

Original Research Article

Barriers of Local Organizations for Providing Free Food Support in the Priority Neighborhood, Toronto: What We Need Further

ABSTRACT

Introduction: The provincial and federal governments provided emergency funding to local community organizations for free food support to people affected by COVID-19. The study's goals were to explore the barriers of the people and the organizations while receiving and providing free food support and what further was needed to give the people food support in the priority neighborhood.

Methods: Nine representatives of the local community organizations and 15 volunteers participated in the community conversation or the extensive group discussion. They shared their experiences about barriers and what we further needed to provide food support for the priority neighborhood like Taylor Massey. Two note-takers obtained data from the community conversation. This is a qualitative study. It used a thematic approach to analyze the data and interpretation.

Results: Information lacking about free food, language barriers, the social stigma associated with free food support, and fear of COVID-19 were the barriers of community people to receiving food support. On the other hand, the community organizations lacked information about who needed real food support, lacked enough transportation support to distribute the food, enough empty spaces to store food, and enough numbers of committed and trained volunteers to help with the food distribution. Also, the community organizations had limited funding to meet people's food needs. The local community organizations needed an assessment to understand the available resources so that local organizations could use the resources for an effective food program. Furthermore, the organizations required coordination and extended food funding to affected families. In addition, the local organizations needed to work with community gardens, community kitchens, and food banks to support and meet the community's demands.

Conclusion: People and local organizations had information and communication, social, structural and systemic, and financial barriers while receiving and providing food in the priority neighborhood. The study indicated what were needed to make the food support program effective.

Keywords: Food Bank, Food Support, Cultural Food, Community Organizations

1. INTRODUCTION

China diagnosed the first case of COVID-19 in the world in December 2019 [1]. After one month, in January 2020, Canada also diagnosed the first patient with COVID-19 [2]. Within a short time, it spread from China to many countries. On March 11, 2020, the World Health

Organization declared COVID-19 a pandemic [3]. Over two years, from 2020-to 22, Canada confirmed more than 3.6 million cases and 38,000 deaths due to the COVID-19 disease [4].

COVID-19 impacted human life in different ways. The studies found enormous psychosocial negative consequences of COVID-19 worldwide [5, 6]. It also made deleterious impacts on employment and income. In Canada, at the beginning of the pandemic (between February and April 2020), about 15 percent of jobs decreased, and 32 percent of worked hours dropped among adults [7]. Furthermore, with the advancement of the pandemic, 500,000 people applied for unemployment insurance in 2020; however, it was only 27,000 applications in 2019 [8].

The main consequences of reducing income and losing jobs may influence household food security. Almost two-thirds of food-insecure households rely on employment income [9]. As COVID-19 impacted income, at the beginning of the pandemic, one in seven people experienced food insecurity in Canada [10]. COVID-19 also affected the food supply chain because the border between the USA and Canadian was closed, and it caused a shortage of food in the market [11,12]. Food shortage was aggravated when the government announced social distancing policies to prevent the spread of COVID-19. General people feared movement restrictions and disruptions to food distribution systems. Immediately, they were engaged in stockpiling behaviors, so the supermarkets' shelves became empty of vital food and non-food items [11,12].

Both federal and provincial governments immediately noticed the household food insecurity. On April 3, 2020, the federal government announced the Emergency Food Security Fund for \$100 million for food banks and other charitable food providers [13]. Furthermore, the federal government also announced \$350 million for community organizations for food support to vulnerable groups and \$50 million to support surplus food redistribution [13]. In addition, several provincial governments were committed to providing the local organizations/ charities with funding for food support [14, 15, 16].

Community organizations, food banks, local grassroots organizations, community associations, and faith-based organizations received funding from governments and other private sources. They provided free food support activities in the priority neighborhoods or areas. Most local grassroots organizations, associations, and faith-based organizations had no experience with food support activities in a crisis like a pandemic. We assumed people and organizations might have faced barriers while receiving and providing free food support activities in the priority neighborhoods. The organizations learned what they needed further to make the food program effective. There was no available information about the people and local organizations' barriers while receiving and providing food in the priority neighborhood during a crisis. On the availability of data or information, other community organizations could implement practical food support activities in priority neighborhoods.

