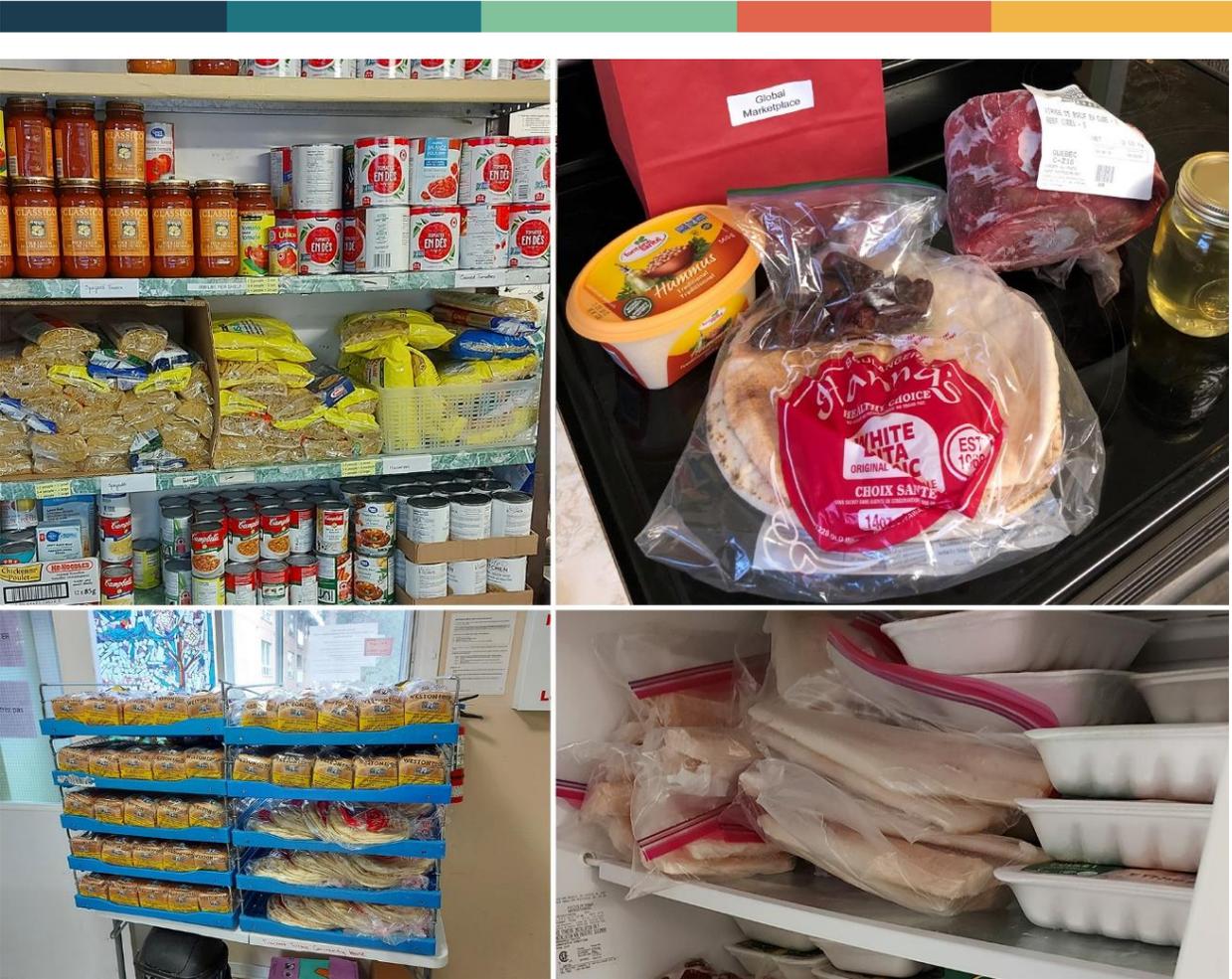


# FOOD SECURITY PILOT PROJECT: EXECUTIVE SUMMARY

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 (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	CFBs operating with best practices
Funds	Surveys	Create documents of retrospective analysis			Reach more people in community who need help
Facilities	Retrospective analysis	3 case studies per community house			
Equipment	Training staff and volunteers to collect data	# of staff/volunteers for each output			
Partnerships	Tracking referrals (if possible)	Track # of people trained to collect data			
Other Resources/services	Tracking services used by clients				
Gift cards					
Training (OFB and other)					

		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.

**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.

# 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.

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

<b>Service Ontario, snowsuit fund, OCISO, volunteering, MP, etc.</b>				
<b>Total Referrals</b>	<b>784</b>	<b>708</b>	<b>630</b>	<b>2,122</b>

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.

# 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 is one of the case studies. For all nine case studies and full outcomes, please read the full report.

## 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.

*He has told staff multiple times how he appreciates their help and support throughout this pandemic.*

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.

# 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):

<b>ITEM</b>	<b>QUANTITY</b>
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.

# 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 will likely peak in 2 years, so planning now will be critical for 2023.