Experiences and perceived outcomes of a grocery gift card program for households at risk of food insecurity

Lee, Yun Yun


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Experiences and perceived outcomes of a grocery gift card program for households at risk of food insecurity

by

Yun Yun Lee

A THESIS

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Abstract

Purpose: Food support programs, such as I Can for Kids (IC4K) in Calgary, Alberta, Canada, aim to reduce the prevalence and severity of household food insecurity by providing grocery gift cards (GGC) to low-income households with children. There are currently no qualitative studies that have explored whether and how GGC programs influence food access among food insecure households. I explored program recipients’ and program deliverers’ experiences and perceived outcomes of receiving or distributing GGC from IC4K.

Method: I used qualitative descriptive methodology for this study. Data generation and analysis were guided by Freedman et al.’s theoretical framework of nutritious food access. Fifty-four participants were purposively recruited. Semi-structured interviews were conducted between August and November 2020 with 37 program recipients who accessed IC4K’s GGC program and 17 program deliverers who facilitated it. Directed content analysis was used to analyze the data using a deductive-inductive approach. Codes were combined into subthemes and themes that summarized program recipients’ and deliverers’ experiences and perceived outcomes of receiving or distributing GGC, and suggestions to improve IC4K’s GGC program.

Findings: Three themes were generated from the data. The first theme was related to how IC4K’s GGC program promoted a sense of autonomy and dignity among program recipients. The second theme was related to improved dietary patterns and food skills. The third theme was related to program logistical strengths and limitations, including the program’s impact on program deliverers’ connection with clients, their workload, experiences of differential access to
GGC among recipients, and the importance of increasing program awareness to reach more food insecure households.

**Conclusion:** IC4K’s GGC program enhanced recipients’ sense of autonomy and dignity and improved dietary patterns and food skills. Facilitating IC4K’s GGC program improved program deliverers’ connection with clients and reduced their overall workload. I also found experiences of differential access to GGC among recipients and the importance of increasing program awareness. I used my study findings to inform three recommendations to improve the experiences and perceived outcomes of future recipients who access IC4K’s GGC program: 1) increase the number of GGC; 2) establish concrete guidelines governing GGC distribution; and; 3) increase program awareness.
Preface

This thesis includes an introduction, literature review, methodology, results, discussion, and a conclusion.

- **Chapter 1** is an introductory chapter that provides an overview of the study and the study’s theoretical framework.
- **Chapter 2** presents the literature review, study rationale, and research objectives.
- **Chapter 3** outlines the study’s methodology, researcher positioning, data generation and analysis, rigour, and ethical considerations.
- **Chapter 4** describes the study’s findings from interviews with program recipients and program deliverers. Three themes and their corresponding subthemes were generated from the data.
- **Chapter 5** is the discussion and conclusion, which outlines novel findings, how findings compared to existing literature, strengths and limitations of the study, and implications for future research.

This thesis is original, unpublished, independent work by the author, Yun Yun Lee. The study reported in Chapters 1-5 were covered by Ethics Certificate number REB19-0344, issued by the University of Calgary Conjoint Health Ethics Board for the study “I Can for Kids: hunger doesn’t take summer vacation” on December 16, 2019.
Acknowledgements

As I reflect on the last two years, completing this thesis would not have been possible without the generous support of the following people:

First and foremost, my co-supervisors, Dr. Dana Lee Olstad and Dr. Jane Shearer. Thank you for taking a chance on me and offering me the opportunity to be your student. I have learned a great deal from both of you. Dana, there were many twists and turns throughout this journey and your guidance and mentorship helped me navigate through it all. You believed in me and so patiently taught and challenged me to achieve more than I knew I had within myself. I am eternally grateful for all that you have done.

Second, I would like to thank Dr. David Campbell and Dr. Charlene Elliott for their guidance and expertise throughout this research process and thesis. Thank you for lending your expertise and feedback that has challenged me to think like a critical, qualitative researcher.

Third, to Bobbi, Donald, and everyone that makes I Can for Kids happen year after year, including the community agency partners, thank you for courageously forging the path and reducing barriers for so many families to access food with dignity. This study would not have been possible without your passion, collaboration, and valuable insight.

Fourth, to the study contributors, thank you for letting me be your megaphone to tell the world how resilient, resourceful, and powerful you are to speak your truth and make a difference in this world.
Thank you to my fellow research colleagues that I am so blessed to call my friends. Steph, you have been an amazing cheerleader and listener. You always encouraged me to press on and have been such an incredible help throughout this research process. Michelle, I cannot believe it has been over five years since we talked about pursuing graduate school while running the steps at McHugh Bluff. You have been a fantastic support system throughout, especially as we tried (and still trying!) to figure out how to do grad school and raise little humans. You always helped me see the bright side of things and encouraged me to finish this journey with unwavering determination.

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Dedication

This thesis is dedicated to the program recipients who so courageously shared their personal experiences of food insecurity – thank you for being advocates for the millions of Canadian families and children who struggle with food insecurity.
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List of symbols, abbreviations, and nomenclature

IC4K – I Can for Kids

GGC – Grocery gift cards

SNAP – Supplemental Nutrition Assistance Program

S-EBT – Summer Electronic Benefits Transfer Program

HFSSM – Household Food Security Survey Module

CCHS – Canadian Community Health Survey

COVID-19 – Novel coronavirus disease 2019

EBT – Electronic benefits transfer program

P-EBT – Pandemic Electronic Benefits Transfer Program

WIC – Special Supplemental Nutrition Program for Women, Infants, and Children
1. Chapter 1: Introduction

1.1. Overview

Household food insecurity is the inadequate access to food in a safe, affordable, and socially acceptable way due to financial constraints (1). As such, inadequate income is the most important determinant of household food insecurity since the ability to afford adequate food is mostly influenced by income (2, 3). Household food insecurity in Canada is pervasive, affecting over 4 million people, including 1.2 million children, according to the latest Statistics Canada data from 2017-2018 (1). In Alberta, 14% of households were food insecure and 17% of children lived in food insecure households in 2017-2018 (1). With the onset of the novel coronavirus disease 2019 (COVID-19) pandemic, household food insecurity rates in Canada further increased (4). According to a Statistics Canada survey conducted at the beginning of the COVID-19 pandemic (May 2020), 14.6%, or 1 in 7, households in Canada experienced food insecurity in the past 30 days.

Household food insecurity is a public health concern, especially among households with children, given its well-established association with poor diet quality (5-9), physical health (10-15), mental wellbeing (11, 16-22), and academic performance (18, 23-25) among children. Food support programs for children are one approach to alleviate the risk and severity of household food insecurity by increasing children’s access to adequate, nutritious food (26-29). Food support programs for children include meal programs, such as school and summer meal programs, and food subsidies, such as Nutrition North Canada, and the Farmer’s Market Nutrition Coupon Program in British Columbia. Grocery gift card (GGC) programs are another type of food subsidy. Quantitative evidence of meal (30-38) and food subsidy programs (39-46) have
demonstrated that participation in such programs can improve children’s diet quality and academic achievement, as well as reduce the risk of household food insecurity. However, few qualitative studies have explored program recipients’ and program deliverers’ experiences and perceived outcomes of participating in or facilitating meal and food subsidy programs. Of those that have been conducted, several have explored program recipients’ experiences of participating in meal or food subsidy programs, including financial and social benefits, and factors that facilitated or were barriers to food access (47-49). Qualitative studies of program deliverers’ experiences of several meal and food subsidy programs suggest that food access may be constrained by administrative and operational aspects of program delivery (50-52). For example, studies have found that lack of funding, personnel, and complex enrolment processes were key barriers to program participation and program delivery (50-55).

There has been an increase in the number of GGC programs in Calgary, Alberta, to address heightened food insecurity with ongoing economic instability due to the COVID-19 pandemic (56-59). However, qualitative studies have not yet explored the experiences and perceived outcomes of individuals accessing or delivering GGC programs. As such, it is not known whether and how GGC enhance or constrain food access among households at risk of food insecurity.

1.1. Significance of study

I Can For Kids is an example of an organization that recently implemented a GGC program in Calgary, Alberta amidst the COVID-19 pandemic. IC4K is a non-profit organization in Calgary, Alberta that was started in 2015 and initially distributed nutritious food packs to school-aged
children in the summer months (60). In April 2020, IC4K transitioned from a summer food pack program to a year-round GGC program (61). The aim of providing GGC was to address the immediate food needs of school-aged children living in low-income households who no longer had access to school meals due to COVID-19-related school closures (61). Each GGC is valued at $50 and can be used to purchase any item at any food store affiliated with the grocery retail chain that issued the GGC. Community agencies distribute GGC and determine the amount to be provided (e.g. one or two $50 GGC) and how often (e.g. biweekly or monthly) on a case-by-case basis. Between April and December 2020, IC4K provided over 15,000 households with at least one GGC and they project that more households will access the program in the coming years (61).

As IC4K’s GGC program continues to expand and provide GGC to more households at risk of food insecurity, it is imperative to explore whether and how accessing GGC enhances children’s food access and reduces the risk of household food insecurity (61). Understanding the experiences and perceived outcomes of program recipients who use GGC will provide critical insight into the benefits and disadvantages of accessing GGC programs and how GGC facilitate or constrain food access. Including the experiences of program deliverers who administer the GGC program will support our understanding of whether they perceive operating the program is too demanding and the extent to which the program benefits recipients. This insight is important as previous studies have shown that program deliverers’ perceived workload to facilitate food support programs and their perception of its impact on recipients can influence whether such programs continue (50-52). Taken together, these data will inform strategies to facilitate more effective program delivery and enhance children’s access to nutritious food in the future.
1.2. Theoretical framework

The use of a theoretical framework can assist researchers to gain a more comprehensive understanding of factors that shape participants’ experiences and perceived outcomes of programs. These broad perspectives can reduce researchers’ preconceived biases by sensitizing them to observations and data that they may have otherwise overlooked (62). I used Freedman et al’s (63) theoretical framework of five domains of nutritious food access to inform data generation and data analysis for this study. Freedman et al’s (63) framework was developed using data generated from a qualitative study that explored factors that affected nutritious food access among low-income individuals that purchased food from farmer’s markets and grocery stores. The intention of this framework is to support researchers, policymakers, and program administrators to explore and better understand people’s access to nutritious food and serve as a guide to develop programs that improve nutritious food access in communities (63). The five domains, as summarized in Table 1, include economic (e.g. household financial resources), service delivery (e.g. access to fresh, unexpired food), spatial-temporal (e.g. travel distance to grocery stores), social (e.g. cultural or religious food preferences), and personal factors (e.g. health-related food needs).

Table 1 Freedman et al’s (63) framework of five domains of nutritious food access

<table>
<thead>
<tr>
<th>Freedman et al’s domains</th>
<th>Definition</th>
<th>Examples*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic</td>
<td>Monetary factors associated with food access</td>
<td>Household finances to afford food, food costs, the perceived value of food</td>
</tr>
<tr>
<td>Service delivery</td>
<td>Food quality and variety in stores, staff and service quality</td>
<td>Access to fresh, unexpired foods, respectful and helpful staff</td>
</tr>
<tr>
<td>Spatial-temporal</td>
<td>Geographical accessibility to food</td>
<td>Travel distance, mode of transport, commute time to food stores</td>
</tr>
<tr>
<td>Social</td>
<td>Familial and cultural foodways that influence food choices and</td>
<td>Cultural or religious food preferences, differential access to food based on gender, race, ethnicity, and/or socioeconomic position</td>
</tr>
</tbody>
</table>
1.3. Research aim and objectives

The aim of this study was to explore program recipients’ and deliverers’ experiences and perceived outcomes of IC4K’s GGC program. Study findings were used to develop recommendations to further enhance the experiences and perceived outcomes of recipients who may access IC4K’s GGC program in the future. The study’s specific objectives were to: 1) Describe GGC recipients’ and deliverers’ experiences of receiving or distributing GGC from IC4K; 2) Describe GGC recipients’ and deliverers’ perceived outcomes of receiving or distributing GGC from IC4K and; 3) Generate concrete strategies to inform program modifications to improve the experiences and perceived outcomes of recipients who access IC4K’s GGC program in the future.

1.4. Ethical approval

Ethical approval for this study was granted by the University of Calgary Conjoint Health Research Ethics Board (REB19-0344) on December 16, 2019.
2. Chapter 2: Literature review

2.1. Introduction

Household food insecurity is pervasive in Canada, affecting over 4 million people, according to the latest Statistics Canada data from 2017-2018 (1). The key determinants of household food insecurity are low household income, parental education not exceeding high school, having at least one child, and being a female single parent (1-3, 64-68). Household food insecurity is a public health concern, especially among households with children, given its well-established association with poor diet quality (5-9), physical health (10-15), mental wellbeing (11, 16-22), and academic performance (18, 23-25) among children.

Food support programs for children aim to alleviate the risk and severity of household food insecurity to increase children’s access to adequate, nutritious food (26-29). Food support programs include meal programs, such as school and summer meal programs, and food subsidies, such as the Supplemental Nutrition Assistance Program (SNAP) and the Summer Electronic Benefit Transfer (S-EBT) Program in the U.S. (31, 32, 38, 42, 43, 69, 70). Grocery gift cards (GGC) are another type of food subsidy. Quantitative evidence has shown that meal programs can increase children’s diet quality (30-34), school attendance and test scores (33, 35), and reduce the risk of household food insecurity (36-38). Quantitative studies of food subsidy programs have shown that these programs may increase diet quality (39-43) and lower the risk of household food insecurity (44-46). However, few qualitative studies have explored program recipients’ and program deliverers’ experiences and perceived outcomes of participating in or delivering meal and food subsidy programs. Of those that have been conducted, several have explored program recipients’ experiences, including financial and social benefits derived from...
participating in both meal and food subsidy programs (47-49). Qualitative studies of program deliverers’ experiences of several meal and food subsidy programs have found that lack of funding, personnel, and complex enrolment processes were key barriers to program participation and program delivery (50-55). Qualitative studies have not yet explored program recipients’ or deliverers’ experiences and perceived outcomes of GGC programs, despite the fact that such programs are increasingly being implemented to address household food insecurity (56, 59, 61). Qualitative studies are needed to explore recipients’ and deliverers’ experiences and perceived outcomes of receiving and delivering GGC to better understand whether and how they can meet the needs of households at risk of food insecurity.

2.2. Defining household food insecurity and its prevalence in Canada

Household food insecurity is the inadequate access to food in a safe, affordable, and socially acceptable way due to financial constraints (1). The severity of experiences of household food insecurity can range from marginal experiences, such as worrying about running out of food; to moderate experiences, including compromising diet quality and quantity; to severe experiences, such as missing meals or not eating for an entire day (1, 71). Inadequate income is the most important determinant of household food insecurity since the ability to afford adequate food is mostly influenced by income (2, 3). As such, food insecurity is highly prevalent among households with lower income (1-3). Evidence indicates that as competing household expenses, such as housing, transportation, and utilities increase, households with low income spend less money on food and are more likely to procure processed, nutrient-poor foods that are more affordable than healthy foods, such as fresh fruits and vegetables (64, 69, 72, 73). Higher rates of household food insecurity have also been observed among households with children (1, 2, 66).
With increasing number of children in the home, household expenses likewise increase to meet the basic needs for each child. These expenses include costs related to school, childcare, and many others, thereby reducing funds available to purchase food (2, 72). Household food insecurity is also common among lone-parent households, particularly female-led households, households with less than a high school education, households who rent instead of own their home, new immigrants who have resided in Canada for less than 10 years, and individuals who identify as Indigenous or Black (1, 2, 64, 67, 68, 74).

In Canada, household food insecurity is measured by Statistics Canada using the Household Food Security Survey Module (HFSSM). The HFSSM is an 18-item questionnaire that captures both adult- and child-specific experiences of food insecurity (see Appendix B) (71). Households are then classified as food secure, marginal, moderately, or severely food insecure based on the number of affirmative responses (Table 2) (71). The HFSSM is administered as a mandatory measurement on certain cycles of the annual Canadian Community Health Survey (CCHS) and is optional in other cycles (75). The most recent nationally representative data indicate that 12.9% of Canadian households experienced food insecurity in 2017-2018 (1). In Alberta, 14% of households were food insecure and 17% of children lived in food insecure households (1). It is important to note that the prevalence of household food insecurity is likely underestimated as certain populations at higher risk of food insecurity, such as individuals living on First Nation reserves and people experiencing homelessness, are excluded from the CCHS (1).
Table 2: Food security status based on 18-item Household Food Security Survey Module*

<table>
<thead>
<tr>
<th>Status</th>
<th>Definition</th>
<th>10-item adult food security scale</th>
<th>8-item child food security scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food secure</td>
<td>Households had adequate access to food in the past 12 months</td>
<td>No items affirmed on either scale</td>
<td></td>
</tr>
<tr>
<td>Marginal food insecurity</td>
<td>Worry about running out of food or limited food selection due to lack of money</td>
<td>1 positive response on either scale</td>
<td></td>
</tr>
<tr>
<td>Moderate food insecurity</td>
<td>Compromises to food quality and/or quantity consumed due to income-related barriers</td>
<td>2-5 positive responses</td>
<td>2-4 positive responses</td>
</tr>
<tr>
<td>Severe food insecurity</td>
<td>Reduced food intake or disrupted eating patterns</td>
<td>6 or more positive responses</td>
<td>5 or more positive responses</td>
</tr>
</tbody>
</table>

*Adapted from: Determining food security status: Government of Canada (71)

Since the onset of the novel coronavirus disease 2019 (COVID-19) pandemic, more Canadians have experienced household food insecurity (4). Data collected early in the COVID-19 pandemic (May 2020) using a six-item, short-form of the HFSSM revealed that 14.6%, or 1 in 7, households experienced food insecurity in the 30 days leading up to the survey (4). However, the short form of the HFSSM does not ask about children’s food security status, which may underestimate the severity of household food insecurity (4). Moreover, the true prevalence of household food insecurity during the COVID-19 pandemic was likely underestimated as certain population groups at higher risk of food insecurity were excluded from the survey (4).

An increase in the prevalence of household food insecurity is likely due to the negative economic impacts of the COVID-19 pandemic. Findings from Statistics Canada’s Labour Market Survey between February and April 2020 revealed that nearly one-half of COVID-related job losses and reduced working hours occurred among individuals in the bottom income quartile (earning $646 per week or less) (76). Individuals in jobs most at risk for unemployment or reduced working hours were in industries most affected by shutdowns (e.g. retail, hospitality and food services), were paid hourly, and were not unionized (76). These reduced working hours and unemployment
resulted in reduced income, which affected many low-income households’ ability to afford adequate, nutritious food (77). Other factors that may have reduced households’ ability to afford adequate food during the COVID-19 pandemic include rising food costs, and increased household food needs as school-aged children consumed more meals from home (78-81). As such, the negative economic impacts of the pandemic may have pushed many households who were previously food secure into food insecurity, and increased the severity of food insecurity of households that were already food insecure (82).

2.3. Household food insecurity impacts children’s diet quality, physical and mental health, and academic outcomes

Household food insecurity is a public health concern because children living in food insecure households have suboptimal diet quality (5-9), experience adverse physical (10-15, 83) and mental health outcomes (11, 16-22), and exhibit poorer academic performance (18, 23-25) compared to children living in food secure households. In addition, a growing number of studies have demonstrated that persistent exposure to household food insecurity further increases children’s risk of negative physical and mental health outcomes and poor academic performance (10, 12, 16, 17, 20, 22, 23). As such, efforts to alleviate the risk and severity of household food insecurity are important to improve children’s health, wellbeing, and academic achievement across the life course (10, 20, 23).

