed resources and support:

In the fall, these were the top needed resources and support:

- Employment
- In-person services
- Financial assistance (direct and indirect)
- Access to medical services (family doctor and dentist)
- Housekeeping and access to cleaning supplies
- Security in the neighbourhood

In the Spring, the top needed resources and support were:

- More events (Bingo)
- Financial support
- Pet services (vet)
- Food delivery due to mobility

- More referrals/information- government grants, furniture bike repairs, etc.
- Bring back breakfast boxes
- Baby supplies (soap and shampoo)

The biggest need is financial aid. Many have lost their jobs, and benefits (ODSP, OW, CERB) barely help with the cost of living. Gift cards and access to government grants directly feed into this need. Furthermore, the cost of services was highlighted by many of the participants. They are unaffordable so clients are looking for subsidized services/resources.

CASE STUDIES

Each Community House agreed to follow three clients/families to see how they were supported during this pilot project. For each case, the following information was recorded: frequency of food bank use, referrals, and emotional support. Below are the nine case studies.

Foster Farm Family House

First case study is a single male with health concerns, limited hearing, and limited mobility. He visited the food bank from March 2020 to March 2021, 24 times (approximately 2-3 times a month). This client has always had high needs and has been accessing the Community House for years. Over this period, staff provided emotional support, made referrals to System Navigation, provided gift cards, pre-made meals, and emergency food hampers. In October, the client moved out of the community, but continued to travel to Foster Farm food bank because of familiarity and appreciation of staff. He has told staff multiple times how he appreciates their help and support throughout this pandemic.

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The second case study is a household of four with two parents, a child, and a roommate. They visited the food bank 15 times from March 2020 to March 2021. They have been accessing the food bank since 2017 on a regular basis. The household accessed a Christmas hamper through the Christmas Exchange, toys through Toy Mountain,

breakfast boxes, PPE, pre-made meals, and summer fun kits. In addition, the spouse received support from the Community House to print-off plane tickets to head out West for work over the summer. He returned in November to his family but has since gone back out West to continue working.

The last case study is a single mother with three children. She moved to the Community in October and needed extra help in the beginning. She accessed the food bank 5 times from October 2020 to March 2021. In addition to providing extra food and baby supplies, she was given clothing from the clothing cupboard, provided emotional support over the phone and in person, and was referred to System Navigation, Ottawa West Community Chaplaincy, and the free Income Tax Clinic (PQCHC). In a feedback survey that she completed she commented on how the staff at the Community House made her feel deserving of the help she was getting.

Morrison Gardens Community House

The first case study is a mother and her son. She visited the Community House once a month and accessed the food bank 9 times during this pilot. In the summer (2020) she told staff that she was going to be evicted in December. The Community House reached out to housing help and System Navigation. In the fall, her relationship with her son began to breakdown. Her son has mental health concerns and was not taking his medication. In October and November, she stopped coming to the Community House. Staff reached out to her. They found out that she moved to another neighborhood. They referred her to another food bank, mental health support, and a community health center. She told staff that she really appreciated all the programs the Community House offered.

The second case study is a high need client and her family. The client comes to visit the Community House weekly and visited the food bank 45 times during the pilot. In September she came to staff in crisis. Her middle son was seriously trying to harm his younger brother. The Community House worker called 911 and helped diffuse the situation. A follow-up referral was made to the Royal Ottawa Hospital. The next couple of months she sought help from staff at the Community House because of her son's deteriorating mental health. Staff provided extra hygiene products, printing, faxing, and photocopying services, PPE, and support connecting with Ottawa Community Housing

(OCH) security. In March, the client began a new job that she finds rewarding. One of her sons also began picking up food orders for the family once a week.

The last case study is a woman and her adult sons. The client comes to the Community House weekly to debrief about stresses in her life and accessed the food bank 17 times. The client has received emotional support and been referred to the income tax clinic, employment, System Navigation, given forms for housing (eldest son), and extra food. In December the client came to the Community House in crisis. She was overwhelmed about housing issues (maintenance and hoarding) and was worried about being evicted. Staff supported the client by connecting her with Ottawa Community Housing (OCH) and helping the client make a doctor's appointment. In March, the Community House Coordinator spoke with OCH about the client's situation at home (hoarding) and they hired a hoarding service to clean out the house and provide a counsellor to support the client. The process is still on hold.