This study had three main research questions such as a) what were the barriers of the people while receiving the free food from the organizations? b) what were the barriers of the organizations while providing the community with food support activities? And c) what would we need further for practical food support activities?. The funding agencies, policymakers, political and community leaders, and organizations could use this information for proper money allocation, distribution of food, outreach to vulnerable people, and the development of a practical food support program.

2. METHODS

2.1 STUDY DESIGN

During the pandemic, local community organizations, including grassroots, faith-based organizations, associations, food banks, etc., received funding from different sources, such as government, non-profit organizations, and private sources. The food support activities started in the Taylor Massey neighborhood at the beginning of the pandemic, 2020. This neighborhood is a priority neighborhood or neighborhood improvement area, and a priority neighborhood has inequities on several well-being indicators [17]. The Taylor Massey neighborhood is located within the inner suburbs of Toronto, comprised of Crescent Town and Oakridge neighborhoods. It is home to many immigrants, newcomers, and refugees, so it is rich in ethnic and cultural diversity [17]. The study was an exploratory qualitative approach followed by a purposive sampling method. It involved many participants in a community conversation (discussion). The participants had engaged in food support activities.

2.2 STUDY POPULATION

The local community organizations involved their staff, local leaders, community/social workers, and volunteers in food support activities. The research team identified 15 community organizations/associations and faith-based organizations from the local newspaper, fliers, etc., involved in food support activities. The research team invited the community organizations to participate in a community conversation to discuss their experiences with the barriers related to food support activities. The research team emailed to the organizations requesting them to participate in a community conversation where they would identify the obstacles and explore what else was needed further for the community free food program to successfully and effectively address food security issues. Nine organizational representatives and 15 community volunteers (leaders and workers) (Table 1) agreed to participate in a community conversation and were the key informants. It was purposive sampling.

Table 1: Study participants by organization and designation

Type of organizations	Designation
Non-profit, grassroots organizations	-Executive Directors -Social Workers -Volunteers
Mosque (faith organization)	-Religion Leaders -volunteers
Associations	-Secretary - Support Staff

2.3 STUDY SITES

Some organizations involved in the food support activities in the Taylor Massey neighborhood requested to arrange a community conversation or discussion to understand the current barriers at a glance that they confronted while providing community people with food support. The organizations felt that they would design an effective food support program from the information of the discussion. Bangladesh-Canadian Community Services (BCS) organized the community conversation accordingly. We had limited resources, so we could involve more organizations from the different neighborhoods in the community conversations or discussions to collect information.

2.4 PARTICIPANTS AND DATA COLLECTION

The research team visited the websites of different organizations, their fliers, and social media to learn about their food support activities in the Taylor Massey neighborhood. The research team listed the organizations accordingly. They drafted an invitation that briefly described the context and purpose of the group discussion and invited organizations to join an extensive group discussion/community conversation. Most organizations and community volunteers agreed to join the discussion and sent their consent through emails. The participation was entirely voluntary. The research team developed open-ended questions for the discussion on sharing their experience about community people's barriers and barriers of the local organizations in receiving and providing food support. The research team scheduled the group discussion/ community conversation in the evening because the participants informed us of their availability in the evening. Because of pandemics, lockdown, and a scarcity of ample space at the organization to maintain social distancing, we conducted the community conversation on online zoom apps [18].

A qualitative approach, such as community conversation, was made on July 21, 2021, to elicit relevant information from the participants. The research team developed open-ended questions about challenges and what else we needed for an effective food support program. The questions were the guidelines, so the facilitator did not escape any vital topic. According to the questions, the participant shared their experiences. The conversation/discussion continued for two hours. Two organizations sent their information in emails, and the study included their data in the analysis part.