2.3.1. Children’s diet quality

Cross-sectional studies have shown that children living in food insecure households had higher intakes of calories, sugar, saturated fat, and consumed less vegetables and fruits compared to
children from food secure households (5, 6, 8, 84, 85). Children from food insecure households also had lower nutrient intakes, such as fibre, vitamin D, calcium, and magnesium, compared to their food secure peers (5, 7, 85). Furthermore, studies have shown that adolescents living in food insecure households have a higher prevalence of nutrient inadequacies compared to their food secure counterparts, and that they may be even more susceptible to nutrient inadequacies than younger children (5, 9, 84). For example, Kirkpatrick and Tarasuk (9) found that after controlling for confounding factors, such as household income and composition, adolescents living in food insecure households had a higher prevalence of nutrient inadequacies compared to younger children in food insecure households, including vitamin A, protein, and magnesium. In addition, Jun et al (5) found that adolescent girls who were food insecure had a higher risk of micronutrient inadequacies, such as iron, calcium, and vitamin D, than children of any age who were food secure or insecure. Factors that contribute to higher nutrient inadequacies among adolescents in food insecure households are unclear. It is possible that adolescents in food insecure households with younger siblings may take on the responsibility of protecting their siblings from food insecurity by limiting their own eating to ensure adequate food for their siblings (86, 87).

2.3.2. Children’s physical health

In several population-based studies, children residing in food insecure households were more likely to experience health problems that required hospitalization, to have dental caries, and to have a confirmed diagnosis of asthma (11, 14, 15, 83). Thomas et al (11) also found that children from food insecure households were more likely to need, but were unable to afford healthcare for medical, dental, and mental health concerns. Moreover, two population-based longitudinal
studies demonstrated that the likelihood of adverse child health increased with persistent exposure to household food insecurity (10, 12). For example, Ryu et al (10) found that, after controlling for household income, children who lived in food insecure households at four time points in a nine-year period (kindergarten to grade eight) had a 209% higher odds of poor overall health when children reached grade eight compared to children who were food secure at all time points. However, the association between household food insecurity and other chronic conditions among children, such as obesity or diabetes are less clear (23, 88-90). For instance, a systematic review of population-based cross-sectional and longitudinal studies demonstrated either a positive, negative, or no association between household food insecurity and weight status among children (88).

2.3.3. Children’s mental health

Poor mental health in childhood can affect a child’s ability to cope and manage stressful events later in life (91, 92). Population-based studies have shown that household food insecurity is associated with children’s experiences of anxiety, depression, attention deficit hyperactivity disorder, and the likelihood of seeing a psychologist for mental health concerns (11, 16-20). Adolescents living in food insecure households are more likely to have experienced dysthymia (persistent depressive disorder), suicidal ideations, and to have attempted suicide compared to adolescents from food secure households (21, 93). Furthermore, the risk of adverse mental health increases as the severity of household food insecurity increases (16, 17, 22). Slopen et al (22) found that children from homes that were persistently food insecure were 1.47 times more likely to experience anxiety or depression and 2 times more likely to exhibit symptoms of aggression or hyperactivity compared to children from households that were consistently food secure.
Another possible, albeit indirect, impact of household food insecurity on adolescent mental health may occur through subjective social status. Subjective social status is the perception of one’s social status in relation to others (16). Evidence indicates that peer perceptions of food choices during adolescence can influence self-esteem (94, 95). Two qualitative studies explored adolescents’ moral discourse surrounding healthy versus unhealthy food choices (i.e. regular intake of fresh fruits and vegetables versus fast food and soda) and found that adolescents perceived those who ate healthy as good people and morally superior to those who ate unhealthy (94, 95). Adolescents who ate unhealthy foods were perceived as bad and lazy (94, 95). Adolescents from households that relied on less-costly unhealthy foods expressed feelings of shame, embarrassment, and inferiority when comparing themselves with their peers who ate healthy (94). These negative self-perceptions can contribute to poor mental health. This moral discourse regarding healthy and unhealthy food intake is a concern because children from food insecure households are less likely to maintain healthy dietary patterns (5, 6, 8, 85) and thus may experience similar feelings of inferiority and shame. For example, McLaughlin et al (16) found that adolescents from food insecure households who felt inferior to their peers were more likely to experience mood, anxiety, and substance disorders compared to their food secure peers.

The mechanisms underlying associations between household food insecurity and children’s mental wellbeing are not clear. One possible mechanism is that children are aware of and take on their parents’ stress in response to household food insecurity (86, 96, 97). Another possible mechanism linking children’s experiences of food insecurity with their mental health may relate to the emotional and psychological distress that food insecurity often engenders. Several
qualitative studies found that children described feelings of worry, stress, sadness, and anger over their household’s limited food supply (86, 87, 97). For example, two studies found that children who used disengagement strategies to cope with food insecurity were at a greater risk of experiencing depression or other mental health concerns (91, 97). In the long-term, exposure to household food insecurity in childhood may increase the risk of mental health concerns in adulthood (19, 98). For example, Darling et al (98) found that household food insecurity in childhood was associated with a higher likelihood of experiencing depression and stress among young adults compared to young adults with no previous exposure to household food insecurity.

2.3.4. Children’s academic performance

Evidence has shown an inverse relationship between household food insecurity and academic performance, such that as the severity and number of exposures to household food insecurity increases, the likelihood of children achieving lower academic scores also increased (18, 23, 25). A longitudinal study by Jyoti et al (23) found that children who transitioned from household food security to food insecurity, and girls who experienced persistent household food insecurity, had smaller improvements in their reading skills compared to children who lived in consistently food secure households. In addition, Alaimo et al (18) found that children 6-11 years old living in food insecure households were more likely to have repeated a grade and had higher rates of school absenteeism compared to their food secure peers. In two other studies, adolescents living in food insecure households were twice as likely to have been suspended from school and were less likely to be accepted to and attend post-secondary school compared to adolescents from food secure households (18, 25). Since educational attainment is a known risk factor for household
food insecurity (1, 2), optimizing a child’s success in school may reduce the risk of food insecurity later in life.

2.4. Food support programs for children may improve their diet quality, physical and mental health, and academic performance

Food support programs for children aim to reduce the risk and severity of food insecurity among households with school-aged children by increasing children’s access to adequate food and nutrition (27, 28, 99, 100). Most food support programs operate during the school year (i.e. September to June), with few operating during the summer. However, summer food support programs for children are increasing as studies have shown that household food insecurity increases in the summer when school is no longer in session (101-103). Food support programs in the U.S. and Canada that have been studied are meal programs (31, 32, 36, 38, 69) and food subsidy programs (42, 43).

2.4.1. Meal programs

Meal programs aim to reduce experiences of household food insecurity by providing a reliable source of nutritious meals directly to school-aged children for free or at a reduced cost (26). The most common meal programs that target school-aged children are: 1) school meal programs, which operate during the school year (September to June) and; 2) summer meal programs, which operate during the summer (June to August).

School lunch and school breakfast programs are the most common school meal programs (26, 104). The U.S. has national school food programs known as The National School Lunch
Program and the School Breakfast Program. These federally funded programs have been studied extensively (26). Program staff are hired to operate the programs, providing lunch and/or breakfast for free or at a reduced price. Children are eligible to participate in free or reduced priced meals if they live in a household that is a certain percentage below the poverty line according to the U.S. Poverty Income Guidelines (26). Canada does not have a national school meal program. Instead, programs are operated by schools and volunteers, most of which are schools located in low-income communities (29, 51, 105, 106). Funding sources for school meal programs include provincial governments, private donors, and non-profit organizations such as Breakfast Clubs of Canada or Brown Bagging for Kids (29, 104, 107). In general, most school meal programs in Canada are universally accessible, such that all children are eligible to receive school meals regardless of their socioeconomic position and usually at no cost (51, 107).

Summer meal programs provide meals in the summer months to improve food access when school meal programs are suspended at the end of the school year (26, 108). The U.S. has national summer meal programs known as the Summer Food Service Program and the Seamless Summer Option, an extension of the National School Lunch Program that allows schools to continue offering meals when school is not in session (26). Summer meal programs in the U.S. are implemented by states and other sponsors, which include school food authorities, summer camps, or non-profit organizations. Programs are operated at various sites, such as schools, parks, and community centres (108). Most programs are located in low-income communities where a high proportion of students received free or reduced priced school meals during the school year (109). In response to the COVID-19 pandemic, summer meals were provided for free in all summer food program sites in the U.S. (108).
There are very few summer meal programs in Canada. Those that do exist are operated by non-profit organizations. For example, summerlunch+ provides meals to children attending summer camps in Ontario (110). Food4Kids is also Ontario-based and partners with schools to provide food packages to children with limited access to food in the summer (111). In Calgary, the Community Kitchen’s Tummy Tamers program prepares and provides lunches and snacks to children attending summer camps (112). I Can for Kids (IC4K) in Calgary previously offered meal and snack packs in the summer to children living in low-income households (57). However, in March 2020, IC4K transitioned to providing households with GGC to address the immediate food needs of school-aged children who no longer had access to school meals due to COVID-19-related school closures (61).

2.4.1.1. Meal programs - quantitative findings

Quantitative studies of school meal programs have found that children living in food insecure households who participated in free or reduced price school meal programs in the U.S. have higher diet quality (31-34, 113), and higher school attendance and test scores (33, 35) compared to children who were eligible but did not participate in free or reduced priced meals. Children who received free or reduced price school meals obtained a majority of their daily intake of energy, fruits, vegetables, and nutrients, such as calcium, vitamin A and zinc at school, but had excess intakes of sodium, compared to children who were eligible but did not participate in the program (31, 33). Few quantitative studies have examined the impact of school meal programs on children’s diet quality in Canada. A population-based study by Tugault-Lafleur et al (114) found that children who brought lunch from home consumed more whole grains and fruit
compared to children who obtained food from school. However, unlike the U.S., there are no federal nutrition guidelines for school meal programs in Canada (115). Although several provinces have established voluntary or mandatory nutrition guidelines for school meal programs, the nutrient criteria differ by province and studies have shown limited adherence to these guidelines due to financial constraints, limited facilities for food preparation, and lack of awareness (51, 115-117). This limited guidance and poor compliance where guidelines exist may limit the nutritional quality of meals obtained from school.

Several studies have shown that the prevalence of household food insecurity declines when children have access to school meal programs compared to periods when they are not able to access these programs (36, 38). A longitudinal study by Huang et al (36) found that household food insecurity decreased by 14% among children who received free or reduced priced school meals during the school year compared to during the summer when school meals were not available. However, studies have not yet examined how school or summer meal programs affect household food insecurity in Canada. On the other hand, Vozoris et al (118) found that child nutrition programs in Toronto, including school meal programs, only alleviated a small fraction of overall household expenses, and thus suggested school meal programs were unlikely to alleviate household food insecurity.

Despite some of the demonstrated benefits of meal programs to children’s diet quality and household food insecurity, some meal programs have low participation rates. For example, participation rates for summer meal programs in the U.S. have declined every year for the last four years despite strategies to increase program reach and participation (119, 120). In Canada,
one study that examined school meal participation of over 30,000 students from schools in Ontario and Alberta found that only 16% of the students participated (106). These findings suggest that many food insecure households may not be receiving critical supports that could reduce household experiences of food insecurity.

### 2.4.1.2. Meal programs - qualitative findings

Whereas quantitative studies can quantify the impact of meal programs on pre-determined outcomes, qualitative studies can explore participants’ experiences and perceived outcomes of these programs in an in-depth manner (121). Such data can help to uncover reasons for quantitative findings, such as barriers and facilitators to participating and delivering these programs. These findings can in turn inform strategies to increase program reach and deliver them in a more effective manner (122). However, despite the importance of conducting such studies, very few qualitative studies have explored participants’ experiences and perceived outcomes of meal programs, specifically aspects of meal programs that facilitate or are barriers to food access among households that participate in them. There are also very few qualitative studies that have explored program deliverers’ experiences and perceived outcomes of meal programs, yet their perspectives are also important to consider because their role in operating meal programs can impact program reach and accessibility (50-53).

Freedman et al.’s (63) theoretical framework of nutritious food access can provide a helpful means of classifying factors that have been shown to shape access to nutritious food in meal and food subsidy programs in qualitative studies. The framework posits that food access is primarily shaped by factors within five key domains: 1) the economic domain, such as household financial
resources available to purchase food; 2) the service delivery domain, for instance, food quality and variety and helpfulness of staff; 3) the spatial-temporal domain, including travel distance and the availability of transportation to access food; 4) the social domain, such as cultural or religious food preferences; and 5) the personal domain, including food and nutrition knowledge and physical health conditions that influence food selection.

Meal programs can influence food access through the economic domain by reducing household food expenses with the provision of free or reduced price meals directly to children, particularly during the summer when school meal programs are suspended. In several summer meal program studies, parents perceived summer meal programs as a type of cost-savings because they reduced the financial strain of increased food expenses when children no longer had access to school meals (47, 49). Kannam et al (47) also found that parents reported being able to allocate money that would have been spent on food to other household expenses, such as transportation, when their children participated in summer meal programs.

Meal programs can also influence food access through the service delivery domain. Studies of summer meal programs in the U.S. found that parents reported having positive interactions with program staff. Parents described staff as warm, kind, and attentive, which encouraged them to return to the program regularly because they felt it was a safe and trusting environment (48, 49). In addition, program deliverers’ experiences in operating meal programs provided insight into logistical barriers that influenced program delivery and sustainability. For example, staff who were responsible for the financial and administrative aspects of summer meal programs indicated that the excessive amount of paperwork and the operational costs to maintain programs were key
reasons for program discontinuation (50-52). Other logistical barriers to food access reported by program deliverers were limited kitchen facilities, and the high costs of nutritious ingredients (51-53). In Canada, program deliverers expressed a desire for increased government funding to operate school meal programs to reduce their reliance on volunteers (51).

Meal programs can influence food access through the social domain by providing children opportunities to build social connections with their peers and for parents to connect with other parents (47-49, 123). Children described school and summer meal programs as an opportunity to socialize with their friends (47, 123). Program deliverers also perceived children being able to connect with their peers increased program attendance as children invited new friends to participate (123). For meal programs that invited parents to attend or volunteer as well, parents felt a deeper connection to their community as they described being able to build a support network amongst other parents (48, 49, 123). Parents also reported learning about other resources in their community to address other areas of need (48, 49).

On the other hand, a potential barrier to food access in the social domain is the stigma that children may encounter due to participating in meal programs (123-125). Moreover, parents with children participating in meal programs may be perceived as inadequate parents who are unable to provide for their children (123-125). As such, parents who did not want to be identified as low-income and/or as inadequate parents were hesitant to have their children participate in school meal programs (123, 125). However, parents who were program volunteers did not report feeling stigmatized as they felt that by volunteering their time they were compensating for the food their children received (123). Program deliverers have also reported awareness of the
stigma attached to participating in school meal programs, noting that older children were embarrassed to access meal programs (124, 125).

School meal programs may improve food access through the spatial-temporal domain by serving meals to children who are already at school. In other words, there is no additional travel time or travel costs associated with participating in school meal programs (126). However, when school is no longer in session, poor access to summer meal program sites was a barrier to participation (50, 126). Children indicated that some of their friends did not participate in summer meal programs because program sites were not within walking distance (126).

In the personal domain, meal programs have been shown to influence food access through nutrition education. White et al (127) found that children felt more confident in their ability to make healthier snack food choices after attending nutrition sessions through summer meal programs. Children also reduced their intake of sugar-sweetened beverages after attending nutrition education sessions, but it is unclear if healthier dietary practices continued when the nutrition sessions ended (127). From a program deliverer perspective, teachers reported using school meal programs as an opportunity to discuss healthy food practices and introduce new foods to children who, in turn, shared these discussions and desires to try new foods with their parents (123). On the other hand, a potential barrier to food access within meal programs may be related to program alignment with children’s food preferences (51, 123, 126). In a study with school meal program coordinators across Ontario, most acknowledged that they were unable to accommodate children’s food allergies and cultural/religious food restrictions due to lack of knowledge, time, and infrastructure (51, 123). In the U.S., Contugna et al (126) found that some children did not participate or were reluctant to participate in summer meal programs because
they disliked the type and quality of foods served, noting that they were tired of eating sandwiches and some foods were served soggy, or still frozen.

2.4.2. Food subsidy programs

Food subsidy programs aim to increase households’ purchasing power by providing funds to purchase adequate, nutritious foods (128). A well-studied food subsidy program is SNAP in the U.S. (129, 130). Funds are delivered and spent using an electronic benefits transfer (EBT) system, which operates similar to a debit card where funds are loaded onto a plastic payment card that households use to purchase food (131). To be eligible, households must have an income below a certain percentage of the U.S. Poverty Income Guidelines (128). The subsidy amount is determined based on household size and income (128). Subsidies can be used to purchase any food item at participating grocery stores and farmer’s markets except alcohol, hot foods, and foods eaten in the store (132).

Two additional food subsidy programs in the U.S. that use the EBT system are the Summer Electronic Benefit Transfer Program (S-EBT) that started in 2011 (43) and the Pandemic Electronic Benefit Transfer program (hereafter referred to as P-EBT), which began in 2020 amidst the COVID-19 pandemic (133). The S-EBT provides funds to eligible households in the summer months to address heightened food insecurity in the summer (134). Eligible households include children who received free or reduced priced meals during the school year (43). Households receive $60 per eligible child per month delivered through the SNAP or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) EBT system (43). Food purchases must adhere to the program’s food purchasing guidelines the EBT system is
assigned to. For example, SNAP S-EBT must adhere to SNAP guidelines mentioned above and the use of WIC S-EBT must take place at WIC participating food stores and adhere to WIC food purchasing guidelines. WIC purchases are restricted to nutritious foods, such as fruits, vegetables, plant-based proteins, whole grains, and dairy products (43, 135, 136).

The P-EBT was launched shortly after school closures due to the COVID-19 pandemic. The goal of the P-EBT was to alleviate rising household food insecurity rates due to the economic constraints from the COVID-19 pandemic (133). Households are eligible for P-EBT if they have children who would have received free or reduced priced meals if it were not for COVID-related school closures (137). Funds are delivered and spent through SNAP and thus food purchases are made at SNAP-approved stores and adhere to SNAP food purchasing guidelines (137). To improve households’ access to P-EBT during the pandemic, several changes were made to the traditional SNAP program, such as an expanded eligibility criteria, increased benefit amount, and less administrative paperwork required to enroll in the program (137).

There are very few food subsidy programs in Canada. One example of a food subsidy program in Canada is Nutrition North Canada. This program is designed to improve the affordability and accessibility of nutritious foods for households that live in remote, northern communities in the Yukon, Northwest Territories, and Nunavut (138). The aim of Nutrition North Canada is to address high rates of household food insecurity in Canada’s northern regions and territories (139). Subsidies are offered to food retailers to subsidize the high transportation costs of perishable foods to remote communities, with the expectation that these savings will be passed on to consumers to reduce their food costs (139). Another example of a food subsidy program in
Canada is the Farmer’s Market Nutrition Coupon Program in British Columbia (140). The Farmer’s Market Nutrition Coupon Program is a 16-week government-funded food subsidy program that is operated by the British Columbia Association of Farmers’ Markets in partnership with local community agencies (140). Low-income households are provided coupons to use at participating farmer’s markets valued at $21/week to purchase fruits, vegetables, dairy, meats, fish, eggs, nuts and fresh herbs from June to November (140).