Pincrest Terrace Community House

The first case study is a female client who moved into the neighbourhood a few months before the pandemic. She is terminally ill and living with several health challenges, struggles with mental health, has limited mobility, and is in constant pain. While she has a social service worker and medical resources, she is isolated, unable to work, and only leaves the house for medical appointments. She is also rarely visited by family. On average, she accessed the food bank twice a month from March 2020 to February 2021. Staff have supported her immensely through the pandemic through empathetic listening, referrals, printing documents, and providing gift cards. She is very happy with the relationship she has formed with the Community House and the way the food bank has been operating during the pandemic.

The family is grateful for the Community House and could not be happier with the support they received during the pandemic.

The second case study is a teenager who lives with her mother and grandmother. When the pandemic hit, her mother was in Columbia attending a funeral. With the borders

closed, she was forced to “shelter in place” for several month before she could return to Canada. The mother’s extension abroad took a financial and emotional toll on the family. The teenager became responsible for the household (paying bills, buying food, etc.) with limited support from her grandmother who only spoke Spanish, had health problems, and suffered from limited mobility. Staff at the Community House regularly contacted the family, giving them a cellphone, providing grocery cards, signing them up for food bank, providing breakfast boxes, gift cards, PPE, and emergency hampers. Before the mother returned, the family accessed the food bank every month. As the Coordinator of the House speaks Spanish, she was able to provide interpretation for the family when their car was stolen and they needed to deal with the police, insurance company, car rental company, the bank, and Ottawa Community Housing security. The family is grateful for the Community House and could not be happier with the support they received during the pandemic.

The last case study is a mother and her family. They are recent immigrants from Syria and moved into the neighbourhood 3 years ago. They are a family of 10 with 8 children under the age of 12. Neither of the parents speak English or French, so their eldest child is their interpreter. The mother has given birth twice since moving to Canada and has experienced post-partum depression with both (last most recently in the fall of 2020). The family comes to the food bank at least twice a month and often requests extra baby supplies (diapers, food, etc.). Whenever they call, the staff at the Community House do a wellness check. The family was given gift cards, extra baby supplies, PPE, and referrals were made to System Navigation, Caring and Sharing, Toy Mountain, the Snowsuit Fund, etc. In the fall, the whole family contracted COVID-19. Luckily it was a mild case, and all recovered. During this time, food and baby supplies were delivered to their doorstep. As a big family that struggles economically, they were very grateful for all the support they received through the pandemic.

LEARNINGS FROM THE PILOT PROJECT

This pilot project was timely. Food insecurity has always been a serious issue for PQCHC clientele and was further exacerbated by the Pandemic. Having staff take over the running of the food banks and providing deeper and more meaningful support to clients, made a world of difference for those in need. Community House staff were able to help more people in crisis, gain greater understanding of their communities, and be an ever-present support for those who felt isolated, scared, and stressed. For the two Community House Coordinators who took over their food banks, it was an incredible opportunity to reach more clients and form more trusting relationships. It is clear from the case studies how the Community House staff were able to go above and beyond, providing not only food, but emotional support, crisis intervention, and meaningful referrals.

THE TOLL ON STAFF

However, despite the many positives that have come out of this project, running the food banks has taken a toll on staff, especially with the ever-present stress of the pandemic. While a key number of staff have stayed with the Community Houses from the very beginning, turnover has been very high. In addition, staff have suffered physically, emotionally, and mentally. Physically staff have been injured due to repetitive heavy-lifting. This has included injured backs and wrists. Emotionally, the increased need of clients has led to compassion/caregiver fatigue, which staff have discussed and worked through together. The pandemic has also taken an emotional toll on Community House staff as they are on the frontline and at higher risk of contracting COVID-19. Mentally, staff have discussed with each other how the pandemic has played a role in their productivity. At times it can be difficult to concentrate, and it is especially difficult for staff with babies, toddlers, and school-aged children. On top of this, a PQCHC staff run food bank is costly. Wages outweigh the value of food hampers provided to clients.

