



MULTI-SECTORAL PERSPECTIVES ON REGIONAL FOOD POLICY, PLANNING AND ACCESS TO FOOD

A Case Study of Waterloo Region



Canadian Foundation for Dietetic Research



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Outline

- Background
- Research questions
- Study approach
- Select findings
- Key takeaways





Background

**Health Promotion
and Chronic
Disease
Prevention
Research**



- **Collaboration**
- **Multi-sectoral action**
- **Revision of existing policies**
- **'Healthy' community environments**
- **Access to F&V in a variety of settings**

Global Strategy on Diet, Physical Activity and Health (WHO, 2004)

Policy and Action for Cancer Prevention: Food, Nutrition and Physical Activity (WCRF/AICR, 2009)

Local Government Actions to Prevent Childhood Obesity (IOM, 2009)



How can regional planning policies and practices help to create 'healthier' communities by facilitating greater access to healthy, local food 'outlets'?



Waterloo Region



Region of Waterloo Land Use Planning

Council-Adopted
**REGIONAL
OFFICIAL PLAN**
June 16, 2009



3.F Access to Locally Grown and Other Healthy Foods

The regional food system consists of the chain of activities related to the production, processing, distribution, consumption and eventual disposal of food. A strong and diverse regional food system provides many benefits to the community. It facilitates peoples' access to locally grown and other healthy foods, which contributes to healthier eating choices and the achievement of broader public health objectives. It also encourages a range of food destinations within easy walking distance of where people live and work. Such a system helps shorten the distance that food travels and that people travel to buy food, thereby reducing the demand on transportation infrastructure and the growth in vehicle emissions. As well, a strong regional food system supports local farmers and contributes to the vitality and economic strength of rural communities and Waterloo Region as a whole. For these reasons, this Plan seeks to strengthen and diversify the regional food system.







Section 3F (select food policies)


RURAL



-  Protect the rural countryside...
-  Permit a full range of agricultural- and farm-related uses on agricultural land...

URBAN



-  Provide for a mix of uses, including food destinations, within close proximity to each other...
-  Permit temporary farmers' markets...
-  Support community gardens and rooftop gardens...



Research Questions

1. What is the process of food policy making locally?

What are the key factors that act as facilitators and barriers to regional policy making aimed at improving access to healthy, local food?

2. What are some of the current land use planning barriers that affect access to healthy, local food establishments (or destinations)?
3. How are new, non-traditional actors getting involved in food policy action?



Research Approach:

- Qualitative research study
- Project Advisory Committee
 - Informed early stages (recruitment & interview guides)
- Data Collection
 - In-depth interviews; transcribed
- Analysis (grounded theory approach)
 - NVivo8; coding, memo writing, constant comparison
 - Theoretical saturation
 - Reflexivity, member checks, peer debriefing



Study Sample

Participants		Total
Decisions Makers	Members of Waterloo Regional Council	15
Staff Experts	Regional planners = 4 Regional Public Health (PH) = 7 Local planners (municipal) = 5	16
Local Food System Stakeholders	Local producers, distributors, retailers = 8 Academia, food/agriculture interest groups = 6 Other levels of government = 2	16
TOTAL		47



“Public Health started talking to the Planning Department about getting food systems into the thinking there. They were talking to Council [saying] ‘Look our population is probably going to grow by about 50% in the next 40 years, where are we going to put them?’ And then we [Public Health] asked the question, ‘How are we going to feed them?’.”

(Public Health staff)





“Fertile Ground” for Food System Policy Making

Facilitators:

- Public Health ‘groundwork’
 - A champion & committed staff
- Strategic leaders in Public Health and Planning
- Public Health’s influence in the Region
- Food and agricultural networks
- Public Health/Planning collaboration, mutual interests

Barriers:

- Knowledge and process gaps
- Resource and mandate constraints
- Tensions
- Dominant community values and private sector interests





From Regional Vision to Local-level Reality

- Zoning challenges
- Policy concerns
- Professional practice constraints
- Legacy barriers
- “Archaic” policies
- Industry barriers
- Governance barriers