GGC programs are another form of food subsidy that are directed for purchases at specific grocery stores. One advantage of GGC is that they are not easily identifiable as a form of food assistance. In general, purchases made using GGC are unrestricted within designated grocery stores. With the onset of the COVID-19 pandemic, many food support programs in Canada, such as IC4K in Calgary, Food4Kids Ontario, and the Government of Ontario’s Student Nutrition Program, transitioned to providing GGC to households when it was no longer possible to provide children with meals (56, 58, 59, 61).

2.4.2.1. Food subsidy programs – quantitative findings

Quantitative evidence has demonstrated that participation in food subsidy programs is associated with a lower risk of food insecurity among low-income households (44-46). Nord and Golla (45) found that the prevalence of very low food insecurity was reduced by one third once households started receiving SNAP compared to before they received the food subsidy. In S-EBT programs, Collins et al (28) found that children from households who received S-EBT had a 33% lower prevalence of very low food insecurity compared to children from households that did not receive S-EBT.
Quantitative evidence is limited on the impact of food subsidy programs on children’s diet quality and the impact varies depending on the subsidy program. The diet quality of children receiving SNAP was similar or lower than children from households who were eligible but did not receive SNAP (39, 41, 141). However, selection bias may have contributed to study findings of little or no difference in diet quality between groups since households who utilize the program are more likely to have greater unmet food needs than eligible households who do not receive SNAP (39, 41, 141). In the S-EBT program, Collins et al (42) found that children from households that received S-EBT subsidies consumed more fruits, vegetables, and whole grains compared to children from households that did not receive S-EBT subsidies (42). However, when comparing diet quality between children from households receiving S-EBT through SNAP or WIC, children who received S-EBT from WIC consumed twice as many fruits and vegetables as children from households who received S-EBT from SNAP (43). It is likely that higher diet quality observed among children from households receiving S-EBT through WIC is due to the restrictive food purchasing regulations of WIC (43).

Few quantitative studies have examined the impact of Nutrition North Canada. St-Germain et al (142) found that the prevalence of household food insecurity increased by 13% in Nunavut after implementation of Nutrition North Canada. This suggests that Nutrition North Canada may not effectively address factors underlying household food insecurity. Quantitative studies have not yet examined whether or to what extent GGC may reduce household food insecurity.
2.4.2.2. Food subsidy programs – qualitative studies

A small number of qualitative studies have explored participants’ experiences of accessing food subsidy programs. One study in Canada explored the experiences and perceived outcomes of recipients who access the Farmer’s Market Nutrition Coupon Program in British Columbia. Other existing qualitative studies of food subsidy programs are in the U.S. and have described program experiences of SNAP recipients and SNAP program deliverers, including SNAP state employees, caseworkers, and staff who facilitate nutrition education components. Using Freedman et al’s (63) framework for food access, recipients’ experiences using subsidies and program deliverers’ experiences implementing the programs included factors that were barriers or facilitators to food access within the economic, service delivery, social, and personal domains. Qualitative studies have not yet explored program recipients’ and deliverers’ experiences and perceived outcomes of S-EBT, P-EBT, and GGC programs.

Qualitative findings indicate that food subsidies may improve food access through the economic domain by supplementing household income so that recipients can afford sufficient food. Farmer’s market coupon recipients reported that the coupons allowed them to purchase healthy foods and reallocate their household income to other household expenses (143). SNAP recipients from two qualitative studies reported that SNAP subsidies supplemented their food budget, thereby freeing up household income to pay for other basic needs, such as rent, utilities, and healthcare (40, 144). However, SNAP recipients noted that SNAP was able to meet their household’s food needs largely because they used various money-saving strategies (40, 144, 145). These strategies include purchasing less nutritious foods that cost less and are shelf stable, or accessing charitable food support programs, such as food banks (40, 144, 145). In two
Food subsidies may improve food access through the service delivery domain when programs, such as the Farmer’s Market Nutrition Coupon Program provide recipients access to foods they perceive as high quality and experience helpful, positive interactions from staff (143). Food subsidies may also improve food access through this domain when programs use a debit card-like system, such as the EBT system. SNAP recipients indicated that the EBT system’s automatic monthly deposit and deduction of their subsidies made SNAP easy to use and dependable. Moreover, recipients appreciated the accessibility of SNAP since the subsidies are accepted at most grocery retailers and farmer’s markets and the program had very few purchasing restrictions (40, 144). On the other hand, a barrier to food access in the service delivery domain was the extensive amount of administrative paperwork needed to enroll in food subsidy
programs, such as SNAP (40). SNAP recipients have described the SNAP application process as complex, overwhelming, and time consuming (40, 144). Program deliverers also reported that recipients experienced frustration with the application process, including delays in receiving subsidies due to long application processing times (55). As such, SNAP recipients and program deliverers expressed a desire for a shortened and simpler application process (40, 55). Program deliverers suggested additional operational improvements, noting the need for increased staffing to better assist eligible households through the application process (55).

The frequency of subsidy allotments in food subsidy programs may also affect food access in the service delivery domain. The monthly distribution of SNAP subsidies was perceived as a barrier by both SNAP recipients and program deliverers who expressed a desire for bi-weekly subsidy allocation (54, 144). Both SNAP recipients and program deliverers perceived that delivering food subsidies more frequently would address cyclical eating patterns by preventing them from spending the entire subsidy amount at the beginning of the month (54, 144).

Food subsidies may improve food access through the social domain by providing dignity, autonomy, and a less stigmatized approach for households to acquire food compared to programs that provide food hampers. In a study by Leung et al (40) and another by Brown et al (145), SNAP recipients did not describe any stigma associated with using SNAP subsidies. Recipients perceived the use of an EBT card was discreet because the card resembled a debit card making it less obvious that they were receiving food assistance (40, 145). However, in another study by Leung et al (54), program deliverers reported that some households eligible for SNAP did not
want to participate because they did not want to be recognized as receiving government assistance or “handouts” (55).

Food subsidies may also improve food access through the personal domain by providing households the autonomy to select foods that align with their household food preferences. Less restrictive food subsidies, such as SNAP, enable recipients to select foods that align with their household’s cultural, personal, or health-related food preferences (144, 145). Moreover, both SNAP recipients and program deliverers expressed a desire for more nutrition education opportunities to improve their knowledge of healthy eating practices (40, 54). However, nutrition education may only improve nutritious food access to a certain extent. Households without financial resources to procure nutritious foods and/or with poor geographic accessibility to food stores that offer these foods may not have the opportunity to improve their diet quality despite being knowledgeable about healthy eating practices (146).

2.5. Summary of literature review and gaps in literature

Household food insecurity rates continue to rise in Canada, especially with the negative economic impacts brought on by the COVID-19 pandemic (4). Household food insecurity is a public health concern, particularly among households with children (1). This literature review has demonstrated that household food insecurity is associated with poor diet quality (5-9), physical (10-15, 83) and mental health (18, 23-25), and academic performance (18, 23-25) among children. The risk of children experiencing these outcomes further increases with persistent exposure to household food insecurity (10, 12, 16, 17, 20, 22, 23).
Food support programs for children are one approach to alleviate the risk and severity of household food insecurity by improving children’s access to food through meals directly provided to them (i.e. meal programs) or by supplementing household income to afford more nutritious food (i.e. food subsidy programs) (27, 45, 113). Quantitative studies have demonstrated that school and summer meal programs may reduce household food insecurity, and improve diet quality (31, 32, 34, 113) and academic achievement (33, 35) among children who receive free or reduced price meals. Quantitative evidence pertaining to food subsidy programs, specifically in the U.S., suggests that participation in such programs reduces the risk of household food insecurity (44-46) and improves diet quality among children (42). Qualitative evidence suggests that school and summer meal programs and food subsidy programs promote food access through the economic, service delivery, social, and personal domains (40, 47-49, 54, 55, 125, 144, 145). Qualitative findings also suggest that factors within the service delivery, spatial-temporal, and social domains may be barriers to food access within meal (50-52, 123-126) and food subsidy programs (40, 144, 145). There are currently no qualitative or quantitative studies that have explored whether and how GGC programs influence food access among food insecure households.

2.6. Program description and study context

IC4K is a non-profit organization in Calgary, Alberta, Canada that was started in 2015 to address unmet food needs among children from low-income households (147). Previously, IC4K was a 10-week summer program that purchased, packaged, and distributed nutritious meal and snack packs to community agencies located across Calgary, Alberta (60). Agencies then distributed these food packs to children who may not have access to consistent meals in the summer when
school meal programs were not accessible (60). In 2019, IC4K supplied over 24,000 food packs to children in over 50 communities throughout Calgary, a 550% increase in food packs distributed since the start of their program (60).

However, in April 2020, IC4K transitioned from a 10-week food pack program to providing households with GGC throughout the year (61). This shift in programming enabled them to address the immediate food needs of school-aged children who no longer had access to school meals due to COVID-19-related school closures (61). GGC can be used to purchase any item at any food store affiliated with the grocery retail chain that issued the GGC. Community agencies distribute the GGC and determine the amount to be provided (e.g. one or two $50 GGC) and how often (e.g. biweekly or monthly) on a case-by-case basis. Through the ongoing support of and partnerships with funders and community agencies, IC4K provided over 15,000 households with GGC valued at more than $714,000 (i.e. approximately $50 per household) between April and December 2020 (61).

2.7. Study rationale

Despite an increase in the number of GGC programs to address heightened food insecurity in the wake of the COVID-19 pandemic (56-59), qualitative studies have not yet explored the experiences and perceived outcomes of individuals accessing or delivering GGC programs. As IC4K’s GGC program continues to expand and provide GGC to more households at risk of food insecurity, it is imperative to explore whether and how GGC improve food access and reduce their experiences of household food insecurity (61). Understanding the experiences and perceived outcomes of program recipients who use GGC will provide critical insight into the
benefits, disadvantages, facilitators, and barriers to accessing and using GGC. It is also equally important to include the experiences of program deliverers who administer the GGC program (i.e. community agency staff who partner with IC4K). This is important because programs are less likely to continue when staff perceive the work involved to operate a program is too demanding and/or when programs are perceived to have a limited impact on recipients (50-52). Taken together, these data will inform strategies to facilitate more effective program delivery and enhance the experiences and perceived outcomes of future program recipients.

2.8. Research aim and objectives

This qualitative study was co-designed with IC4K stakeholders to explore IC4K GGC recipients’ (i.e. primary caregivers who use the GGC) and deliverers’ (i.e. community agency staff) experiences and perceived outcomes of receiving or distributing GGC. Our specific objectives are the following:

1. Describe GGC recipients’ and deliverers’ experiences of receiving or distributing GGC from IC4K
2. Describe GGC recipients’ and deliverers’ perceived outcomes of receiving or distributing GGC from IC4K
3. Generate concrete strategies to inform program modifications to improve the experiences and perceived outcomes of recipients who access IC4K’s GGC program in the future
3. Chapter 3 Methodology

3.1. Qualitative description

Qualitative description is a qualitative methodology that aims to provide a comprehensive description of experiences or events while staying close to the data (148, 149). At a broad level, qualitative description is informed by naturalistic inquiry, in which an event or phenomenon is studied in its natural state (150). In other words, qualitative descriptive research seeks to discover and understand experiences or events in their natural context from individuals directly involved (i.e. as if they were not under study) (148, 150). Ontology is the study of being and what constitutes reality (150). Relativism is the ontological assumption inherent within qualitative description, in which reality is regarded as subjective and shaped by an individual’s interpretation of the event or phenomenon (150). Epistemology refers to the study of knowledge, including what knowledge is and how it is gained (151). Subjectivism is the epistemological position inherent in qualitative description, which says that knowledge of reality is socially constructed and generated from an individual’s experiences and their subjective interpretation of those experiences (150).

Qualitative descriptive studies seek to present the viewpoints of participants while minimizing researchers’ subjective interpretation of participants’ descriptions (148, 150). In staying close to participants’ words, findings generated from qualitative descriptive studies have informed practical strategies to improve a wide range of programs (152-155). I used qualitative description to accomplish my research objectives because my aim was to generate rich, yet straightforward descriptions of program recipients’ and deliverers’ experiences and perceived outcomes of accessing or facilitating IC4K’s GGC program. Findings generated from participants’
descriptions were used to inform practical strategies to enhance the experiences and outcomes of recipients accessing IC4K’s GGC program in the future.

3.2. Theoretical framework
Freedman et al’s (63) theoretical framework provides a broad range of factors that influence food access. The comprehensive nature of Freedman et al’s (63) five domains allowed me to explore how accessing or facilitating IC4K’s GGC program and the use of GGC may have constrained or facilitated recipients’ access to food in a thorough and in-depth manner. As described in Chapter 1, the five domains include economic, service delivery, spatial-temporal, social, and personal factors. For data generation, I used the framework to support the development of semi-structured interview guides. Interview questions were designed to encourage participants to describe their experiences of accessing and using GGC, or delivering them, within each of the five domains. During data analysis, I used the framework to guide the development of coding schemes.

3.3. Researcher positioning
As a researcher studying a phenomenon in its natural context, I acknowledge that I am an active participant in the research process through my role in shaping how the data were gathered, analyzed, and represented (121, 148, 150). Therefore, I cannot hold a neutral position in the research process. How the research unfolds and the data that are presented are influenced by my own preconceptions and assumptions shaped by my pre-existing knowledge of the phenomenon, as well as my own values and lived experiences (148, 150). Thus, reflexivity was an important part of the research process in order to acknowledge my identity, positionality, and subjectivities and how they influenced the research process (156).
I am a second generation Chinese-Canadian immigrant. My household income places me in the middle-class. I have a University-level education in the field of nutrition and am a Registered Dietitian. I have worked in the non-profit sector connecting families living with persistent food insecurity to food supports in Calgary, Alberta. As a Registered Dietitian, my pre-existing knowledge and work experience in nutrition sensitized me to factors that influence diet quality and healthy eating practices, which assisted me to explore such topics with recipients in greater depth. I identify as a woman. My cultural identity and growing up in an immigrant family has also helped me to become familiar with challenges related to accessing culturally appropriate foods and experiences of integrating into Canadian culture, including food culture. I also acknowledge the privileges in my life. I have had access to a university education that has afforded me good employment opportunities. I have not previously experienced food insecurity, nor have I accessed financial assistance or food support programs. As such, I approached this research as an outsider.

Although my aim is to present an accurate description of the lived experiences of food insecurity as told by program recipients as well as the experiences of program deliverers in supporting these households, no description is free of interpretation (148, 150). My pre-existing knowledge, research, and work experience shaped how I interpreted my research findings. Reflexive notes documented my personal thoughts, feelings, and assumptions throughout the research process that supported me in maintaining self-awareness of my role as a researcher. I documented my personal thoughts and impressions of participant responses and my interactions with them in field notes recorded shortly after each interview. This encouraged me to reflect on my biases and
feelings during each interview. Nevertheless, the research findings presented herein reflect participants’ descriptions of their experiences as well as my own interpretations of the data.

3.4. Sampling strategy and participant recruitment

3.4.1. Sampling strategy

Program recipients and program deliverers were purposively recruited in collaboration with the IC4K Director and nine community agencies throughout Calgary, Alberta, in an attempt to enroll a diverse group of participants who differed in household size (i.e. 1-2 vs 3 or more children), household type (i.e. single- vs two-parent households); and immigrant status (i.e. Canadian-born recipients vs recipients who immigrated to Canada). Program recipients were defined as primary caregivers who are also primary food shoppers and food preparers in the household, whereas program deliverers were agency staff involved in planning the GGC distribution process and/or providing GGC to program recipients.

3.4.2. Community agency involvement

The IC4K Director provided me with a list of community agencies that have partnered with IC4K for at least two years. The purpose of contacting community agencies was to ask them if they could facilitate recruitment of low-income individuals who participated in IC4K’s GGC program. I contacted all community agencies on the list provided based on their location in the city and the populations they served (e.g. tenants of subsidized housing, immigrant, indigenous, and low-income neighbourhoods) in an attempt to enroll a diverse sample of participants.
Community agencies designated one staff member as a point-of-contact for the study and who would be responsible to communicate information about the study to their colleagues. These staff members attended an information session detailing the study’s recruitment processes. Staff were also provided with an information booklet (Appendix C) and a summary of the recruitment process (Appendix D) that described the study and recruitment processes.

### 3.4.3. Program deliverer recruitment

Program deliverers were staff members of community agencies that IC4K partners with, but who did not work for IC4K. Program deliverers’ role within the community agency range from frontline staff who provide direct support to program recipients (e.g. community facilitators, tenant liaisons, client caseworkers) to managerial staff who oversaw the work and wellbeing of frontline staff and the agency’s day-to-day operations. Using a purposive sampling approach, I recruited program deliverers from community agencies that were located in different quadrants of the city and that served different populations. Specifically, the agencies that participated in the current study served GGC recipients who resided in subsidized housing or in low-income neighbourhoods, had recently immigrated to Canada, or were Indigenous. I invited program deliverers to participate in the study via face-to-face discussion, phone, and email. To be eligible for the study, program deliverers must have worked directly with IC4K for at least two years, provided GGC to at least two households during the current program year (2020) and had to have provided food from IC4K or connected recipients to other food support programs in previous program years. The target sample size was 8-10 program deliverers. I estimated that this sample size would support me in my attempt to achieve a diverse representation of program deliverers who worked in different areas in the city and served different population groups. I perceived that
having a relatively diverse group of participants would assist me in gaining a more comprehensive understanding of program deliverers' experiences and perceived outcomes of facilitating IC4K’s GGC program. However, recruitment exceeded our target sample size as new understandings about program deliverers’ experiences in distributing GGC, specifically coordinating and planning the distribution process, continued to emerge even after reaching my target. As such, sampling did not end until after 17 program deliverers had been interviewed, at which point saturation was reached. I defined saturation based on the code meaning approach (157), whereby no new codes, or meanings of codes, were being identified in the data.

3.4.4. Program recipient recruitment

Program recipients were purposively recruited by community agency staff based on the study’s eligibility criteria and to ensure a diverse group of participants who varied with respect to household size, household type, and immigrant status. To be eligible for the study, program recipients had to be a primary caregiver of the child(ren) in the household, had to have received and used at least two GGC from IC4K in the current program year (2020), accessed food support from IC4K or other food support programs in previous program years, were the primary food shopper and food preparer in the household, and could speak and understand English or had someone to assist them. A primary caregiver was defined as an individual who bore primary responsibility for the care of children in the household. For recipients who had shared custody of children, children had to reside with the primary caregiver at least 50% of the time. Program recipients had to be the primary food shopper in the household as they were most qualified to discuss the experiences and perceived outcomes of receiving and using GGC.
Program recipients were recruited in collaboration with agency staff. Agency staff were asked to assist in recruiting participants because they have existing trusting relationships with program recipients as they are responsible to connect them with resources to support their basic needs (e.g. housing, employment, food). As such, agency staff were best positioned to identify program recipients who could provide rich descriptions of their experiences and outcomes of accessing IC4K’s GGC program. Agency staff approached program recipients about the study via face-to-face discussions or by phone. Program recipients interested in participating in the study completed a consent to contact form (Appendix E) giving agency staff permission to share their contact information with me. I used the contact information to connect with participants to schedule interviews. Participants reviewed and completed the informed consent forms (Appendix F and G) prior to interviews.