Ultimately, it needs to be asked, do food banks belong in Community Houses? Based on this project, yes. The pandemic highlighted the need for place-based services, especially access to food. Fear of transmission (especially for those with compromised immune systems), reduced availability of transportation, loss of wages, and increased costs of living made Community Houses the main support system for many clients. Having a food bank within their community has helped many through the pandemic. That said, there must be a hybrid volunteer and staff-led process in place that maintains health and safety and best uses space within Community Houses when regular programming resumes.

INVOLVE MORE VOLUNTEERS AND NEW STAFF ROLES

Currently, PQCHC staff are planning to embark on a project to build a new volunteer-led model. This model includes training, mentorship, and a new database to track hours. In addition, in consultation with OFB, PQCHC has applied for funding through the city of Ottawa to support food security, and leverage connections and partnerships with food security work ongoing across the city. The proposal includes the creation of a full-time Coordinator and two part-time Community Workers who would oversee the food banks with support from the Community House staff and volunteers. In the interim, a current position has been modified to give time to support the creation of a volunteer-led model and additional program assistants have temporarily been hired to support food bank operations. Both opportunities are the result of time limited funding that will not be sustainable past the end of March 2022.

The hope moving forward is to create multiple volunteer positions based on skill sets. Some volunteers will be needed for all the manual labour, including unloading skids, stacking and organizing perishable and non-perishable foods, and preparing hampers. Some volunteers may play ambassador roles (potentially community volunteers), welcoming clients and sharing valuable information. They would receive additional training on available PQCHC programs and services. Other volunteers may take calls from clients to place their orders for the day. They will be given a list of clients with their phone numbers and addresses. We are still giving consideration, if access to Link2feed is something we would feel is necessary for volunteers. Given the database contains sensitive personal information, making sure we are responsible custodians of that information is of utmost importance. In the end, it may be best to have a PQCHC staff

responsible for the administrative tasks of running the food bank including taking calls for registration and inputting data into Link2feed. This staff member would also have training around cultural sensitivity, informal counselling, and knowledge of available services and resources. This position is of course, dependent on availability of funding.

THE IMPORTANT ROLE OF EMPATHY AND FAMILIARITY

One important thing that came out of this pilot is the value of having someone in the food bank who is empathetic, supportive, and has experience working with individuals in a community setting. CH staff spent an enormous amount of time building trust over the past year. Starting over with new staff would undo some of this great work, so it is important to have familiarity. However, other PQ staff from other programs and services may be asked to visit the food bank regularly to share information and support clients. In particular, the System Navigation team. System Navigators are like intake workers. They have access and greater knowledge of available programs and services throughout the city and can develop a plan of action with clients. They also have access to interpretation, so they can work with all clients.

WASTE NOT, WANT NOT

When it comes to use of space, PQCHC has been training staff in Lean. Lean is a model that focuses on creating more value for customers using less resources (Lean Enterprise Institute, 2021). It is about eliminating waste. Waste may include inventory (food items that no one wants), transportation, and individual skills (not using someone's assets). Lean provides several tools that can help agencies and organizations eliminate "waste" while being customer focused. 5S may prove beneficial when it comes to organizing the Community Houses to allow food bank and other programs to run simultaneously. 5S stands for sort, set, shine, standardize, and sustain. It is a workplace organization process that ensures that all useless items are removed, and everything is organized for maximum efficiency and effectiveness. As Community Houses have limited space, it is essential to re-organize and eliminate items that are no longer needed.

IN CONCLUSION

The goal of this pilot project was to determine how food banks within community houses under the direction of a community health center can leverage their resources to address the underlying causes of food insecurity for food bank clients. To that end, the pilot project successfully highlighted the importance of having food banks within high need communities (such as Ottawa Community Housing neighborhoods), the value of an appointment-based model, and the benefits of having food banks linked to a Community Health Centre.

Many great partnerships were formed, and staff were able to provide wrap around services to clients by building trust over time. Clients were referred to programs and services that addressed the root causes of food insecurity such as employment, housing, and mental health. Moving forward, PQCHC has started developing a new volunteer model that continues the success of this project. Staff will continue to play an integral role in the food banks but will be able to focus on client relations and administrative tasks as volunteers unload skids, build hampers, and welcome clients. In addition, PQCHC will seek funding opportunities to support training and staffing hours. Based off data from the previous recession, food bank use has potential to peak in two years, so planning now will be critical for 2023.

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