Guideline questions:

1. What barriers did the community people face while receiving free food from the local organizations (personal, social, external, etc.)?
2. What barriers did community organizations confront while providing free food support (communication, structural, external, etc.)?
3. How did the food bank meet the community people's demands for food?
4. What was further needed of the neighborhood and community organizations to meet the food demands of the community people?

The two note-takers were also involved in writing the discussion and **recording** the whole discussion. They knew how to go with qualitative research. The facilitator and note-takers received the day-long training about conducting the session and collecting information appropriately.

2.5 DATA ANALYSIS

The researchers applied thematic analysis to interpret this qualitative data obtained from the community conversation [19]. The note-takers prepared the transcripts from the notes and the audio. Two students of social studies had received training on thematic analysis. They had read the transcripts repeatedly to be familiar with the contents and applied the six stages of thematic analysis, such as a. familiarization with the information, b. generation of initial codes, c. searching for themes, d. reviewing themes, e. defining and naming themes, and f. producing the report. Here, we applied the inductive coding process and identified the themes relevant to the purpose of the study. The principal investigator (PI) identified the relevant narratives under the codes. The study also ensured the **data's** credibility, transferability, dependability, and conformability of the data.

3. RESULTS

3.1 CHALLENGES OF COMMUNITY PEOPLE

The participants reported that many community people could not take free food support programs at the pandemic's beginning because they were unaware of free food support activities (Table 2). Local community organizations and their social workers provided community people with the name of local organizations that provided food support in the neighborhood. However, many community people, such as South Asians, had language barriers and could not seek food support from an organization with no interpreter services.

A community volunteer said,

"Many South Asian seniors could not take free food support from the white community organizations because the staff of the organizations talked with the community people in English, so they could not contact them further."

When local ethnic organizations started free food support activities in the neighborhood, many people did not want to disclose their personal information, including addresses. They feared the community organizations and their volunteers because they could have revealed their information to relatives, friends, and neighbors. Also, they feared friends, relatives, and neighbors who could have marked them as having poor with low social status.

A community volunteer said,

"One community member said that he could not take food support from the organization because one of his relatives worked for the organization. The relative could inform the family members of his current poverty condition, which could be embarrassing for him."

Furthermore, the community people also felt shy when someone saw them going to the food bank and standing in the line for food. Also, many people could not accept the food from the volunteers because they were afraid of getting COVID-19 germs from the volunteers.

A social worker said,

"Community people asked the volunteers to drop the food off at their doors. Later, they opened the door to grab the food."

3.2 CHALLENGES OF ORGANIZATIONS

At the pandemic's beginning, most affected people who needed food support were out of reach because the organizations lacked adequate information. (Table 2).

An executive director said,

"We could not apply practical outreach strategies to find all people who needed food support in the community within a short period. We had some community contacts and phoned them for food support."

Later, the organizations posted fliers on social media, and they used 'word of mouth,' 'peers to peers strategies', and 'community volunteers' to reach out to vulnerable community people.

The funding was mainly for a short duration, so the organizations could not provide a single person or family with food for an extended period. Furthermore, with this limited funding, local grassroots or community organizations could not provide the community people with their required food, such as vegetables and organic food.

A community volunteer reported,

"A senior woman told me that she needed organic foods because her doctor advised her, and my organization could not provide her with it because it was hard to buy expensive food items with limited funding."

Organizations also had insufficient space to store and make food packets before distributing them to the community. Again, the community people stayed at home during the pandemic, and many demanded receiving food at their doors. However, the organizations lacked enough transportation (like cars and vans) to carry food.

Furthermore, the organizations did not get volunteers on time to go to people's doors with food promptly. Sometimes the volunteers were absent from the food support activities or scheduled dates without giving any prior notice. In many cases, the organizations canceled the food distribution on that day. As the volunteers were unpaid, so the organizations could not insist on volunteers continuing their support. The participants noticed that volunteers were scared to touch the food packets as they misperceived that the virus could spread from **them** while touching. The local organizations could not solve it immediately to eliminate the misperceptions because they did not have adequate information about COVID-19. Again, the participants reported that volunteers did not have the proper training to engage them in food support activities; however, the organizations did not have enough time to train the volunteers and motivate them to continue their support

The participants also reported that the organizations did not get the funding simultaneously for food support activities, so they could not coordinate them to work together and support each other.