For a purposeful sample, I estimated a target sample size of 30-45 program recipients would support me in my attempt to recruit a diverse representation of program recipients and comprehensively explore their experiences and perceived outcomes of accessing IC4K’s GGC program. Recruitment ended after 37 program recipients had been interviewed as saturation was reached using the code meaning approach (157).

3.5. Data generation

3.5.1. Developing semi-structured interview guides

Data generation occurred between August and November 2020, approximately four months after the GGC program began. I perceived this timeframe would provide sufficient time for both program recipients and deliverers to receive and distribute GGC multiple times and thus be more
likely to provide rich and descriptive accounts of their experiences and perceived outcomes of accessing and facilitating the program. I also wanted to explore the individual experiences and perceived outcomes of IC4K’s GGC program. As such, I selected individual interviews as my method for data generation because it is a recognized approach to gather rich, detailed information about personal experiences and perspectives (150, 158, 159). I developed a semi-structured interview guide that was specific to each participant group i.e. program recipients (Appendix H) and program deliverers (Appendix I).

Both interview guides consisted of open-ended questions to encourage participants to freely speak about experiences and perceived outcomes that were salient to them. For example, program recipients were asked about their experiences and perceived outcomes of receiving and using GGC (e.g. “What is it like to get grocery gift cards from I Can for Kids?”). Program deliverers were asked about their experiences and perceived outcomes of coordinating and providing GGC to recipients (e.g. “What is your experience of distributing grocery gift cards from I Can for Kids?”). Freedman et al’s (63) five domains guided the development of interview questions and probes to further explore factors that affected household food access among participants who accessed or facilitated IC4K’s GGC program. For example, in the recipient interview guide, I developed probes to explore each of Freedman et al’s (63) five domains to support me in more thoroughly understanding recipients’ access to food. (e.g. Under the question, “What made it hard or easy to pick up or use grocery gift cards?” I added a probe to further explore the spatial-temporal domain when it was not addressed by recipients: “What about transportation time/cost to pick up or use grocery gift cards? What was access to the grocery store like?”).
3.5.2. **Pretesting interview guides**

Prior to conducting interviews with each participant group, the Research Assistant and I pretested the interview guides with 3 program recipients and 1 program deliverer. Pre-testing the interview guides helped me to refine the interview questions to better reflect my research objectives and prompt richer descriptions from participants (160). Following pre-testing, additional questions and probes were added that more comprehensively explored program accessibility, such as modifications to probing questions to enhance clarity. For instance, the original probe “*How many grocery gift cards have you received from I Can for Kids?*” was modified to add “*refers to how many received in total and how many received at one time*”. Pre-testing interview guides also supported me in my attempt to enhance the methodological validity of my data generation approach by ensuring questions were asked in a consistent manner. For example, I originally wrote questions as brief notations, however this led me to ask the questions in an inconsistent manner across interviews. To improve consistency, I therefore rephrased the probes into a full question format (e.g. *How do you feel when you pick up or use grocery gift cards? What about how friends/family/others say about picking up or using grocery gift cards?*). As the pre-test interviews yielded valuable descriptions of participants’ experiences and perceived outcomes either accessing or delivering IC4K’s GGC program, these data were included in the data analysis.

3.5.3. **Semi-structured interviews**

A total of 54 interviews were conducted (n=37 program recipients and n=17 program deliverers). A trained and experienced Research Assistant conducted 16 program recipient interviews and I conducted 21 program recipient and 17 program deliverer interviews. Seventeen interviews (15
program recipients, 2 program deliverers) were conducted in-person, 19 by phone (16 program recipients, 3 program deliverers), and 18 were conducted virtually using Zoom, a secure web-based platform (6 program recipients, 12 program deliverers). Connectivity issues occurred during a few phone interviews, but these were quickly addressed by me or the participant I could not record facial expressions or body language during telephone interviews. However, I did not find that the quality of data differed by phone, in-person interviews or Zoom interviews as all participants provided in-depth descriptions of their experiences and perceived outcomes of IC4K’ GGC program. Interviews were approximately 45-80 minutes in length. All participants received a $25 cash incentive for their participation in the study.

Field notes were recorded after each interview. All except one interview were audio-recorded and transcribed verbatim using Otter software version 2.0 (161). For the interview that was not recorded, I manually recorded detailed notes of the participant’s responses. As data generation and analysis occurred concurrently, the interview guide was continuously adapted to better capture emerging concepts in the data. For example, many recipients mentioned that GGC often did not correspond with their grocery store preferences. As I had not included a question on this in the original recipient interview guide, I subsequently added a question about recipients’ grocery store preferences and whether they could request GGC from their preferred stores from agency staff.
3.6. Data analysis

Data analysis was an iterative and interactive process as concurrent data generation and analysis mutually shaped one another. Saturation was reached using the code meaning approach (157), whereby no new codes or meaning of codes were being identified in the data.

3.6.1. Directed content analysis

Directed content analysis was used to analyze the data using strategies described by Hsieh and Shannon (162) and Erlingsson and Brysiewicz (163). Directed content analysis is an approach to qualitative content analysis. Qualitative content analysis uses a systematic process of coding and identifying patterns and themes in the data (162, 163). Qualitative content analysis is a widely used analytical method in qualitative descriptive studies because it aims to describe the content and context of the data without moving too far from the data (148, 152, 162). A directed approach to qualitative content analysis uses existing theory or relevant research to guide the initial coding process (162). Data are analyzed using a deductive and inductive process, whereby key concepts from an existing theory or relevant research informs the initial coding scheme and any data that do not fit within the initial coding scheme are coded inductively (162). For this study, I chose directed content analysis to analyze the data because I wanted to use Freedman et al.’s (63) theoretical framework. This framework supported me in gaining a more thorough understanding of whether and how IC4K’s GGC program facilitated or constrained program recipients’ access to food.
3.6.2. Coding schemes and coding process

Two coding schemes were developed in this study because data generated from program recipients (Appendix J) were coded separately from program deliverers (Appendix K). The initial coding schemes consisted of codes that were grouped together into coding sub-categories and categories in order to organize codes with similar content. These coding schemes were informed by Freedman et al’s (63) theoretical framework, whereby the sub-categories related to experiences of accessing or facilitating IC4K’s GGC program consisted of Freedman et al’s (63) five domains (e.g. under the Grocery gift cards category, the sub-categories included Economic access, Service delivery, Transportation, Social access, and Personal).

To develop the codebooks, the Research Assistant and I coded the first three program recipient interviews independently using the initial coding scheme. Segments of data that did not fit within the initial coding scheme were coded inductively. I subsequently conducted coding comparisons in NVivo to identify codes with low agreement. Each transcript was compared consecutively in which the Research Assistant and I met to review the data we had coded, discuss different perspectives of the data and our respective coding strategies in an attempt to resolve coding discrepancies and achieve consensus on the coding scheme. Based on our discussions, we revised the initial coding scheme to enhance the reliability of the coding process. For example, we found that the initial coding scheme only had one code to capture experiences of food banks and agency food pantries, but soon realized that recipients shared very detailed and descriptive experiences of accessing food banks and food pantries as they frequently compared and contrasted these experiences with accessing IC4K’s GGC program. As such, I added a new
category for food hampers with corresponding sub-categories and codes to reflect recipients’ experiences of receiving food hampers from food banks and community agency food pantries.

The revised coding scheme was then used to code two more program recipient interviews independently. Each transcript was compared consecutively, in which the Research Assistant and I met after coding each transcript was coded to discuss and resolve discrepancies and finalize the coding scheme. The same process was used to develop and refine a coding scheme for the program deliverer interviews. Once both codebooks were finalized, I coded the remaining interviews. The coding schemes are presented in Appendix J and K.

Once all transcripts were coded, data were then stratified by household type (single- vs two-parent household), household size (smaller households with 2 children or less vs larger households with 3 or more children), the number of GGC recipients received (less than 10 GGC vs 10-20 GGC vs 21-30 GGC, vs more than 30 GGC), and immigrant status (immigrant vs Canadian-born recipients) to explore any differences in experiences and perceived outcomes of receiving and using GGC from IC4K.

3.6.3. Subtheme and theme generation

Analysis began with immersing myself in the data through repeated listening to the audio recordings and reading of transcripts. After interviews were transcribed using Otter software (161), I reviewed each transcript and made manual changes to them when I identified inconsistencies between the audio-recordings and transcripts generated by Otter (161). All
transcripts, including the participant’s responses that were manually recorded were then uploaded to NVivo 12 (20) to support the coding process.

Throughout the analysis, I recorded memos and notes to identify initial thoughts, impressions of the data, and emerging concepts. After all transcripts were coded, I reviewed all codes, memos and notes, then collated and organized codes that captured similar concepts to form an overarching theme. Data segments coded within each theme were then further organized into subthemes that captured more specific and nuanced aspects of each theme. I generated a mind map which provided a visual representation of each theme, their corresponding subthemes and collated codes. This supported me in ensuring internal homogeneity and external heterogeneity as I could visually examine the overall patterns and relationships of the data coded within and across each subtheme and theme. All data segments were re-read to ensure data were coherent within each subtheme and corresponded to the overall theme to ensure internal homogeneity. External heterogeneity was established by re-reading all data segments to ensure data within each theme did not overlap with another theme, but also that all themes coherently and accurately reflected the dataset with regard to the experiences and perceived outcomes of recipients accessing GGC and program deliverers distributing GGC. In instances where I identified data segments that did not fit within a subtheme/theme or overlapped with other themes, subthemes or themes were restructured by adding or removing codes, or renaming them. Subthemes and themes were further developed and refined after discussion and feedback with the research team.
3.7. Rigour

Achieving rigour throughout the study process supported me in my attempt to generate study findings that were a truthful representation of participants’ experiences and perceived outcomes (150). For this study, I followed Noble and Smith’s (164) strategies in an attempt to enhance the credibility and trustworthiness of findings throughout the research process. This includes:

**Truth value**, which involves researcher reflexivity and ensuring findings are representative of participants’ accounts (164). I recorded reflexive notes that documented my thoughts, feelings, assumptions, and experiences during the research process. This reflexive practice supported me in my efforts to maintain transparency and self-awareness of my role as a researcher throughout the research process. Maintaining reflexive notes supported me in addressing how my biases and personal experiences, including my social and cultural background, influenced my interactions with participants and how I interpreted the findings. In addition, the involvement of two researchers in data generation enhanced trustworthiness of findings through investigator triangulation and peer debriefing. Investigator triangulation between the Research Assistant and I during coding scheme development helped ensure emerging concepts were consistent with the data and not exclusively one researcher’s subjective interpretation (163). Peer debriefing enabled us to discuss different perspectives of the data, critique and adapt our data generation and coding processes as new concepts emerged, and uncover biases and assumptions (149). Audio-recorded interviews and transcripts enabled me to revisit the data repeatedly to ensure that the themes generated from my findings were true to participants’ accounts (164). Moreover, to establish descriptive validity, which is to provide an accurate account of participants’ experiences and
perspectives, findings were presented alongside verbatim quotes from participant interviews (150, 164).

**Consistency and confirmability** refers to a clear and transparent description of the research process (164). I maintained a detailed audit trail, written records of how decisions were made during the study, field notes, and reflexive notes to provide a transparent description of the research process (164). For example, I recorded discussion notes each time the Research Assistant and I met to debrief our coding results and discuss emerging concepts in the data. The Research Assistant and I recorded field notes immediately after each interview. Our field notes detailed observations, such as interactions with program recipients and program deliverers and aspects of the conversation that stood out to us, including challenges, such as language barriers, we encountered during the interviews. Such observations provided context to participants’ verbal responses and informed ways in which subsequent interviews could be conducted in a more effective manner.

**Applicability** pertains to the application of findings to other contexts (164). The study context and the process of how this study was conducted, including sampling strategy and rigour, are described extensively in this thesis. Such transparency and detailed accounts of the study enables readers to assess the extent to which my study findings can be transferable to other contexts or settings (160).
3.8. Ethical considerations

*Ethics approval for this study was granted by University of Calgary Conjoint Health Research Ethics Board (REB19-0344) on December 16, 2019.*

To protect participants’ confidentiality, anonymity, and dignity as well as uphold the integrity of the study, I employed several ethical practices throughout the research process (150, 165).

**Safety and well-being:** Since the study took place during the COVID-19 pandemic, additional measures were taken to enhance the safety of participants. All participants were offered the option to participate in person, by phone, or virtually on Zoom and were informed of the potential risks associated with each method. For all in-person interviews, strict COVID-19 safety protocols were followed, including sanitizing rooms before and after interviews, practicing physical distancing, and wearing masks.

For some participants, the interviews triggered emotional responses as participants shared about personal experiences and hardships. The Research Assistant and I were sensitive to these responses and offered participants opportunities to take a break or discontinue the interview at their discretion. Participants were reminded that their withdrawal would not have any negative consequences to the support they received from their community agency or IC4K.

**Consent:** Only participants who gave consent to agency staff to share their contact information with me were contacted. Informed consent was obtained from all participants prior to interviews as well as consent to audio-record the interview.
**Anonymity and Confidentiality:** In-person interviews were conducted face-to-face in a private room. The Research Assistant and I were in a private room for all phone and virtual interviews. Virtual interviews were conducted using Zoom, an online platform accessed via the University of Calgary's secure online account that required a password to access the session. Furthermore, every participant was assigned a number, verbatim descriptions used pseudonyms, and other names of people or places mentioned in the transcript were removed to ensure participant anonymity. Any documents with identifying information were stored separately from data. All interview recordings and transcripts were stored on a password protected device and hard copy data were stored in a locked filing cabinet to maintain participant confidentiality.
4. Chapter 4: Results

Program recipient and program deliverer characteristics are presented in Table 2. In summary, out of the 37 program recipients interviewed, 51% were immigrants to Canada, the majority (73%) were female, between the ages of 18-45 years (78%), from two-parent households (51%), had 1-2 children living at home (51%), and were from households at risk of food insecurity (84%). The majority of program recipients had received fewer than 10 GGC (70%) prior to their interview (i.e. around 2-7 months of participating in the program). Program deliverers worked at agencies located in every quadrant of Calgary. Among the 17 program deliverers interviewed, the majority (71%) were frontline staff who had partnered with IC4K for 2-3 years (76%). Three themes and corresponding subthemes were generated from this research. The first theme is ‘Autonomy and dignity’ with three subthemes: reduced competing household expenses, flexibility and convenience, and dignified access to food. The second theme is ‘Dietary patterns and food skills with two subthemes: improved food quantity, quality and food skills, and health-related dietary restrictions and cultural food preferences. The third theme is ‘Program logistical strengths and constraints’ with four subthemes: connection with clients, program deliverer workload, differential access to GGC, and program awareness.

When data were stratified by household type, size, number of GGC received, and immigrant status, two differences were noted. The first was based on the number of GGC received regarding how often and how many GGC they recommended receiving. The second difference was based on immigrant status regarding immigrant recipients’ ability to purchase more food to maintain their cultural foodways. These differences are further discussed in the chapter. All other
experiences and perceived outcomes were similar regardless of the stratified variables mentioned above.

Table 3 I Can for Kids grocery gift card program recipient and deliverer characteristics (n=54)

<table>
<thead>
<tr>
<th>Program recipient characteristics (n=37)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristics</td>
<td>Born in Canada n (%)</td>
</tr>
<tr>
<td></td>
<td>18 (49)</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>17 (94)</td>
</tr>
<tr>
<td>Male</td>
<td>1 (6)</td>
</tr>
<tr>
<td>Age (years)</td>
<td></td>
</tr>
<tr>
<td>18-35</td>
<td>9 (50)</td>
</tr>
<tr>
<td>36-45</td>
<td>8 (44)</td>
</tr>
<tr>
<td>46-55</td>
<td>0</td>
</tr>
<tr>
<td>56+</td>
<td>1 (6)</td>
</tr>
<tr>
<td>Educational attainment</td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>4 (22)</td>
</tr>
<tr>
<td>High school diploma</td>
<td>3 (17)</td>
</tr>
<tr>
<td>Trade certificate</td>
<td>2 (11)</td>
</tr>
<tr>
<td>Some post-secondary</td>
<td>4 (22)</td>
</tr>
<tr>
<td>Post-secondary or higher(^{b})</td>
<td>4 (22)</td>
</tr>
<tr>
<td>Don’t know/prefer not to answer</td>
<td>1 (6)</td>
</tr>
<tr>
<td>Household type</td>
<td></td>
</tr>
<tr>
<td>Single-parent</td>
<td>13 (72)</td>
</tr>
<tr>
<td>Two-parent</td>
<td>5 (28)</td>
</tr>
<tr>
<td>Number of children living in the household</td>
<td></td>
</tr>
<tr>
<td>1-2</td>
<td>10 (56)</td>
</tr>
<tr>
<td>3-6</td>
<td>8 (44)</td>
</tr>
<tr>
<td>At risk of household food insecurity(^{c,d})</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>15 (83)</td>
</tr>
<tr>
<td>No</td>
<td>3 (17)</td>
</tr>
<tr>
<td>GGC received(^{e})</td>
<td></td>
</tr>
<tr>
<td>&lt;10 GGC</td>
<td>12 (67)</td>
</tr>
<tr>
<td>10-20 GGC</td>
<td>3 (17)</td>
</tr>
<tr>
<td>21-30 GGC</td>
<td>1 (6)</td>
</tr>
<tr>
<td>&gt;30 GGC</td>
<td>1 (6)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1 (6)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program deliverer characteristics (n=17)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristics</td>
<td>Total n (%)</td>
</tr>
<tr>
<td>Agency location</td>
<td></td>
</tr>
<tr>
<td>Northeast</td>
<td>3 (18)</td>
</tr>
</tbody>
</table>
4.1. **Theme 1: Autonomy and dignity**

The use of GGC brought a sense of autonomy among program recipients as they reported that GGC supplemented their household food budgets to afford food. Recipients indicated that this then allowed them to reallocate their household income to other competing household expenses. Recipients shared that the flexibility and convenience of using GGC provided them the autonomy to decide when and how much of their GGC they wanted to spend, and to determine what foods to purchase. Lastly, all participants perceived that IC4K’s GGC program was a dignified approach to accessing food support as most recipients did not report any stigma attached to receiving or using GGC.

4.1.1. **Subtheme 1a: Reduced competing household expenses**

Prior to receiving GGC, many recipients discussed financial struggles related to running out of food without money to buy more and needing to skip or pay partial amounts of bills in order to afford food for their children. Since receiving GGC, recipients reported being able to reallocate a portion of their food budget to afford other basic household expenses, such as rent and utilities.
For example, Farah (two-parent household, 1 child) described that GGC allowed her to procure food that otherwise would have been a challenge to afford after paying for other household expenses, “[GGC] helps us a lot because when we have to pay our bills and rent and everything...it’s really hard to, try to put aside money for food, so [GGC] really helps you a lot in those ways...and obviously you don’t want your child to go hungry...” Program deliverers also recognized how GGC reduced recipients’ burden of competing financial expenses. For instance, Ezekiel, a program deliverer, noted that recipients were able to divert funds from their food budget to pay off accumulated debt: “I’ve had some moms who were on a payment plan and were able to pay off their rent, because of the [GGC]...they had $100 that was going to go towards food, now it’s going towards their rent.” Furthermore, a few recipients who were immigrants described being able to reallocate funds to support their families in their home countries. For example, Tayshia (single-parent household, 1 child) shared, “[With GGC] I have been saving [money]. I’ve been able to diverge my money elsewhere, like sending it to my mom [back home] rather than keeping it for myself, since I’m already getting the help.”