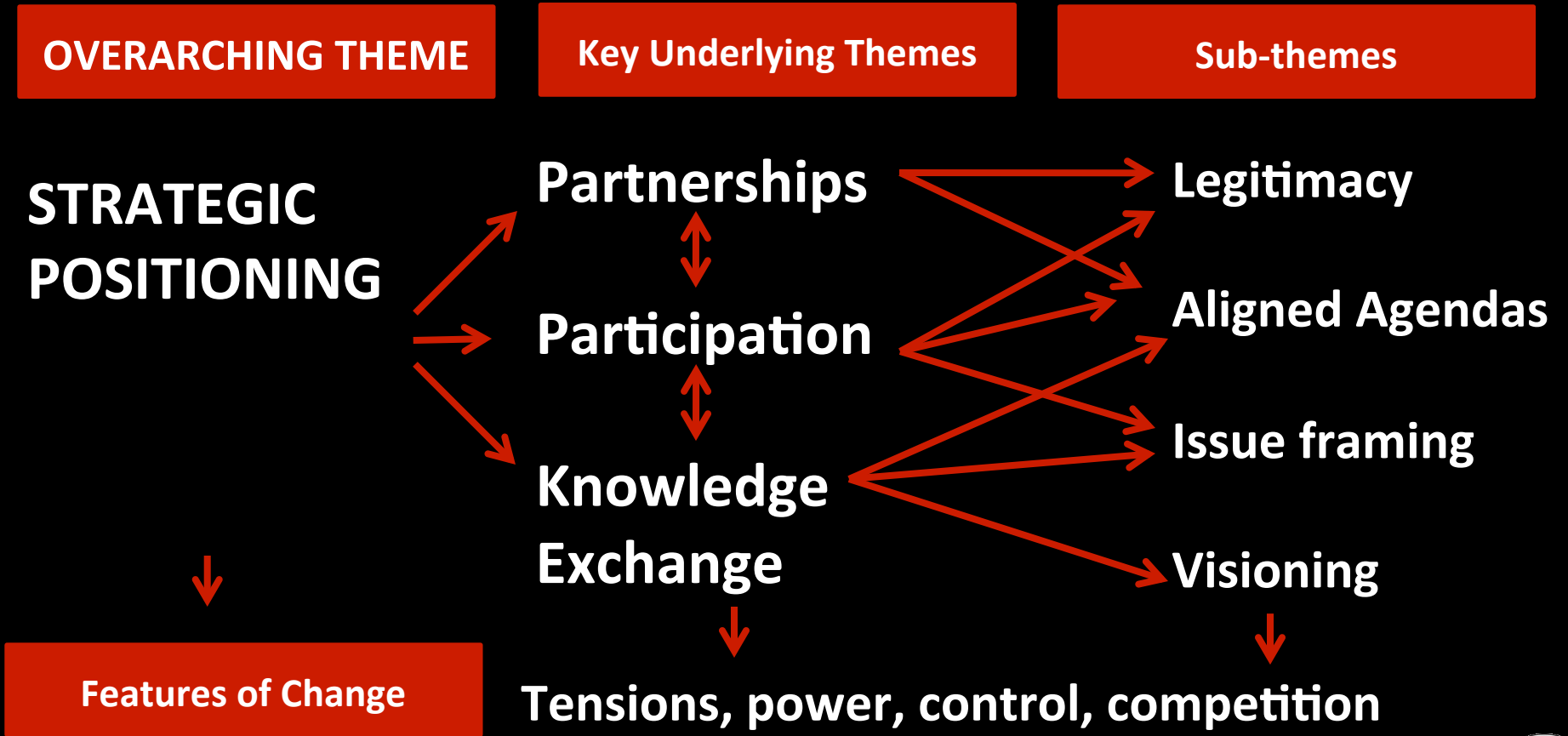


Roles and Motivations

- *Who can legitimately participate?*
- *What are the motivations for participating?*
- *How does one participate?*



Key Themes





STRATEGIC POSITIONING

“I wouldn’t underestimate the amount of resources that we did put into influencing this. ...I think because it was something that the Region had direct control over, we put more effort into it because we had an inside avenue to decision makers”

(Public Health staff)





**STRATEGIC
POSITIONING**



**Knowledge
Exchange**



**Aligned
Agendas**

“Through Public Health we started to learn more about this issue of food accessibility and food deserts and we thought, ‘That ties in well with another one of our planning goals to create a greater mix of uses in our communities’.”

(Regional Planning staff)





**STRATEGIC
POSITIONING**



**Knowledge
Exchange**



Issue framing

“Part of the buy-in was because we realized that by changing the focus to more of a food systems approach, it just clarified what it was the Region was trying to do...And then people started to see that by framing it the way we did, and promoting access to local food, that we were very much in line with what the Region was all about traditionally.”

(Regional Planning staff)





**STRATEGIC
POSITIONING**



Partnerships



Legitimacy

“The interaction between ourselves and our Health Department was a really big driver in moving us forward. And this type of stuff [3F policies] comes out of that relationship.” (Regional Planning staff)



G.E.N.E.R.A.T.E Change Model

G – ‘ground’ the inspiration

E – ‘engage’ multi-sectoral stakeholders

N – ‘negotiate’ positions and partnerships

E – ‘exchange’ knowledge (ideas and policy options)

R – ‘recognize’ points of intersection

A – ‘align agendas’, establish a common issue frame, set a vision for change

T – ‘transfer’ expert insight

E – ‘evaluate’ change



‘What Worked & What Didn’t?’

- ✓ Process and knowledge innovation
 - doing and thinking *differently*
- ✓ Reputation effects
 - ‘*We are on to something here...*’
- ✓ Political astuteness/political strategizing
- ✗ Competing mandates, tensions, competition



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Project Advisory Committee:

- Rod MacRae, PhD, York University
- Ellen Desjardins, PhD, RD, University of Waterloo
- John Lubczynski, Principal Planner, Region of Waterloo Community Planning Department
- Katherine Piggott, Region of Waterloo Public Health

Adapted Interview Guide:

- Campbell HS, Burt S, Nykiforuk CIJ, Mayhew L, Kawash B. (2005). Understanding the policy process at the local level: The role of issue framing in environmental tobacco smoke bylaw development in the Region of Waterloo, Working Paper Series No. 83. Toronto: Ontario Tobacco Research Unit