An executive director said,

"We needed coordination between organizations to utilize the funding properly and distribute food in the community area-wise effectively."

The participants said that there was a food bank in the neighborhood, and the food bank did not offer cultural food for ethnic people or *Halal* food for the Muslim community. The participants also said that the South Asian Bangladeshi community received canned food from the food bank, but many did not like canned food. During the pandemic, people had to wait for a longer time in the line at the food bank, so some people avoided the food bank.

3.3 WHAT WE NEED FURTHER

Participants reported that the organizations needed assessment to identify the available resources in the neighborhood to utilize the resources systematically in the food support activity (Table 2).

An executive director said,

"We did not know how to involve the organization in the food support activity, what resources were available in the neighborhood to facilitate the food support, and to what extent the community needed support. We identified the challenges while running the food support activities. However, we should have assessed the available resources and community needs before the food support."

Besides, the participants confessed that one organization alone could not have assessed a large community. Also, they believed that it was difficult to do an assessment survey because of time constraints, social distancing policy, and lockdown situation for food support during the COVID.

Organizations needed a good amount of funding from donors for an extended period of food support.

A social worker said,

"One family's income was affected by COVID. Our organization provided the family with food for one month. When the family asked for further food support, the organization could not help."

The participants reported that local organizations, administration, and funding agencies should have worked with the food bank to offer cultural and Halal food to the community and eliminate misperceptions about canned food.

The participants also felt that we required public, local leaders, business and grocery shops, and local administration to discuss controlling the food price and preventing the prices from going up during the pandemic in the Taylor Massey neighborhood. We also needed an action committee to evaluate the food support programs run by community organizations.

They also proposed that the local administration could have given the spare lands to the community organizations for local community gardening in the neighborhood during the pandemic. They could have given the responsibilities to local organizations for community gardening, and these local organizations could have utilized them as part of the food support activities. The local administration could have provided funding to organizations.

The participants also realized that many volunteers did not have food-handler certificates. Thus, organizations could not involve trained volunteers in food support activities. The local organizations asked for the opportunity for any food handler certificate training for volunteers at the local administration. It would have helped the organizations involve more trained volunteers in food support activities.

Also, the local administration could have supported local community organizations to open and operate community kitchens for vulnerable people. The community kitchen could have

engaged women who had food handler certificates in the community kitchen. These women could have sold handmade food in the community kitchen for the vulnerable community people at lower prices to address the food insecurity during the pandemic.

UNDER PEER REVIEW

Table 2: A list of barriers faced by community people and the organizations, and what else are needed

Barriers of community people		Barriers of organizations		What else are needed	
Themes	Codes	Themes	Codes	Themes	Codes
Information lacking	- free food - Providers organizations	Information lacking about	- vulnerable people - people' food requirements	Need assessment	For available resources
Communication gap	- Language barrier	Financial	-inadequate funding for food supply -unpaid volunteers	Coordination Advocacy/action committee	-proper resources utilization -food price control -monitoring the program operation
Stigma	- poverty indication - a low social status -fear of getting COVID	Structural and systemic barriers	- spaces shortage - lack of transportation - coordination gap -volunteer's capacity limitaion	Food Bank	-elimination misperception about food bank -equipped with cultural/ <i>Halal</i> food
		Food Bank	-longer waiting time -lack of cultural and <i>Halal</i> food -canned food (unused by South Asian)	Training	-food Hygiene - food handler certificates -values/commitments training
				Funding	- food support for an extended period
				Community gardens	-food in security solution -work with local admiration
				Community kitchen	-food at lower prices

4. DISCUSSION

The study explored the barriers of community people and organizations while receiving and providing free food and identifying what else we needed further for practical food support activities in any crisis. The social stigma, information lacking, language barriers, and fear of COVID-19 had acted as barriers for community people to receive food. Moreover, the organizations lacked information about people who needed food support immediately. The organizations faced barriers with food distribution because of a shortage of trained and committed volunteers and a shortage of own spaces and transportation. An effective food support program required an assessment, coordination between the local organizations, skilled volunteers, and extended funding for supporting the affected people. Also, food banks, community gardens, and certified community kitchens could contribute to food support activities for the community. The study described the findings' implications below.