Although GGC allowed recipients to afford food without compromising their ability to afford other basic living expenses, most still reported having had to employ money-saving strategies to procure food for their households. For example, Rosamine (two-parent household, 5 children) described that even with GGC, she continued to use the price match program at grocery stores: “...every time we go to [the grocery] store, of course I have my calculator [on] my cell phone. Check what’s the prices...I price match in [the grocery store], even if it’s like 20 cents....I always calculate before I go to the cash register...[and use GGC] if I ran out of cash. Hilary (two-parent household, 4 children) also described that she drove to smaller towns just outside the city to use
GGC because they carried a larger selection of discounted foods: “we take [GGC] to the [grocery store] in [community] and you can find so much more pink sticker items that are 50% off... and you can stretch those gift cards even further than you would.” Given that many recipients still experienced food insecurity with GGC, including those with larger families, several suggested increasing the number of GGC or receiving them more frequently. In particular, when data were stratified by the number of GGC recipients received (i.e. less than 10 GGC vs 10-20 GGC vs 21-30 GGC vs more than 30 GGC), only recipients who had received fewer than 10 GGC since participating in IC4K’s GGC program recommended receiving them more frequently (i.e. weekly) and increasing the number of GGC they could receive to better manage their household food budget.

Having fewer competing household expenses through the use of GGC resulted in three main outcomes. First, recipients achieved greater financial self-sufficiency. Many recipients reported that with the support of GGC to afford food, they were less likely to borrow money from family members to buy food, and were less likely to access food banks or agency food pantries. For example, Fiona (two-parent household, 2 children) indicated, “...it was harder before [GGC] because we would run out of milk faster, we run out of the basic needs faster. We'd have to wait until payday [to buy more food], or we have to reach out and ask my mom, or my husband's mom for a little bit of help. But now we don't have to as much.” In addition, some recipients reported being able to save money for a contingency fund or to contribute to their child’s education savings plan. As Anna (two-parent household, 4 children) described, “[Having GGC] makes me happy because part of living [in subsidized housing] is trying to get out of here, to be self-
sustainable.... [GGC] gives me an opportunity to put money away and save for the things that we need.”

Second, reduced competing household expenses resulted in recipients reporting improvements in their emotional wellbeing. Recipients described experiencing less stress over their household finances and food supply. For example, Phoebe (single-parent household, 1 child) indicated that “...now that I have [GGC], I kind of budgeted better. [Before GGC], I was really strapped for cash...a week till my next payday.... So getting [GGC] really helped me not stress for that week - be able to get the milk, and get the cat food, and stuff like that that I needed for that few days in between.” Cindy (single-parent household, 3 children) further articulated that having lower levels of stress made her feel like a better parent: “I'm not as mentally stressed about trying to budget. I still try and budget the same way but I know that if I do spend my certain amount on groceries and I'm running out that...[GGC] are helping out...it's made me a lot calmer, cause I'm not as stressed, so that benefits my kids, so that I'm not that 'upset mom'. I can be the 'relaxed mom' that they deserve.”

The third outcome of reduced competing household expenses was the ability for recipients to provide ‘special moments’ for their children that they perceived enhanced their competency as parents. These moments included being able to spend more time doing enjoyable activities with their families, such as renting a movie, having picnics in the park, or going on camping trips. For instance, Hilary (two-parent household, 4 children), described feeling relief and joy at being able to provide ‘special moments’ for her children that were previously not possible because of household financial constraints: “...all my kids have heard is 'No': 'No you can't do this'. 'No, you
can't have this.' 'No, you can't be like your friends.' ...[with GGC] it was nice to be able to tell them.... 'Yes, you may have a special birthday dinner.' 'Yes, you may have s'mores to go camping.' ....it was nice to have...that win for the kids and for us as well.”

4.1.2. **Subtheme 1b: Flexibility and convenience**

Recipients indicated that they appreciated the flexibility of using GGC as GGC did not have any purchasing restrictions. As such, recipients decided when and how much of their GGC to spend, and what types of foods they purchased during each shopping trip. Hasani (two-parent household, 2 children) described: “...the gift card give[s] me variety to choose anything in the store. So I can buy anything [with] the gift cards.... It's flexible to use. And if there are some money [leftover on GGC], I can use [it] next time.” Most recipients compared the flexibility of using GGC to the inflexibility associated with accessing food banks. Recipients indicated that food banks provided them with little to no choice in when they could access food and what foods they received. For instance, Genesis (two-parent household, 4 children) contrasted the flexibility of using GGC to purchase food at their convenience to being restricted to a specific date and time when accessing food banks: “[With GGC] you can go to the grocery store any time. You don't have to make a time to go... [but food banks].... give you a time and a date to go.” Llanzo (two-parent household, 4 children) also described the flexibility of choosing foods he wanted for his family using GGC as opposed to being provided a bag full of food that was chosen for him: “[With GGC] I go in [to the grocery store] and pick all that I want and, you know, it's all good. But the food bank, you can't know what you get until you get home, because they bag them for you.”
However, a majority of program recipients noted one aspect of inflexibility with accessing GGC was not having the option to select GGC to grocery stores they preferred to shop at. For instance, Cheyenne (single-parent household, 1 child) described: “It's just like a random lottery ticket kind of thing. You don't know what [grocery stores] you're getting [GGC for].” Some recipients shared that they preferred to shop at more expensive grocery stores because they perceived they sold higher quality produce than less expensive stores, but most recipients indicated they preferred to receive GGC to less expensive stores as they could purchase more food. As such, recipients, such as Tayshia (single-parent household, 1 child) suggested having the option to select GGC for grocery stores they preferred to shop at: “It would be nice to give us options like, which [grocery store] would you prefer...or which [grocery store] is closer to you. Because, for me personally, I prefer shopping at [less expensive stores]...because it's cheaper to me and I find it more convenient, versus [more expensive stores]...they have sales but I don't find the prices very economical.”

Many recipients perceived that GGC were convenient to pick up, as most lived within walking distance of their community agency. Program deliverers also delivered GGC in-person or by mail to recipients with transportation barriers. Most program recipients also reported that GGC were convenient to use as grocery stores were often in close proximity to their home (walking distance, a short bus or car ride). One program deliverer, Norbert, indicated that GGC were beneficial for most of his clients who did not have personal vehicles, “A lot of our families don't have access to independent transportation. Receiving [GGC] gave them the opportunity to shop at their convenience...at the store that was convenient for them. By contrast, when recipients accessed food banks, most reported needing to make special travel arrangements to pick up food.
These arrangements included saving money for a taxi, asking a friend or family member for a ride, or having foods delivered by volunteer organizations that could often be unreliable. For instance, Alice (single-parent household, 1 child) shared that the inconvenience of travelling to food banks deterred her from accessing them: “I guess there's times when I could have gotten hampers [from food banks] and decided not to, just because of the logistics, and, like to me, it's about a $30 cab ride.” Cindy (single-parent household, 3 children) also described the challenges with arranging for delivery and the inconvenience of disrupting family members’ time to access food banks: “it's difficult [accessing food banks] especially because I don't drive, so I had to call in a different company to come deliver...it's been very difficult getting them to come in...and so then you're harassing family and waiting for them to have a day off, or taking a day off of work so they can take you.”

An outcome of the flexibility and convenience associated with using GGC was an increased sense of autonomy and dignity among recipients. Recipients shared that using GGC allowed them to decide for themselves what foods to purchase, and how and when they spent their GGC that best met their households’ food needs. Katie (single-parent household, 2 children) described feeling a sense of pride as GGC allowed her to select and purchase foods that she and her family enjoyed compared to being ‘handed’ food: “When you're just handed things, you're kind of expected to just take what is given to you, whether that thing [is] food [from food banks]... [using GGC] makes me feel like I'm contributing, and doing something for my kids... as opposed to being like, you have to eat that cause it's all we got....but [with GGC] when you're able to go out and [pick out your own food]....You know, it just makes you feel human, makes you feel like, yeah, I just did that myself. I didn't have somebody do it for me.”
4.1.3. Subtheme 1c: Dignified access to food

Both program recipients and deliverers perceived that IC4K’s GGC program offered a more dignified approach to accessing food compared to being provided food from food banks. Nearly all recipients reported that they did not find that there was stigma attached to accessing the GGC program or using GGC. As further evidence of this, many recipients, such as Bernice (single-parent household, 4 children), invited their friends or neighbours to participate in the GGC program: “...one of my neighbors...she lives in the same complex as me.... I told her to contact [agency], and so she started getting [GGC]. And then my other friend...she's got four kids as well. So I contacted her and I told her about the program.” Recipients also expressed their appreciation that GGC were provided discreetly. As Rosamine (two-parent household, 5 children) shared, “...it doesn't feel that you're low income when you're getting [GGC], because it's...very respectful when they give it to you, it's in an envelope.” Just one program recipient felt ashamed accessing the GGC program, noting that they had always been in the position of donating money and goods to people in need but were now receiving support due to being unemployed during the COVID-19 pandemic.

By contrast to the lack of stigma associated with GGC, a few program recipients, such as Tabia (single-parent household, 2 children), perceived stigma attached to accessing food from food banks, noting that: “...going [to the food bank] and standing in line... was just embarrassing.” Program deliverers also reported that GGC were less stigmatizing than accessing food banks, noting that foods received from food banks were packaged in grey coloured plastic bags that some recipients were embarrassed to carry as it was evident that they had accessed a food bank. As Jamie, a program deliverer, described, “[GGC provides recipients with] dignity to go
shopping...sometimes there's stigma going to the food bank. Families feel ashamed....kids are embarrassed....[food bank] bags seem to all be dark grey and everybody knows when the families are coming from the food bank.” Another program deliverer, Tania, compared the way in which IC4K prioritized recipients’ dignity compared to other food support programs, such as one that offered emergency GGC: “Just to have...a family access that [emergency GGC program]...it's not my favorite way of going about things because...it's almost like begging....versus [through] I Can for Kids’ [GGC program], we have [GGC] readily available. We already know their story, we don’t have to go through that process of making them sound like they're a sad story.” Tania further described feeling uncomfortable at being questioned by the organization’s staff about her ability to support her clients and appreciated IC4K’s non-judgemental approach: “...depending on the worker you get...they're not really trained in like social services....so they would [question] ‘well, how come?....how come they don't have enough money?’ You know, like 'Did you do a budget with them?’ it's like they're kind of questioning how you support them too. So, I Can for Kids’ [GGC program] has really relieved me of having to go through that...”

An outcome of IC4K’s GGC program having a less stigmatizing approach to food support was that program recipients felt better connected to their communities when they saw how program deliverers in their communities went above and beyond to provide them with GGC. For instance, Jameela (two-parent household, 3 children), described: “I felt that I'm a part of my community...one day I called [the agency] and said 'is there anything in terms of food?’ And then [agency staff] said 'yes, we have [GGC from I Can For Kids], can you come?' And really, I was not expecting anything. I felt so excited...so positive...and I felt that there is somebody to take
care [of us], and there is help around us, and we are not alone.” In addition, some program recipients indicated they occasionally declined GGC so other households in their community could receive support. For example, Gina (single-parent household, 3 children) shared that: “I typically don’t access [GGC] every week....we have a lot of complexes around here that are all in this similar [financial] situation....if I can afford to do it on my own, then I do, just so the other families have a chance too...”

4.2. Theme #2: Dietary patterns and food skills

Household food quantity increased as recipients reported being able to use GGC to purchase more food. Children’s diet quality also improved because recipients indicated using GGC to purchase more fruits and vegetables compared to what they would have otherwise been able to access through their own means or from food banks. Furthermore, recipients reported increased exposure to fruits and vegetables increased children’s preferences for these foods. With GGC, recipients stated they were more likely to plan and prepare meals, which created opportunities to involve children in the process and develop new food skills. Recipients also shared that GGC provided them with greater access to foods that met children’s health-related dietary restrictions that were often too costly for them to afford with their own funds. Lastly, among immigrant recipients, the use of GGC provided them with greater access to foods that met their households’ cultural food preferences.

4.2.1. Subtheme 2a: Improved food quantity, quality, and food skills

Prior to receiving GGC, recipients described reducing the amount they ate or skipping meals altogether in an attempt to provide adequate food for their children. With GGC, recipients such
as Arjun (two-parent household, 2 children), indicated that they were more likely to have adequate nutritious food for their entire families without needing to sacrifice their own intake:

“...you have to see...that your kids get more food and if me or my wife doesn’t get the whole one, it’s fine, because we know we had to go by...what our income is....So only the thing now [with the GGC]...all can have same quality in our dish.” Recipients also reported that before receiving GGC, nutritious foods such as fresh fruits and vegetables, were often too expensive to afford through their own financial means. Instead, recipients resorted to purchasing canned and pre-packaged processed foods that were less nutritious because they were cheaper. As Cynthia (single-parent household, 1 child) shared: “Because there were times before I even started getting the gift card, there were times where I am just tempted to buy [foods] that are not healthy because...that’s what I have to spend. But with [GGC from IC4K], I kind of change it a bit. I’m kind of pushed towards buying more healthy stuff.” With GGC, recipients, such as Saleema (two-parent household, 3 children) reported being able to provide more fresh fruits and vegetables in the home: “I use [GGC from IC4K] to buy lots of vegetables and fruits, and not anymore junk [food], because those gift cards are not for McDonald’s and not for KFC...so like I had a good opportunity to buy fruits and vegetables.... so that was a good way to avoid the junk food.” As a result, recipients indicated that children consumed more fresh fruits and vegetables and fewer canned fruits, vegetables, and pre-packaged and processed foods, such as boxed macaroni and cheese, chips, hot dogs, and fruit snacks. Phoebe (single-parent household, 1 child) noted that her child ate healthier with the use of GGC: “So he’s eating more healthier, I find, because I can spend a little extra on the healthier snacks instead of the cheap sugary snacks...” Increasing children’s exposure to fresh fruits and vegetables also increased children’s preferences for these foods. For example, program recipients, such as Sally (single-parent
household, 1 child), found that since GGC allowed her to purchase more fresh fruits and vegetables, her child requested these foods more often: “I’m craving more healthy foods. My son too. Like he’ll now ask for apples and stuff that before...he wouldn’t eat it...but no, [now] he’ll be like ’can I have an apple? Can I have an orange?’”

An outcome of having more fresh foods in the home was that program recipients reported planning and cooking meals more often. Phoebe further elaborated that being able to buy more rice and vegetables allowed her to use her slow cooker and make home cooked meals more often: “Buying more rice and veggies...because I can spend a little more just not buying frozen dinners and just making more healthier meals. I use my slow cooker a lot more, so I buy stuff for that.” Furthermore, preparing more home cooked meals allowed recipients to involve their children in the process. These opportunities to cook as a family became a form of family enrichment and skill-building for their children. Kelsey (one-parent household, 1 child) shared that meal planning was an activity that she and her daughter did together as they used GGC to shop for ingredients that they normally could not afford: “We have...old cookbooks we like to go through. And those [GGC] were nice, because then we got to buy [ingredients] that are usually more expensive....And we make a whole game out of it. I put [recipes we chose] in a container...and we'll shake it up, and then she picks one” (Kelsey, one-parent household, 1 child). Cheyenne (single-parent household, 1 child) reported using GGC to purchase ingredients for her child to develop new food skills: “[my child is] very intrigued with baking [and cooking]....I always had all the [cooking] tools for it, but I just didn't have the [money] to go get [the ingredients]. So...[now] he meal plans with the [GGC].”
Program recipients’ experiences of having greater access to higher quality foods through the GGC program were consistently contrasted with their experiences of accessing food banks. Recipients often reported that food banks rarely provided fresh produce and when it was offered, the produce was poor quality and sometimes unsafe to eat. Recipients noted that fruits and vegetables were close to or already rotten, and meats had sometimes been thawed and refrozen. For example, Anna (two-parent household, 4 children) described, “[Food from food banks] goes bad fast. And so you don’t have a lot of time to eat it. And [with GGC], it’s just nice to have fresh vegetables...to have fresh fruit....fresh meat....I definitely enjoy the [GGC] more.” According to participants such as Janice (single-parent household, 2 children), canned food received from food banks were also often far past their best-before date: “There was a can of soup that I opened. It was like a couple years outdated, and I smelled it and I threw it because it smelled horrible. I was like ‘nope’. So yeah, just more [fresh] stuff [with GGC] than the food bank.” Many program recipients also noted how much they disliked how food banks provided an overabundance of one food item that did not meet their food needs, such as Cheyenne (single-parent household, 1 child) who indicated that: “Like I don’t need 10 days’ worth of chip dip....I was like, ‘I could have done with two [containers of] milk and then not 10 days’ worth of dip.’” Francine (two-parent household, 6 children) similarly reported that the: “…[food bank] gave me like six bags of baby spinach. Well, that’s great. I have a couple recipes I can use that in, but I don’t need six bags of it. So if I had a [GGC], I could go and buy my two bags and that would be all I would use.”

4.2.2. Subtheme 2b: Health-related dietary restrictions and cultural food preferences

Some program recipients discussed how GGC allowed them to afford food that met their children’s health-related food needs. For example, many recipients reported their children had
food intolerances and felt relieved that GGC allowed them to purchase foods that met these dietary restrictions. Cheyenne (single-parent household, 1 child) for instance, indicated, “I get what I need [with GGC], not what [food banks] have available...it’s just easier with [GGC]....Cause he’s on...soy milk. And when you go through the hampers, you get like [cow’s milk] which hurts his stomach...” Another recipient, Cindy (single-parent household, 3 children), reported that being able to use GGC to purchase foods without red dye improved her child’s health: “Well, my oldest [child] has some mental health issues and so red dyes are very poor for her...and so with a healthier diet [with GGC] I’ve actually been able to take her off some of her medication and keep the red dyes out of the home and result to healthier eating.” Cindy further elaborated that foods containing red dye were hard to avoid because, prior to receiving GGC, these were foods that she could not afford to purchase at grocery stores: “...because most of the foods that will contain red dye are the unhealthy foods that are [cheaper] to bring into the home for snacks rather than fruits and vegetables.” Recipients also reported that food banks and agency food pantries did not provide foods that met their children’s health-related food needs and these were too costly to purchase through their own financial means.

Specifically among recipients who were immigrants, they reported that GGC helped meet cultural food preferences that were unmet by food banks and agency food pantries. For example, Arjun (two-parent household, 2 children) noted that he returned many of the foods he received from food banks as they did not align with his household’s vegetarian food practices: “…every two months we use [the food bank]...but the problem was 70% of the thing we cannot use from the food bank, so we had to give them back.” Recipients who received GGC to grocery stores with limited selection of cultural foods discussed using GGC to purchase other food and used the
money saved from GGC to spend at cultural food stores. For instance, Hilda (single-parent household, 1 child) shared, “I save some money from [GGC], so I was able to go to that store in [community] to buy Mexican [foods].” Furthermore, recipients who were immigrants indicated that they were able to use GGC to purchase ‘Canadian foods’, such as ingredients to make sandwiches for school lunches or certain types of granola bars that were popular amongst their children’s friends so that they could fit in with their peers. For example, Hakim (two-parent household, 3 children) shared: “...originally when they go to school, we prepare [African] food for them. And sometimes because the food is different from other students, they were not comfortable. But now, with [GGC], as soon as they know the kind of [Canadian] food, [we can buy it] and they can take it now...they go to school with what [foods] others have come to school with.”

An outcome of being able to use GGC to purchase foods that aligned with their household’s cultural food preferences was the ability for immigrant recipients to maintain their cultural foodways. In comparison to immigrant recipients’ experiences at food banks, they reported feeling less wasteful. The ability to purchase their culture’s foods with GGC saved them from disposing of or re-distributing many foods received from food banks. For instance, Saleema (two-parent household, 2 children) noted that she felt wasteful throwing away many of the foods provided to her by food banks because she was unfamiliar with how to prepare them: “The stuff [food banks] give us, I don’t know them, I’m not familiar with them. I don’t know how to use them. So, yeah, it’s lots of wastage. That’s why I don’t [access food banks]. I don’t like to waste [food].” In addition, immigrant recipients who were able to use GGC to afford ‘Canadian foods’ for their children described feeling happy they were able to support their children in fitting in
with their peers and feel less isolated. As Hakim further elaborated: “...sometimes when the children come home...and say 'oh my friend complained that they don’t like the [cultural] food I bring [to school]'...That...has negative impact on me because...I don’t have much more [money] than to provide the [cultural] food they bring. But [GGC are]...a relief. I know that my children go to school now with [Canadian] food...so it has impacted positively on me too.”

4.3. Theme #3: Program logistical strengths and limitations

Facilitating IC4K’s GGC program reduced program deliverers’ overall workload as recipients were less likely to access agency food pantries and were less likely to request food bank referrals. However, IC4K did not have concrete guidelines in place governing the distribution of GGC, which led agencies to create their own. This led to differential access to GGC among recipients as the number of GGC and the frequency with which recipients received them varied depending on the agency they accessed. Moreover, many program deliverers shared that they did not know how many GGC their agency would receive and for which grocery stores, which further contributed to the inconsistencies in the number of GGC recipients received, how often they would receive them, and the types of grocery stores they could access. Lastly, many recipients perceived other households experiencing food insecurity could have benefitted from GGC but were unaware of the program since it was not well publicized.

4.3.1. Subtheme 3a: Connection with clients

Program deliverers perceived GGC provided opportunities for them to connect with clients. Program deliverers perceived that each time they provided GGC to recipients was an opportunity to engage recipients in conversation and build stronger rapport with them. For instance, Stanley,
a program deliverer, found that providing GGC was an opportunity to assess the wellbeing of a
client he had not connected with for some time: “[GGC were] a good door opener....it's nice to
be able to say....I haven't talked to you in a week....I've got some [GGC] here...how are things
going? And that can open a door to anything...a crisis call...it could be suicidal ideations....but I
wouldn't know if I never got my foot in the door.”

Stronger connection and rapport between program deliverers and recipients increased recipients’
trust and confidence in program deliverers to support them in other areas of need, as Tania
(program deliverer) described: “Because they're genuinely happy when they have [GGC], like
they're more in control of what they can buy....And that's where the trust also begins too, that
they can trust us that we are genuinely here to help as well.... we've had family come back and be
like, 'Hey, you know, thank you so much for that time you helped me.... I am struggling also with
this, can you help me because you've helped me before?’” Some program deliverers reported that
many clients who initially came to the agency for GGC returned to access other agency
resources. These resources included skill-building programs, such as financial literacy or job-
seeking skills and access to mental health support. Some program deliverers connected recipients
with opportunities to increase their involvement in the community. As one program deliverer,
Sandra, shared, “[GGC]...connected me with families in the community that I wasn't connected
with before... that have moved into...leadership roles within the community.... I also had a lot of
conversations...with families [receiving GGC]...from there, we've now developed a parenting
group in the community”
4.3.2. Subtheme 3b: Program deliverer workload

Most program deliverers reported that facilitating IC4K’s GGC program reduced their overall workload. Agencies with food pantries previously packaged and provided non-perishable food items to recipients who requested food support. However, with GGC, recipients were less likely to access agencies’ food pantries, so program deliverers spent less time creating food hampers for them. Program deliverers, such as Tania, felt relieved about not utilizing the food pantry as much because it saved her time from gathering food items that were less likely to align with recipients’ food preferences: “I feel really happy being able to give [GGC] because it also takes away that time for me to pack a hamper and then when [program recipients] see it, they're like 'Actually, I could only use maybe three of the items that you packed for me [because] in my culture, I eat this.’”

Program deliverers also reported either making fewer referrals or none at all to food banks since the GGC program was implemented. As Carmen, a program deliverer shared, “I feel like everybody's food referrals for the food bank went up [during the COVID-19 pandemic], but...when I started getting the [GGC], I didn’t end up doing as many for those families [who received GGC].” Many program deliverers indicated that this reduction in food bank referrals reduced their workload as they typically supported recipients in completing and submitting proof of eligibility paperwork each time recipients accessed food banks. By contrast, IC4K did not require agencies to screen recipients for eligibility. Sandra, a program deliverer, perceived this as a significant advantage that made it possible to reach households that were unable to access food support due to language barriers: “There was less barriers [with the GGC program]...than other...food programs where you are having to fill out forms...if you didn’t speak English or
weren’t comfortable [speaking English], [they] might not bother accessing....So I feel like [the GGC program] was pretty low barrier.” However, a few program deliverers mentioned that facilitating the GGC program increased their workload, but readily accepted it because they perceived that GGC effectively met their clients’ needs. For example, Ezekiel noted that, “It would take me an hour to get all [the GGC] ready to go because I have to record them.... And that to me is okay. That’s an hour that was gonna go by anyways. And...I get to see everybody and smiles and laughter and...it's...very rewarding.”

4.3.3. Subtheme 3c: Differential access to GGC

A key constraint to facilitating the GGC program was the lack of concrete guidelines governing the distribution of GGC. For instance, program deliverers indicated that they were unclear on how many GGC recipients could receive, how often they could receive them, and how long recipients could participate in the program for. At the start of the program, program deliverers reported challenges in ensuring an equitable GGC distribution process that provided their clients with the food support they required. For example, Wanda noted that, initially, GGC were distributed as they were received: “I guess we just decided...when we get [GGC], we just dish it out that way. There was no real organizing of it.”

With time, agencies developed their own set of guidelines pertaining to the number of GGC recipients received and the frequency with which they received them. Most of these criteria were based on household size, household need, and the agencies’ supply of GGC. First, most recipients received one GGC (i.e. $50) on a biweekly basis and larger households often received two GGC (i.e. $100). However, since agencies developed their own criteria, the definition of
‘large households’ varied. For instance, some agencies defined households with at least 3 children as a large household, while other agencies defined large households as those with at least 5 children. Second, agencies considered household need based on the household’s financial situation. Assessment of household financial need also varied across agencies since agencies developed their own criteria. Most agencies defined household financial need based on circumstances such as loss of income due to unexpected unemployment or accumulated debt.

Lastly, the agencies’ supply of GGC was also used to determine the number of GGC recipients received and the frequency with which they received them. For instance, agencies with a smaller client base often had a sufficient supply of GGC to distribute to recipients on a more consistent basis. As such, these recipients were aware of when they would receive their next GGC and how many they would receive. On the other hand, agencies with a larger client base distributed GGC on an ad hoc basis as the number of clients they served often exceeded the supply of GGC they had available. However, many agencies struggled to manage their GGC supply because although all agencies were aware that IC4K delivered GGC to agencies on a bi-weekly basis, they did not know how many GGC they would receive and for which grocery stores. Some program deliverers, such as Amy, reported that this uncertainty made it difficult to establish an equitable plan for distributing GGC: “because we don't know how many more [GGC] are coming, [it] makes it hard for us to create, like, a good, strong [distribution plan, like] 'okay, you get this many [GGC] every this many weeks, and you can only get this many [GGC] per lifetime'. It was hard for us because we never knew what was coming in the beginning....” Amy then suggested that informing agencies of the number of GGC they would receive ahead of time would allow more consistency: “I would say, if they're going to do it again, if they could have like a set
[number of GGC] that they would give us, and the number wouldn't change, then that would make it so that our number doesn't change when we're giving them out to people.”

Since agencies had different guidelines for distributing GGC, the number of GGC recipients received and the frequency with which they received them varied by agency. Many recipients indicated that they were aware that they would receive one GGC on a biweekly basis (or two for larger households), while some received three GGC regardless of household size. However, other recipients received GGC more (weekly) or less frequently (monthly), while others did not know when they would receive their next GGC. In the latter case, recipients reported having to contact program deliverers each time they needed GGC not knowing if there were GGC available, or waiting until the program deliverer contacted them. Anika (two-parent household, 3 children) indicated that: I only get a notice 2 days before [to pick up GGC]. ” Some recipients also reported being provided GGC unexpectedly. As Hakim (two-parent household, 3 children) noted, “...sometimes we just go [to the agency], they just tell us 'Ah, we have [GGC] for you.’”

When recipients did not know when they would receive GGC or how many they would receive, they described feeling a sense of uncertainty as to how they would manage their household food budget. For instance, Francine (two-parent household, 6 children) reported that having a consistent time schedule of when she received GGC and knowing how many she would receive would help her better manage her household expenses: “Well like if you knew [for example]...[GGC] comes, the 15th of every month, or the first of every month, then you know...this is what I have to work with.... Like, if I knew I was getting an extra hundred dollars [in GGC], maybe I'm putting 50 [dollars] more to Enmax.” As such, program recipients and
deliverers suggested implementing a set frequency for distributing GGC to support recipients in better managing their food budget and other important household expenses.

4.3.4. Subtheme 3d: Program awareness

The perceived benefits of IC4K’s GGC program prompted many program recipients to tell their friends about the program. Many recipients reported that if they had not been informed by a friend or their agency caseworker about the program, they would not have known about it since it was not advertised. For instance, Sally (single-parent household, 1 child) shared that: “…if [agency staff] didn’t tell me, I would have had no idea and then I would have been like, ‘what! [my neighbours] got gift cards…. So yeah, I would have been like probably really bummmed” As such, program recipients, such as Dakota (two-parent household, 4 children), suggested more advertising for the GGC program so that other households in need of food support would benefit from the program “I know other people would [benefit from the GGC program] too, especially with people with kids on a limited income….I think it’s a good program as it is…except they should have more advertising for it.”
5. Chapter 5 Discussion and conclusion

5.1. Overview of study findings

I used qualitative descriptive methodology to explore program recipients’ and program deliverers’ experiences and perceived outcomes of participating in and facilitating IC4K’s GGC program. My findings demonstrated that program recipients’ and deliverers’ experiences of participating in and facilitating IC4K’s GGC program enhanced recipients’ sense of autonomy and dignity, improved households’ dietary patterns and food skills, and strengthened recipients’ connections with program deliverers. Without prompting from researchers, all recipients consistently expressed their preference to access food support from IC4K’s GGC program rather than from food banks. These experiences were associated with positive dietary outcomes in the household, positive children’s and physical health outcomes, and improved recipients’ mental and social health outcomes. Although IC4K’s GGC program was viewed positively by all participants, they nevertheless offered suggestions to improve the program, such as establishing clear expectations regarding the number of GGC agencies could expect to receive and for which stores, and criteria pertaining to how many and how often GGC should be distributed to recipients.

Given that little is known about the experiences and perceived outcomes of accessing and delivering GGC programs, Freedman et al’s (63) theoretical framework helped to sensitize me to a comprehensive range of factors to explore food access in relation to recipients and deliverers’ experiences and perceived outcomes of IC4K’s GGC program. I used the framework to guide the development of the interview guides and initial coding schemes. Freedman et al’s (63) framework was developed based on low-income individuals’ experiences of purchasing food at
farmer’s markets and grocery stores. The objectives of my study were to explore how recipients’ access to food was impacted since they received GGC from IC4K, including their use of GGC at grocery stores. As such, I made some small adaptations to Freedman et al’s (63) framework to apply it in context of accessing IC4K’s GGC program. For instance, the service delivery domain was adapted to capture data related to the logistics of GGC distribution (i.e. how often and how many GGC recipients received and how agencies determined this quantity and frequency). The comprehensive nature of Freedman et al’s (63) framework supported me in exploring a broad range of factors that shaped recipients’ access to food when participants accessed or facilitated IC4K’s GGC program.

5.2. Program recipients’ and deliverers’ experiences of IC4K’s GGC program

My findings suggest that IC4K’s GGC program enhanced recipients’ access to food by addressing all five domains of Freedman et al’s (63) framework, including economic, service delivery, spatial-temporal, social, and personal domains. However, I also found that factors in the service delivery domain may have constrained recipients’ access to food.

My results suggest that IC4K’s GGC program enhanced recipients’ access to food through the economic domain. Both program recipients and deliverers reported that GGC increased recipients’ ability to afford more healthy foods, such as fresh fruits and vegetables. Moreover, GGC supplemented households’ food budgets, which allowed them to reallocate their household income to other household expenses. My findings are consistent with qualitative studies of SNAP participants in the U.S. which reported that SNAP food subsidies supplemented participants’ household food budget and allowed participants to reallocate money to other
household expenses (40, 144, 145). However, despite the financial benefits that GGC provided, many recipients noted that they still had to employ money-saving strategies to afford food for their households. For instance, recipients continued to use price match programs at grocery stores or travelled to grocery stores outside the city that had a larger selection of discounted foods. Recipients, particularly individuals who received fewer than 10 GGC, therefore recommended that the number of GGC and the frequency with which they received GGC be increased to better manage their household food budget. Prior studies have found that participants receiving SNAP perceived their subsidy allotment was inadequate to provide adequate, nutritious food for their household and therefore suggested an increase in their subsidy allotment (144, 145, 166, 167). Similar to my findings, SNAP participants from these studies also reported a need to use several money-saving strategies to ensure adequate food for their households (144, 145, 166, 167). These strategies included travelling to different grocery stores to purchase foods at the lowest price or strategically shopping on days when grocery stores set out discounted foods (145, 166). SNAP participants also continued to purchase cheaper, less nutritious foods in an attempt to make their benefits ‘stretch’ and continued to access food banks (144, 145, 166, 167). However, my findings suggest that recipients purchased more fruits and vegetables, fewer processed foods, and were less likely to access food banks after receiving GGC.

Findings from my study suggest that IC4K’s GGC program enhanced recipients’ food access through the service delivery domain. Freedman et al’s (63) study found that access to a wide variety of high quality foods may influence where individuals choose to access food. Recipients consistently expressed their preference to access food support from IC4K’s GGC program rather
than from food banks because recipients could use GGC to purchase higher quality foods that they perceived as superior to the quality of foods offered by food banks. This finding is similar to a prior study of SNAP participants who indicated that they would have preferred to receive food subsidies in order to purchase higher quality foods from grocery stores instead of being provided food from food banks (145). The flexibility and convenience of GGC also enhanced recipients’ food access in this domain. Recipients reported that GGC allowed them to shop at their convenience and select foods that met their household’s dietary needs and preferences. This experience was often contrasted with accessing food from food banks which provided them with little to no choice in the foods they received. These findings are consistent with existing qualitative studies in which participants indicated that they preferred receiving food support through food subsidies instead of foods provided by food banks because of the lack of control over the types and quality of foods food banks offered (145, 168).

IC4K did not require recipients to provide proof of eligibility to receive GGC, which also enhanced recipients’ food access in the service delivery domain. Not requiring proof of eligibility made it possible for IC4K’s GGC program to reach households with language barriers. By contrast, program deliverers reported that food banks required recipients to complete proof of eligibility paperwork. This paperwork was extensive and recipients often required support from program deliverers to complete and submit it. Previous studies have shown that food subsidy programs with stringent eligibility requirements (e.g., income thresholds) and complex enrollment processes were barriers to participation among many food insecure households (55, 169, 170). My findings suggest that fewer administrative barriers to access food support programs may increase participation of food insecure households that are unable to access food.
because they do not meet eligibility requirements or have encountered difficulties navigating the enrollment process.

Program deliverers’ experiences facilitating IC4K’s GGC program may have enhanced food access for recipients and their households in the service delivery domain. Program deliverers reported their workload reduced since implementing IC4K’s GGC program because recipients’ need for food bank referrals and access to agency food pantries significantly declined once they started receiving GGC. Existing studies have identified that a critical reason why some food support programs have been discontinued was because program deliverers perceived the programs as burdensome to administer and too costly to operate (50-52). My findings suggest that facilitating IC4K’s GGC program was not burdensome, which may enhance program sustainability.

Factors in the service delivery domain may also have constrained recipients’ access to food. One of the challenges program deliverers indicated that they encountered with distributing GGC was not knowing how many GGC their agency would receive and for which grocery stores. Program deliverers reported that this made it difficult to determine a consistent GGC distribution process to support recipients’ household food needs. Another challenge program deliverers indicated that they encountered was the lack of concrete guidelines for distributing GGC to recipients. Instead, agencies created their own guidelines governing the distribution of GGC to recipients because they were not advised by IC4K on the number of GGC recipients could receive, the frequency with which they could receive them, and how long they could participate in the program. However, differing guidelines across agencies led to some recipients receiving GGC on a
consistent basis, while others received them on an ad hoc basis, and some received a larger number of GGC. Program recipients who received GGC on an ad hoc basis and in varying quantities reported that this approach created a sense of uncertainty and limited their ability to effectively manage their household food budget and food supply. Prior studies have shown that unpredictable income can constrain households’ access to nutritious food to support healthy eating practices and increase stress due to feelings of economic uncertainty (167, 171). Qualitative studies of SNAP participants in the U.S. noted that knowing when they received their subsidy and the amount they received was a programmatic strength as this certainty allowed them to better manage their food budget and food supply (40).

IC4K’s GGC program improved food access through the spatial-temporal domain. Both program recipients and deliverers perceived that GGC were convenient to use because GGC could be used at grocery stores that were often in close proximity to recipients’ homes (e.g. walking distance, a short car or bus ride). Having fewer transportation barriers to use GGC was contrasted with the inconvenience of accessing food banks. Many program recipients and deliverers reported that food banks were too far to access and had inconvenient hours of operations. Other studies have similarly found that participants reported difficulties accessing food banks due to transportation barriers and scheduling conflicts, which were key reasons food insecure households stopped accessing food banks despite their need for food (168, 172, 173).

IC4K’s GGC program also enhanced recipients’ food access through factors in the social domain. Both program recipients who were immigrants and program deliverers reported that GGC provided immigrant households with greater access to foods that aligned with their
household’s cultural food preferences which were often not available through food banks and agency food pantries. Program deliverers also reported that they built stronger connections with recipients because each time they provided GGC to recipients was an opportunity to engage recipients in conversation. These conversations supported program deliverers in building stronger rapport with recipients. My findings contrast findings from other studies that explored food subsidy participants’ interactions with program staff, in which their interactions with staff were portrayed in a negative light. For instance, SNAP participants reported SNAP staff were difficult to contact to receive support and perceived that staff communication with them was often abrupt and impersonal (167, 174).