The community needed assessments to explore available assets or resources and people's demands for food. However, they had limitations in assessing because of the sudden pandemic and lockdown, time constraints, a limited workforce, and scarcity of funding. Another study also explained in such ways [23]. In this situation, local community organizations can sit together for quick assessments through brainstorming to explore the asset gap and find ways to minimize the gaps. It could make the food support programs effective for the community.

Local organizations should collaborate with local schools, other organizations, volunteers, community leaders, political leaders, social workers, business organizations, etc., to spread the information about food support available in the community. Widespread communication is essential for extending the free food support information. Furthermore, organizations can engage volunteers who know multi-languages to support the community to eliminate the language barrier. Receiving free food from charity and community sources is associated with shame and social stigma [20, 21]. Social shyness, an indication of poverty, and recognition of being socially weak are related to free food [20, 22]. Maybe, for these reasons, our study found that the organizations could not find some applicants who applied for food support. Community awareness and proper education are necessary to remove any stigma and shame associated with food support.

The organizations realized that they should have developed a coordination system to support the community with a free food program. The need for coordination between the organizations is well described during the pandemic [23]. The coordination helps to learn from each other and share challenges and innovations. Also, the organizations can better use resources, capacities, and expertise, and they can create more connections between food distribution programs and other community food initiatives.

As many people lost jobs, they needed more food support. However, local community organizations could not provide them with continuous food support because of a shortage of funding. Government can listen to local organizations and refer the most affected people to different sources/departments of government where the community people get more food support.

The local community organizations' programs are reliant on volunteers or volunteers driven. Our study found that volunteers of community organizations lacked commitment and were absent without prior notice. Another study found that reasons not to get volunteers because the volunteers feared COVID-19 and did not have the training to manage the complex

emergence of the pandemic [23]. Organizations should encourage volunteers by allocating some incentives for them. Our study also found that lack of transportation facilities halted the food distribution schedule to community people. To eliminate the transportation challenges, the community organizations convince the donors to give money for using the transportation (like hiring a van) in the food distribution system.

To increase the food support or make food available for the community during any crisis, governments and local community organizations should focus on the food bank, community gardens, and community kitchens. As COVID-19 affected the people's income, many people of different ethnicity stepped to the food bank to get support at the beginning of the pandemic and placed their demands for food [24]. Similarly, our participants mentioned that more South Asian people reached the food bank and expected appropriate cultural food from the food bank. The food bank couldn't meet the community's demands because of a lack of volunteers to support the activities of the food bank, lack of adequate funding, lack of food supply, and lack of food storage capacity [24]. As the community has a demand for the food bank, it should be equipped appropriately along with cultural food to provide services to everyone surrounding it.

During the pandemic, many community gardens closed [23]. People engaged in gardening though they did not do it before [25]. Community gardens help families reduce pandemic-related economic losses by supplementing their diets with nutritious foods [25]. Our participants also pointed to establishing community gardens in the neighborhood to meet the community's food requirements if the food was scarce and prices went up. The local governments, who are the authorities of the gardens, can collaborate with local organizations to give spare land and maintain the community gardens. Local administration can provide community people with home gardening stuff through local organizations. Furthermore, Community organizations can apply for funding to open more community kitchens with the help of local administration. Local administration can permit the opening of more kitchens in their settings. These local organizations can maintain and operate the community kitchen, so vulnerable people can come to take the services at low prices nutritious food to meet their food demands during the crisis.