Most participants did not report any experiences of stigma or shame by participating in IC4K’s GGC program. This enhanced their access to food in the social domain as program recipients appreciated how GGC were provided discreetly. By contrast, recipients noted experiencing stigma and shame accessing food banks. My findings are consistent with other studies, which found that participants consistently viewed food subsidies as a less stigmatizing and a more dignified approach to accessing food support than food banks (40, 144, 145). Indeed, use of food banks has been explicitly linked with feelings of shame and failure among parents in their inability to provide sufficient, nutritious food for their children (175, 176). My findings suggest that GGC allowed recipients to feel a sense of pride because GGC provided recipients the ability to support their children’s food needs and the financial means to provide their children with ‘special moments’.
IC4K’s GGC program facilitated recipients’ food access through the personal domain. Both program recipients and deliverers reported that GGC provided recipients with greater access to foods that met their household’s health-related dietary needs which were rarely available from food banks. Existing literature has demonstrated that food banks are often unable to meet recipients’ health-related dietary needs because food banks rely on donated food from the public and food retailers so there is little control over the types of foods that are distributed to households (145, 168, 172, 173).

5.3. Program recipients’ and program deliverers’ perceived outcomes of IC4K’s GGC program

Both program deliverers and recipients consistently reported positive household dietary outcomes, and positive impacts on recipients’ emotional wellbeing and social health. First, children’s dietary patterns improved as recipients were able to use GGC to purchase more fresh fruits and vegetables that were previously unaffordable for them. They also described purchasing fewer processed, nutrient-poor foods that they previously purchased more often because these foods cost less than healthier foods, such as fruits and vegetables. Existing literature has discussed ‘parental shielding’ practices in which parents compromised their own food quality and quantity in an effort to provide more nutritious foods to their children (86, 177), but this was not found in my study. Instead, many recipients reported that such ‘shielding’ practices occurred prior to receiving GGC from IC4K. Since receiving GGC, recipients did not report compromising their own diet quality or quantity, but instead were able to purchase more food and in higher quality that all household members could partake in.
Another positive dietary outcome reported by recipients was that they could purchase more ingredients to plan and prepare meals at home, which created opportunities to involve children in food shopping and preparation. According to some program recipients, their children had fewer opportunities to learn new food skills prior to receiving GGC due to financial constraints that limited their ability to purchase the necessary ingredients. Existing studies have demonstrated that involving children in family meal preparation is associated with children having higher diet quality and self-efficacy in cooking and making healthy food choices, and may reduce their risk of food insecurity in adulthood (145, 178-180). However, other studies have suggested that even though recipients had the food skills and knowledge to prepare healthy meals, poor diet quality and household food insecurity persists among households primarily due to inadequate financial resources to afford adequate food (73, 181, 182). Similarly, I found that recipients had the food skills and knowledge to prepare healthy meals but their ability to afford adequate, nutritious food was constrained by limited household income. However, when GGC supplemented the household food budget, recipients reported that they could purchase food in greater quantity and in higher quality. Recipients also indicated they were able to use GGC to purchase fresh ingredients to prepare meals instead of preparing meals from frozen, prepackaged ingredients. Furthermore, with GGC, children had greater access to foods to manage their food intolerances and sensitivities.

Recipients’ reported that their emotional wellbeing improved as a result of accessing IC4K’s GGC program. Program recipients indicated they experienced less stress over their household finances and food supply as GGC supplemented their food budget to afford adequate food for their household as well as other household expenses. Reducing parents’ stress related to
household food insecurity is important for children’s wellbeing as existing studies have demonstrated that children from food insecure households are aware of and also experience feelings of worry, anxiety, and stress in response to constrained household finances and food supply (86, 87, 97, 177).

Recipients reported experiencing several positive social health outcomes from participating in IC4K’s GGC program. My findings suggest that through IC4K’s GGC program, program deliverers strengthened their connections with recipients, which supported them in feeling less isolated. Existing literature has shown that food insecurity can be a socially isolating experience that can have profound negative impacts on children’s and adult’s overall wellbeing (87, 175, 183). Other studies have suggested that building positive, meaningful relationships with others and enhancing community connection among food insecure individuals can reduce their feelings of social isolation and improve their mental health (48, 184). These results are also consistent with my findings. Stronger connections between program recipients and deliverers also prompted many recipients who initially accessed community agencies for GGC to return to agencies to seek support in other areas of need.

5.4. Policy and research implications

As household food insecurity rates continue to rise in Canada, particularly since the onset of the COVID-19 pandemic, policies and interventions are necessary to ensure households have access to safe, adequate, and nutritious foods in ways that uphold their dignity and autonomy. I have used study findings to inform three recommendations to further enhance recipients’ experiences and perceived outcomes when accessing IC4K’s GGC program. First, as food prices are
expected to rise (79), an increase in the number of GGC provided to recipients is recommended, particularly for those living in larger households and during the summer months when school meal programs are not accessible. Providing recipients with a larger number of GGC can further supplement their household food budget, which may help to alleviate the burden of other competing expenses and reduce the risk and severity of household food insecurity. Existing evidence indicates that the risk and severity of food insecurity were reduced when households received an increase in their subsidy amount and were provided the subsidy consistently (185, 186). For instance, Li et al (185) found that after a one-time increase in social assistance funding in British Columbia, the rate of overall household food insecurity declined among households receiving these benefits.

Second, I recommend establishing a set of guidelines for distributing GGC to recipients. These guidelines should at minimum specify a subsidy structure, for instance, a specified amount per child in the household, the frequency with which GGC are to be distributed, and the length of time households are able to participate in the program. The guidelines should also outline when and how agencies will be informed of the number of GGC they can expect to receive, and the grocery stores they can be spent in. These guidelines may provide the clarity that agencies need to develop a more equitable GGC distribution process and may also allow recipients to better plan and manage their household food budget to provide more consistent access to nutritious food.

However, I also recognize that IC4K may encounter challenges in attempting to implement these recommendations. IC4K is a non-profit organization that depends upon donations. As such,
funding may fluctuate depending on the monetary donations received, which may make it challenging for them to implement the recommendations above and may also impact the sustainability of IC4K’s GGC program. Therefore, my third recommendation is to increase potential donors’ awareness of IC4K’s GGC program. This could be achieved by increased advertising, such as promoting IC4K on multiple social media platforms, or targeted fundraising efforts, such as speaking engagements or media interviews that communicate the experiences of food insecurity among households in Calgary and highlight the benefits and outcomes of the program from this study. If donations subsequently increase, then this will provide more financial certainty to IC4K which may allow them to allocate funds to continue operating the program. Increased donations may also allow IC4K to provide a larger number of GGC to households and possibly reach more households at risk of food insecurity. In the long term, raising additional funds can also support IC4K to create an endowment fund that will generate an ongoing stream of income in the future and possibly reduce their reliance on future donations.

With regard to knowledge translation of my study’s findings, participants have not been informed of the results of my research. However, IC4K has been reporting preliminary findings of this study in their newsletters, which are available to the public. I will also be presenting findings from my study to IC4K’s advisory board and they will use these findings and my proposed recommendations to inform strategies to further improve their program.

On a policy level, my findings also highlight the need for provincial and federal governments to ensure an adequate and reliable social safety net. The social safety net in Alberta and Canada could be strengthened through policies that address the social determinants of health, such as
high quality and affordable childcare, free access to post-secondary education, greater access to employment insurance, higher minimum wages, and increasing social assistance rates. Government policy to implement a Basic Income Guarantee in addition to the initiatives mentioned above would further strengthen the country’s social safety net. A Basic Income Guarantee is a government cash transfer system that would provide households a set amount of money to afford basic living expenses, including food. Two Canadian studies, one conducted in Winnipeg and another in Ontario used a Basic Income Guarantee that provided monthly, income-contingent financial support, in which funds were gradually reduced as income from other sources increased. Findings from these studies suggest that a Basic Income reduced participants’ experiences of food insecurity as participants had the financial resources to purchase more food, foods of higher quality, and their use of food banks declined (187, 188). Other benefits of a Basic Income included improved physical and mental health, greater academic achievement among adolescents and young adults, and participants found better quality jobs because they had more time to search for them. Overall findings from both of these studies suggest that a Basic Income Guarantee can alleviate many of the hardships low-income households experience, including food insecurity (187, 188). However, it is important to note that strengthening the social safety net in Alberta and Canada may not necessarily eliminate the need for food support programs, such as GGC programs, as the social safety net is likely to remain inadequate. Instead, a stronger social safety net may reduce the burden on non-profit organizations, such as IC4K, so that they are not the only form of assistance offered to food insecure households. In addition, policies that address food insecurity and other social determinants of health provides households with consistent access to food that non-profit organizations may not be able to offer given their dependence on monetary donations that fluctuate from year-to-year.
To my knowledge, this is the first qualitative study to explore the experiences and perceived outcomes of a GGC program, which provides a useful starting point for further research to investigate the experiences, benefits, and disadvantages of other GGC programs. For instance, it is unclear what the long-term implications of receiving GGC may be as my study explored participants’ experiences and perceived outcomes of accessing or facilitating IC4K’s GGC program at a single time point and near the start of IC4K’s GGC program. In addition, my findings suggest that IC4K’s GGC program had positive impacts on recipients’ and their households’ diet quality. However, as a qualitative study, results from my study are exploratory and subjective in nature. Therefore, future research using a quantitative approach, such as a longitudinal cohort study, can assess whether and to what extent children’s diet quality improves when households receive GGC. Other outcomes that could also be assessed include change in household food security risk, and in children’s and recipients’ physical and mental health outcomes. Investigating these additional outcomes may help to understand whether GGC can reduce experiences of household food insecurity and improve recipients’ and children’s physical and mental health outcomes, as physical and mental health outcomes were not reported in my study. Furthermore, incorporating a longitudinal qualitative component would provide greater context to future quantitative findings. Using a qualitative approach to examine long-term outcomes of receiving GGC would further our understanding of how GGC may affect recipients’ and their households’ overall financial, dietary, and physical and mental health outcomes over time, along with the potential for unintended negative consequences. These additional data can help to refine the program recommendations I provided above.
5.5. Strengths and limitations

Collaborating with IC4K helped to ensure that my research objectives and study design were driven by the needs and research priorities of the organization. For instance, the recommendations generated from study findings were reflective of ways in which IC4K’s GGC program operations could be further improved since recommendations were informed by the needs and suggestions for change based on program recipients’ and program deliverers’ experiences and perceived outcomes. I used a qualitative approach to gain an in-depth understanding of participants’ experiences and perceived outcomes of participating in or facilitating IC4K’s GGC program. Freedman et al’s (63) framework of nutritious food access guided me in exploring a comprehensive range of factors that influenced food access among GGC recipients. I was also able to recruit a diverse group of participants that differed in household type, size, and immigrant status, which provided greater insight into the facilitators and constraints to food access that recipients from households of varying sizes and/or with specific cultural food practices may have experienced. Including the perspectives of program deliverers was another strength of the study as this further enhanced my understanding of how recipients’ food access was enhanced or constrained by the logistical aspects of IC4K’s GGC program. Several strategies were also used to enhance the rigour of my study in an attempt to enhance the credibility and trustworthiness of my findings. For instance, findings were presented alongside verbatim quotes to support my interpretations of participants’ experiences and perceived outcomes. Investigator triangulation and peer debriefing sessions between the Research Assistant and I during data generation and codebook development provided opportunities to discuss different perspectives of the data and uncover our biases and
assumptions. These strategies supported my efforts in ensuring emerging concepts were consistent with the data.

There were also several limitations to the study. My identity, positionality, and subjectivities shaped by my academic background and work experience as a dietitian in the non-profit sector may have influenced the research process and how I interpreted my research findings. To minimize this, I maintained reflexive notes and field notes to reflect on my biases and personal thoughts and assumptions throughout the research process. Exploring recipients’ and program deliverers’ perspectives in this study provided in-depth insight into the experiences and perceived outcomes of accessing and facilitating IC4K’s GGC program. However, I did not include children in this study who could have provided additional context and understanding into experiences of food insecurity when their households received GGC from IC4K. I excluded children from my study because children are not direct recipients of GGC since agencies distributed GGC to primary caregivers in the household. Therefore, it is possible that children were unaware that their household participated in IC4K’s GGC program. In addition, primary caregivers were the ones who used GGC to procure food and manage the household food supply. As such, children were not likely to be able to describe the experiences and perceived outcomes of accessing and using GGC from IC4K to the extent that primary caregivers were able to.

While I was able to recruit a diverse group of participants of various cultural backgrounds and immigration status, English was a second language for some of these participants. As such, it is possible that participants may not have fully understood all interview questions which may have affected their responses and subsequently my interpretations of findings. Social desirability bias
was possible as some participants may have responded to questions in ways that they felt was the ‘right answer’ or what they perceived as socially acceptable as opposed to how they truly felt or what they experienced. In an attempt to mitigate this type of bias, I reminded participants throughout the interview process that there were no right or wrong answers, emphasizing that my role was to learn and understand their experiences to inform ways IC4K’s GGC program can better serve them and other recipients in the future. I also reiterated throughout the interview that their responses were anonymous and there were no negative consequences to the support they received from IC4K or the community agency if any negative or constructive feedback was shared.

Selection bias was also possible as some populations at high risk of food insecurity were not interviewed, such as households experiencing homelessness, households with a parent/caregiver living with a disability, or households located in rural communities. As such, this may have limited the breadth of experiences and perceived outcomes reported by participants. For instance, IC4K provides GGC to agencies that offer temporary shelter to households experiencing homelessness. However, recipients and program deliverers from these agencies were not interviewed. Thus, future studies exploring participants’ experiences and perceived outcomes of accessing GGC programs should also recruit other types of agencies that support individuals from populations at high risk of food insecurity, such as households experiencing homelessness. It is also possible that participants who participated in interviews had more positive experiences and outcomes and/or were more involved with their community agency (e.g. volunteering for or participating in agency programs). Time constraints may have prevented some recipients from participating in the study, such as work and childminding. Although recipients were assured at
recruitment that their participation was anonymous and any feedback, positive or negative, about the program would not jeopardize their receipt of support from IC4K or their community agency, some recipients may have still felt apprehensive of this and thus may have decided not to participate in the study. Moreover, my findings are specific to program recipients and program deliverers who participated in and facilitated IC4K’s GGC program. As such, findings may not be generalizable to the experiences and perceived outcomes of recipients and program deliverers of GGC programs in other regions of Canada or in other countries where social assistance and other social safety net systems may differ from those in Calgary, Alberta.

5.6. Conclusion

My study sought to explore program recipients’ and program deliverers’ experiences and perceived outcomes of accessing and facilitating IC4K’s GGC program. I used my study findings to generate three themes: autonomy and dignity; dietary patterns and food skills; and program logistical strengths and constraints. Within the theme of autonomy and dignity, program recipients indicated they experienced a lower burden of competing household expenses, in which GGC supplemented their household financial resources to afford food without compromising their ability to afford other basic living expenses. Recipients appreciated the flexibility and convenience of using GGC as they could decide what foods to purchase and when and how to spend GGC. Moreover, IC4K’s GGC program provided dignified access to food. Within the second theme of dietary patterns and food skills, household food quantity, quality, and food skills improved through IC4K’s GGC program. Recipients reported that they used GGC to purchase more fresh fruits and vegetables, which increased their children’s consumption of these foods and reduced their intake of pre-packaged, ultra-processed foods. Children were also more
likely to consume foods that aligned with their health-related dietary restrictions and their household’s cultural foodways. Lastly, the third theme of program logistical strengths and limitations showed that facilitating IC4K’s GGC program allowed program deliverers to strengthen their relationships with recipients and also reduced their overall workload. However, program deliverers indicated that they struggled to develop an equitable GGC distribution process because they did not know in advance the number of GGC they could expect to receive and for which grocery stores. Furthermore, there were no guidelines that advised agencies on how many and how often GGC should be distributed to recipients, and how long they could be in the program for. These limitations to facilitating IC4K’s GGC program resulted in differential access to GGC among recipients as the number of GGC and frequency with which recipients received GGC varied by agency.

Based on these findings, I presented three recommendations that may further enhance recipients’ experiences and perceived outcomes when accessing IC4K’s GGC program in the future, including: 1) increasing the monetary value of GGC provided to recipients in order to afford adequate food; 2) establishing concrete guidelines to govern the distribution of GGC so that all recipients have equitable access to GGC to meet their households food needs, and; 3) increasing awareness of IC4K’s GGC program so that IC4K can reach more households at risk of food insecurity.
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Appendix A – Household food security survey module

Stage 1 Questions 1-5 – ask all households
Now I’m going to read you several statements that may be used to describe the food situation for a household. Please tell me if the statement was often true, sometimes true, or never true for you and other household members in the past 12 months.

Q1. You and other household members worried that food would run out before you got money to buy more. Was that often true, sometimes true, or never true in the past 12 months?
Often true
Sometimes true
Never true
Don't know / refuse to answer

Q2. The food that you and other household members bought just didn't last, and there wasn't any money to get more. Was that often true, sometimes true, or never true in the past 12 months?
Often true
Sometimes true
Never true
Don't know / refuse to answer

Q3. You and other household members couldn't afford to eat balanced meals. In the past 12 months was that often true, sometimes true, or never true?
Often true
Sometimes true
Never true
Don't know / refuse to answer

If children under 18 in household, ask Q5 and Q6; otherwise, skip to first level screen

Now I’m going to read a few statements that may describe the food situation for households with children.

Q4. You or other adults in your household relied on only a few kinds of low-cost food to feed the child(ren) because you were running out of money to buy food. Was that often true, sometimes true, or never true in the past 12 months?
Often true
Sometimes true
Never true
Don't know / refuse to answer

Q5. You or other adults in your household couldn't feed the child(ren) a balanced meal, because you couldn't afford it. Was that often true, sometimes true, or never true in the past 12 months?
Often true
Sometimes true
Never true
Don't know / refuse to answer

First level screen (screener for Stage 2): If AFFIRMATIVE RESPONSE to ANY ONE of Q2-Q6 (i.e., “often true” or “sometimes true”), then continue to STAGE 2; otherwise, skip to end.
STAGE 2: Questions 6-10 – ask households passing the First Level Screen

IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK Q7; OTHERWISE SKIP TO Q8

Q6. The child(ren) were not eating enough because you and other adult members of the household just couldn't afford enough food. Was that often, sometimes or never true in the past 12 months?

- Often true
- Sometimes true
- Never true
- Don't know / refuse to answer

The following few questions are about the food situation in the past 12 months for you or any other adults in your household.

Q7. In the past 12 months, since last [current month] did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes
- No (Go to Q8)

Q7b. How often did this happen?

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- Don't know / refuse to answer

Q8. In the past 12 months, did you (personally) ever eat less than you felt you should because there wasn't enough money to buy food?

- Yes
- No

Q9. In the past 12 months, were you (personally) ever hungry but didn't eat because you couldn't afford enough food?

- Yes
- No

Q10. In the past 12 months, did you (personally) lose weight because you didn't have enough money for food?

- Yes
- No

SECOND LEVEL SCREEN (screener for Stage 3): If AFFIRMATIVE RESPONSE to ANY ONE of Q6-Q10, then continue to STAGE 3; otherwise, skip to end.

STAGE 3: Questions 11-15 – ask households passing the Second Level Screen

Q11. In the past 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?

- Yes
No (IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK Q12; OTHERWISE SKIP TO END)  
Don't know / refuse to answer

Q11b. How often did this happen?  
Almost every month  
Some months but not every month  
Don't know / refuse to answer

IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK Q12-15; OTHERWISE SKIP TO END

Now, a few questions on the food experiences for children in your household.