The study had limitations. The community conversation could not include all local organizations that had the food support activities because some organizations did not have the availability of time for the community conversation, so we could not capture information from all of the organizations. Moreover, we could not arrange the community conversation in person due to social distancing. Sometimes, the internet connection was interrupted, and we lost some information. However, we communicated with the participants on the phone to complete the report though it was time consuming. Later, it was hard to get them on time. However, we obtained sufficient information from nine organizations to explore those challenges. With this information, local organizations could use the information to design effective food support programs in different priority neighborhoods.

5. CONCLUSION

In conclusion, the community organizations came forward to support the community with food during the pandemic despite having less experience. It indicates the good intention of the grassroots and local organizations to help the community. However, consumers (community people) and organizations (providers) had barriers while receiving and providing food support. They also learned what resources/ supports they needed for practical food support activities in the priority neighborhood for adequate food support. First, the local organizations need an assessment to make a comprehensive plan for food support for the community. Then, the proper communication and coordination between local organizations

could help adequately utilize the available resources. Also, local organizations need continuous funding for extending food support to address food insecurity and people's needs. Furthermore, local organizations and governments can work closely to support food banks to offer cultural food to ethnic communities. Again, with the help of administrative authorities, local organizations could create community gardens/ home gardens and community kitchens, and they could use them as elements of food support activities.

ETHICAL APPROVAL AND CONSENT

The internal ethical board of BCS went through the proposal for ethical issues and approved the research initiative. There was no medical investigation of the participants or any clinical trial. The participants gave us written consent for the community conversation. Also, we followed the Helsinki Declaration of Ethical Principles for Human Subjects and maintained confidentiality strictly. The participant's answers or narrations were anonymous. The participants had the right to refuse to answer any question and stop giving information at any point in the community conversation.

REFERENCES

1. Zhu Na, Zhang D, Wang W, Li X, Yang B, Song J, et al. A Novel Coronavirus from Patients with Pneumonia in China, 2019. *N Engl J Med*. 2020; 382(8):727-33. doi: 10.1056/NEJMoa2001017.
2. Marchand-Sen cal X, Kozak R, Mubareka S, Salt N, Gubbay JB, Eshaghi A, et al. Diagnosis and Management of First Case of COVID-19 in Canada: Lessons Applied From SARS-CoV-1. *Clin Infect Dis*. 2020; 71:2207–10. doi: 10.1093/cid/ciaa227
3. World Health Organization. Coronavirus disease 2019 (COVID-19): situation report, 51. WHO. Accessed 12 June 2021. Available: <https://apps.who.int/iris/bitstream/handle/10665/331475/nCoVsitrep11Mar2020-eng.pdf?sequence=1&isAllowed=y>.
4. Government of Canada. COVID-19 daily epidemiology update. Accessed 15 April 2022. Available: <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>.
5. Prati G, Mancini AD. The psychological impact of COVID-19 pandemic lockdowns: a review and meta-analysis of longitudinal studies and natural experiments. *Psychol Med*. 2021; 51(2):201-11. doi: 10.1017/S0033291721000015.
6. Xiong J, Lipsitz O, Nasri F, Lui LMW, Gill H, Phan L, et al. Impact of COVID-19 pandemic on mental health in the general population: A systematic review. *J Affect Disord*. 2020;277:55-64. doi: 10.1016/j.jad.2020.08.001.
7. Lemieux T, Milligan K, Schirle T, Skuterud M. " Initial Impacts of the COVID-19 Pandemic on the Canadian Labour Market ."Canadian Public Policy/Analyse de politiques. 2020; 46 (S1): S55 – S65. <https://doi.org/10.3138/cpp.2020-049>.
8. Breen K. Coronavirus: 500,000 Canadians have filed for EI this week.Global News.Accessed 20 May 2022. Available: <https://globalnews.ca/news/6707529/coronavirus-500000-canadians-employment-insurance/>
9. Tarasuk V, Mitchell A. " Household Food Insecurity in Canada, 2017–18 ." Food I security and Policy Research. 2020. Accessed 04 May 2022. Available:

<https://proof.utoronto.ca/resources/proof-annual-reports/household-food-insecurity-in-canada-2017-2018/>.

10. Statistics Canada. "Statcan COVID-19: data to insights for a better Canada. Food Insecurity During the COVID-19 Pandemic, May 2020." Statistics Canada.2020. Accessed 03 May 2022. Available: <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00039-eng.htm>
11. National Post. Coronavirus fears: Empty shelves as Canadians heed health minister's advice to stock up. National Post. 2020. Accessed 03 May 2022. Available: <https://nationalpost.com/news/canada/coronavirus-canada-stockpiling>
12. CityNews. Lineups, empty shelves at Toronto grocery stores amid coronavirus fears. CityNews. 2020. Accessed 05 May 2022. Available: <https://www.680news.com/2020/03/12/dozens-of-people-line-up-for-groceries-at-lansdowne-and-dundas-no-frills/>
13. Government of Canada. Overviews of. Canada's COVID-19 Economic Response Plan. Accessed 06 May 2022. Available: <https://www.canada.ca/en/departement-finance/services/publications/economic-fiscal-snapshot/overview-economic-response-plan.html>
14. Executive Council, Children, Seniors and Social Development. Provincial Government Partnering with Community to Support Food Sharing Programs.2020. St John's : Government of Newfoundland and Labrador. Accessed 12 May 2022. Available: <https://www.gov.nl.ca/releases/2020/exec/0325n04/>.
15. Gillespie C. Alberta Government Provides More Support for Food Banks . AG News. 2020. Accessed 10 May 2020. Available: <https://strathmorenow.com/articles/alberta-government-provides-more-support-for-food-banks> .
16. Denis J St. B.C. Food Banks Get \$3 Million Funding Boost from Government. CTV News Vancouver. 2020. Accessed 14 April 2022. Available: <https://bc.ctvnews.ca/b-c-food-banks-get-3-million-funding-boost-from-government-1.4873252>.
17. Michael Garron Hospital (MGH). Our Community our Services; 2018. Accessed 21 August 2021. Available: <https://www.tehn.ca/search?query=our+community+our+services%3B+2018>
18. Zoom. Accessed 05 May 2022. Available: www.zoom.us.
19. Braun V, Clarke V. Using thematic analysis in psychology. Qualitative Research in Psychology. 2006;2(2):77-104.
20. Garthwaite K. Stigma, shame and 'people like us': an ethnographic study of foodbank use in the UK. Journal of Poverty and Social Justice. 2016; 24(3): 277-89. Doi: <https://doi.org/10.1332/175982716X14721954314922>.
21. Bruckner HK, Westbrook M, Loberg L, Teig E, Schaefbauer C. "Free" food with a side of shame? Combating stigma in emergency food assistance programs in the quest for food justice. Geoforum. 2021; 123; 99-106. Doi: <https://doi.org/10.1016/j.geoforum.2021.04.021>.
22. van der Horst H, Pascucci S, and Bol W. "The dark side" of food banks? Exploring emotional responses of food bank receivers in the Netherlands. British Food Journal. 2014; 116 (9):1506-20. Doi: <https://doi.org/10.1108/BFJ-02-2014-0081>
23. Bessy A, Sara Q. Food Insecurity and Community Food Programs Assessment in South Scarborough. Intermediate Report on the Community Coordination Plan Grant on Food Security and Mental Health for South Scarborough. Diss. City of Toronto, 2021. Accessed 03 March 2022. Available: <https://hal.archives-ouvertes.fr/hal-03447866>.
24. Food banks Canada. A Snapshot of Food Banks in Canada and the COVID-19 crisis. Accessed 22 May 2022. Available:

https://www.feednovascotia.ca/sites/default/files/a-snapshot-of-food-banks-in-canada-and-the-covid-19-crisis_en.pdf

25. Mullins L, Charlebois S, Finch E, Music J. Home Food Gardening in Canada in Response to the COVID-19 Pandemic. Sustainability. 2021; 13(6):3056. Doi: <https://doi.org/10.3390/su13063056>.

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