Q12. In the past 12 months, did you or other adults in your household ever cut the size of any of the children's meals because there wasn't enough money for food?  
Yes  
Don’t know / refuse to answer  
No

Q13. In the past 12 months, did any of the children ever skip meals because there wasn't enough money for food?  
Yes  
Don’t know / refuse to answer  
No

Q13b. How often did this happen?  
Almost every month  
Some months but not every month  
Don't know / refuse to answer

Q14. In the past 12 months, were any of the children ever hungry but you just couldn't afford more food?  
Yes  
Don’t know / refuse to answer  
No

Q15. In the past 12 months, did any of the children ever not eat for a whole day because there wasn't enough money for food?  
Yes  
Don’t know / refuse to answer  
No

Source: Canadian Community Health Survey, Cycle 2.2, Nutrition (2004): Income-Related Household Food Security in Canada
Appendix B – Study information and recruitment booklet

I CAN FOR KIDS: HUNGER DOESN'T TAKE SUMMER VACATION

Qualitative Research Study Guide for Agency Partners
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Thank you!

Dear Agency Partners,

Thank you for your interest and participation in the I Can for Kids: Hunger Doesn’t Take Summer Vacation Study. We appreciate the time and support you are investing in this study. Your contribution will help us understand participants’ experiences and perceived outcomes of accessing I Can for Kids. We are excited to work alongside you to help improve children’s and adolescents’ access to food.
How to Reach Us

If you have any questions about the study, please contact the primary researcher:

Yun Yun Lee
Graduate Student, Primary Researcher

You may also contact:

Dr. Dana Olstad
Principal Investigator
Study Overview

This study will help us understand how getting grocery gift cards from I Can for Kids help children and their families, including during COVID-19, and what could be done to improve I Can for Kids programming. Findings from this study will help us identify the best approach to meet children’s and adolescents’ need for food.

Around 50 participants from various I Can for Kids partnering agencies will be enrolled for the study:
- 40 primary caregivers who received grocery gift cards from I Can for Kids since April 2020.
- 10 agency staff who distributed grocery gift cards from I Can for Kids

One-on-one interviews will be conducted with each participant. Interviews will take around 45-60 minutes. All participants will be given a cash gift of $25 in appreciation of their time.

Please note: The information reflected in this Study Guide only pertains to the agency partner’s role in identifying primary caregivers to potentially participate in the study. This Study Guide does not contain information about agency staff interviews.

This study has been approved by the University of Calgary Conjoint Health Research Ethics Board.
Agency Partner Role

Identify potential participants
  o Identify primary caregivers who would like to participate in the study and received at least two grocery gift cards from I Can for Kids since April 2020
  o Use the inclusion criteria, e-mail and/or phone scripts to guide you

Collect potential participants’ contact information
  o Have participants complete the “Consent to Contact” form
  o E-mail completed “Consent to Contact” form to Yun

Coordinate interview process with researcher
  o Schedule interview dates with participants using “Interview Schedule” spreadsheet (link will be e-mailed to you)
  o Provide a private room for the interviews to take place. Video or phone interviews are possible alternatives based on participant preference or if there is no access to space that enables adequate physical distancing measures.
Part I: Identify and recruit participants

We are asking you to identify potential participants for this study based on the following inclusion criteria:

- Primary caregivers who have received at least two grocery gift cards from I Can for Kids since April 2020
- Where possible, considering primary caregivers who have also received food hampers (e.g. I Can for Kids food packs, from the Food Bank, or other sources) is ideal, but not necessary.
- Familiar with I Can for Kids and their role in distributing grocery gift cards
- Able to understand and converse fluently in English or have a translator or a trusted person who can translate on their behalf.

Here is some information that may be helpful in guiding your conversation about the study with potential participants. You may also find the phone and e-mail scripts in Appendix A and B helpful to get you started.

**Purpose of the study:** This study will help researchers at the University of Calgary understand participants’ experiences of getting grocery gift cards from I Can for Kids and how I Can for Kids programming can be improved.

**Participant’s Role:**
- Participate in a 45-60 minute interview about their experience receiving grocery gift cards from I Can for Kids, how it may have helped their family, and what could be done to improve I Can for Kids programming.

**What participants can expect in the interview:**
- Researchers in the study are not part of the agency or I Can for Kids. The support that participants receive from the agency or I Can for Kids will not change no matter what is said during the interview.
- We will be conducting one-on-one, face-to-face interviews with each participant. Video or phone interviews are also possible options based on participant preference or if there is no access to space that enables adequate physical distancing measures.

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**Please note:**
Primary caregivers are defined as the person most involved with parenting the child(ren) at home, preferably also the main food purchaser and food preparer in the home.

For primary caregivers who may have shared custody of children, children should be living with the primary caregiver at least 50% of the time.
- Interviews will be audio recorded with participant consent. This will be indicated in the consent forms. We will also obtain verbal consent before the interview begins. Participant responses will be kept anonymous and will never be linked to them.

- Participants will be paid $25 for their time and participation.

**Part II: Collect potential participants’ contact information**

*Your role:*
- Allow enough time for participants to understand the information about the study and ask questions. If there are questions you are unable to answer, please contact Yun OR ask if they are comfortable having Yun contact them to answer their questions.

- When a potential participant expresses interest in participating in the study, review the “Consent to Contact” form (this will be e-mailed to you) with the participant. If participants agree to share their contact information with the researchers, have them complete the form and e-mail the completed form to Yun.

- Participants will be contacted by researchers if there are questions or concerns about the study that were not answered by agency staff OR to inform participants of new information about the study that might impact their willingness to participate.

**Part III: Coordinate interview process with researcher**

*Your role:*
- Schedule interviews with participants according to dates available on the “Interview Schedule” spreadsheet (link will be e-mailed to you). To maintain confidentiality of participants and agencies, Yun will assign each agency a number. **Fill in the timeslot by indicating the agency number Yun has assigned you and participant’s preferred interview method: agency (i.e. in-person at the agency), video (via Zoom), or phone e.g. Agency 4, agency.**

- Provide a private room at the agency for interviews to take place. Video or phone interviews are also possible options based on participant preference or if there is no access to space that enables adequate physical distancing measures.
Appendix A: Phone Recruitment Script

Please feel free to use this as a guide to speak with potential participants about being part of the study:

Hi [participant name],

This is [your name]. I am calling to see if you might be interested in being part of a research study for I Can for Kids. Do you have a few minutes and I can tell you more about the study? [If yes, continue. If no, ask if there is another time to call back or to e-mail instead]

This study is being done by researchers at the University of Calgary. They want to find out how I Can for Kids is helping children and their families.

To be part of the study, you will be asked to participate in a one-on-one interview that will take around 45-60 minutes. The interview is more like a conversation with the researchers. You will be asked questions about your experience getting grocery gift cards from I Can for Kids, how it may have helped your family and what could be done to make I Can for Kids programming better.

Do you have any questions about the study or what I have talked about so far? [If there are questions you are unable to answer, please contact Yun OR ask if they are comfortable having Yun contact them to answer their questions]

The interview is private and will take place at our agency. Phone or video interviews are also possible, if you prefer or there is no access to space to follow physical distancing measures. After the interview is done, you will receive $25 for your time.

Anything you say in the interview cannot be traced back to you. No one will know what you talked about in the interview except the researcher and the researcher is not part of the agency or I Can for Kids. Any support you receive from the agency or I Can for Kids will not change no matter what you say in the interview.

Do you have any questions?

[Ask about their thoughts in participating and whether they would be interested]
Appendix B: E-mail Recruitment Script

Please feel free to use this as a guide to e-mail potential participants about being part of the study:

Dear [participant name],

We thought you might be interested in a research study about I Can for Kids. Researchers from the University of Calgary are doing the study and want to find out how I Can for Kids is helping children and their families.

To be part of the study, you will be asked to participate in a one-on-one interview that will take around 45-60 minutes. The interview is more like a conversation with the researchers. You will be asked questions about your experience getting grocery gift cards from I Can for Kids, how it may have helped your family and what could be done to make I Can for Kids programming better.

The interview is private and will take place at our agency. Phone or video interviews are also possible, if you prefer or if there is no access to space to follow physical distancing measures. After the interview is done, you will receive $25 for your time.

Anything you say in the interview cannot be traced back to you. No one will know what you talked about in the interview except the researcher and the researcher is not part of the agency or I Can for Kids. Any support you receive from the agency or I Can for Kids will not change no matter what you say in the interview.

If you have any questions or would like to be part of the study, you can contact me at [insert your contact information].

Hope to talk to you soon!

Take care,

[Your name & contact information]
Appendix C – Recruitment summary for community agencies

Recruitment summary for community agencies

Purpose of the study:
This study will help us understand how grocery gift cards from I Can for Kids help children and their families, including during COVID-19. This study will also explore how receiving grocery gift cards compares to receiving food hampers, and what could be done to make I Can for Kids better. Findings from this study will help us understand the best approach to meet children’s and adolescents’ need for food.

What the study entails:
Around 40 primary caregivers who received grocery gift cards and 10 agency staff will participate in one-on-one interviews. Interviews will take around 45-60 minutes. All participants will be given a cash gift ($25) in appreciation of their time.

Your role will be to:
1) Identify potential participants that have received at least two grocery gift cards since April 2020
2) Collect interested participants’ contact information by having them complete the “Consent to Contact” form and e-mail this to Yun
3) Schedule interview dates with participants using the “Interview Schedule” spreadsheet (link will be e-mailed to you)
4) Provide a private room at the agency for interviews to take place. Video or phone interviews are also possible based on participant preference or if there is no access to space that enables adequate physical distancing measures

A short Study Guide booklet will also be e-mailed to you. This booklet contains detailed information about the study, criteria for selecting participants, phone and e-mail scripts to guide your conversation about the study with potential participants, and our contact information. We are also happy to connect with you by telephone to tell you more about the study, your involvement, and address any questions you may have.

Main Contact: Yun Yun Lee
Graduate Student & Primary Researcher

Principal Investigator: Dr. Dana Olstad

This study has been approved by the University of Calgary Conjoint Health Research Ethics Board (REB19-0344)
Appendix D – Program recipient consent to contact form

CONSENT TO CONTACT FOR RESEARCH PURPOSES

TITLE: I Can for Kids: Hunger Doesn’t Take Summer Vacation
SPONSOR: University of Calgary, O’Brien Institute for Public Health
INVESTIGATORS: Dr. Dana Olstad

You are being invited to give consent for Dr. Dana Olstad or a qualified member of her research team to contact you at some time in the future to invite you to participate in a research study.

Are you willing to learn more about the I Can for Kids: Hunger Doesn’t Take Summer Vacation study? (Circle one)

☐ YES  ☐ NO

If yes, you will be contacted at a later date. Please include contact information we can best reach you at below.

☐ Phone number: ____________________________

☐ E-mail: ________________________________

You authorize your community agency to disclose your name, telephone number, and email address to the research team for the purpose of being contacted to learn more about the research study, I Can for Kids: Hunger Doesn’t Take Summer Vacation.

Every effort will be made to safeguard your contact information. Although access to this information will be limited, there is a small chance that this information could be inadvertently disclosed or inappropriately accessed.

You have been made aware of the reasons why the contact information is needed and the risks and benefits of consenting or refusing to consent.

This consent is effective immediately.

Your consent to be contacted can be removed by you at any time.

Participant’s Signature: __________________________ ________________  ☐ Participant verbal Consent

Date: __________________________

Partnering Agency’s Name: ________________________________

Social Service Agency Name: ________________________________
Appendix E – Program recipient informed consent form

PRIMARY CAREGIVER INTERVIEW – INFORMED CONSENT FORM

TITLE: I Can for Kids: Hunger Doesn’t Take Summer Vacation

SPONSOR: University of Calgary, O’Brien Institute for Public Health

INVESTIGATORS: Dr. Dana Olstad

This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask. Take the time to read this carefully and to understand any other information about this study. You will receive a copy of this form for your records.

BACKGROUND
I Can for Kids is an organization that prepares and delivers nutritious food packs to children and their families. It provides access to meals and snacks during the summer when school meals are not available. To ensure the health and safety of everybody during the COVID-19 pandemic, delivering food packs was not possible this summer. In order to maintain access to nutritious foods, I Can for Kids started providing grocery gift cards to support children and their families this summer. This study will have around 50 participants from various social service agencies throughout the city of Calgary that partner with I Can for Kids.

WHAT IS THE PURPOSE OF THE STUDY?
This study will help understand if and how grocery gift cards are helping children and their families who receive them. The researchers also want to understand how the program can be improved.

WHAT WOULD I HAVE TO DO?
If you agree to participate in this study, you will have a one-on-one interview with a trained member of the research team. The interview:

- Asks questions about you, some eating practices in your home, your own experience with receiving grocery gift cards from I Can for Kids, and how they have impacted your family, including during the COVID-19 pandemic.

- Will take around 45-60 minutes

- Will be audio-recorded and transcribed into written words to help the research team accurately capture your responses
Will take place in person. You also have the option to do the interview over the phone or online (video interview) – you can choose what you are most comfortable with.

WHAT ARE THE RISKS?
If you choose to do an in-person interview, there may be a risk of COVID-19 exposure if public transit is used to get to the agency, time spent in the agency, and exposure to other people. Interviews will take place in a private room. To minimize your risk of COVID-19 exposure during the interview, the room will be sanitized right before the interview. The seating arrangement in the room will be placed at least 3 metres apart to follow physical distancing guidelines. The interviewer will be wearing a mask. You are encouraged to do the same as well, if possible.

You will be asked questions about your own and your household’s experience with getting grocery gift cards from I Can for Kids and how they have impacted your family. Some of the questions could leave you feeling anxious or upset if you choose to answer them. You will always have the option to not answer these questions and/or take a break or completely stop the interview.

WILL I BENEFIT IF I TAKE PART?
There are no direct benefits to participating in this study. The results of this study will help us understand if and how getting grocery gift cards from I Can for Kids are helping children and their families. The information we get from this study will also help us understand how we can improve the program for future families that participate.

DO I HAVE TO PARTICIPATE?
Your participation in this study is completely voluntary. You can choose to withdraw from the interview at any time. **Leaving the interview will not change the services you receive from your social service agency or your access to I Can for Kids. You will continue to receive their services as usual.**

If you decide to stop the interview, the interviewer will discontinue the interview and the audio recording. If you decide to withdraw after the interview, please contact your agency partner. The researchers will use any data you have already given, unless you request that we remove it. Data cannot be removed once data analysis has begun.

If new information becomes available that might impact your willingness to participate in the study, you will be told as soon as possible.

WILL I BE PAID FOR PARTICIPATING, OR DO I HAVE TO PAY FOR ANYTHING?
You will not have to pay anything to participate in the study.

You will receive a $25 cash gift in appreciation of your time in completing the interview.
WILL MY RECORDS BE KEPT PRIVATE?
All information obtained during the study will be kept private. Only Dr. Dana Olstad and members of the research team will have access to your information, audio-recordings, and transcripts.

All interviews, whether in-person, video, or phone, will use a password-protected digital recording device to audio record the interview and will be uploaded and stored on a password protected computer without any personal identifiers. If you choose to do a video interview, this will be done through an online platform called Zoom. This program is accessed through a password-protected university account and has high level security precautions built in to protect your confidentiality. We will not be recording the interview using the Zoom feature. Interviews will be audio recorded using a separate digital recording device mentioned above.

Your responses during the interview will be kept separate from your personal information. Any feedback you give will be assigned an ID number. A master list of names and ID numbers will be kept separate from your interview. Your name or any information that might identify you will not be included in the audio file name or the interview transcripts to protect your privacy. The master list and all data collected from the interviews will be stored in a secure area in password protected devices or a secure office at the University of Calgary.

Your participation in this study will not be disclosed under any circumstances. If we publish the results, they will be anonymous and will not include any information that could reveal your identity, including any direct quotes from you that might be used.

After the study is complete, the recording will be deleted. Any hard copy data will be shredded. The transcripts will be stored electronically on a password-protected computer drive, for a period of five years.

Authorized representatives from the University of Calgary and the Conjoint Health Research Ethics Board may look at your identifiable study records held at the University of Calgary for quality assurance purposes.

Data collected during your time in this research study will be de-identified and will be held in a database for future use by other researchers. Any future use of this research data is required to undergo review by a Research Ethics Board.

SIGNATURES
Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to participate as a participant. In no way does this waive your legal rights nor release the investigators or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time without any consequences. If you have further questions concerning matters related to this research, please contact:
Dr. Dana Olstad

If you have any questions concerning your rights as a possible participant in this research, please contact the Chair, Conjoint Health Research Ethics Board, University of Calgary at 403-220-7990.

<table>
<thead>
<tr>
<th>Participant’s Name</th>
<th>Signature and Date □ Verbal Consent</th>
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<tbody>
<tr>
<td>Investigator/Delegate’s Name</td>
<td>Signature and Date</td>
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<tr>
<td>Witness’ Name</td>
<td>Signature and Date</td>
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The University of Calgary Conjoint Health Research Ethics Board has approved this research study.

A signed copy of this consent form has been given to you to keep for your records and reference.
Appendix F – Program deliverer informed consent form

PROGRAM DELIVERER INTERVIEW – INFORMED CONSENT FORM

TITLE: I Can for Kids: Hunger Doesn’t Take Summer Vacation

SPONSOR: University of Calgary, O’Brien Institute for Public Health

INVESTIGATORS: Dr. Dana Olstad

This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask. Take the time to read this carefully and to understand any other information. You will receive a copy of this form for your records.

BACKGROUND
I Can for Kids is an organization that prepares and delivers nutritious food packs to children and their families. It provides access to meals and snacks during the summer when school meals are not available. To ensure the health and safety of everybody during the COVID-19 pandemic, delivering food packs was not possible this summer. In order to maintain access to nutritious foods, I Can for Kids started providing grocery gift cards to support children and their families this summer. This study will have around 50 participants from various social service agencies throughout the city of Calgary that partner with I Can for Kids.

WHAT IS THE PURPOSE OF THE STUDY?
This study will help understand if and how grocery gift cards are helping children and their families who receive them. The researchers also want to understand how the program can be improved.

WHAT WOULD I HAVE TO DO?
If you agree to participate in this study, you will have a one-on-one interview with a trained member of the research team. The interview:

- Asks questions about your role with I Can for Kids, household experiences and perceived outcomes of receiving grocery gift cards from I Can for Kids, your experiences and perceived outcomes of distributing the grocery gift cards, including during the COVID-19 pandemic, and how receiving grocery gift cards compare to food hampers,
- Will take around 45-60 minutes
- Will be audio-recorded and transcribed into written words to help the research team accurately capture your responses.

**WHAT ARE THE RISKS?**
If you choose to do an in-person interview, there may be a risk of COVID-19 exposure if public transit is used to get to the agency, from time spent in the agency, and exposure to other people. Interviews will take place in a private room. To minimize your risk of COVID-19 exposure during the interview, this room will be sanitized right before the interview. The seating arrangement in the room will be placed at least 3 metres apart to follow physical distancing guidelines. The interviewer will be wearing a mask. You are encouraged to do the same as well, if possible.

You will be asked questions about households’ experiences and the impact of receiving grocery gift cards, and your own experience with distributing the grocery gift cards. Some of the questions could leave you feeling anxious or upset if you choose to answer them. You will always have the option to not answer these questions and/or take a break or completely stop the interview.

**WILL I BENEFIT IF I TAKE PART?**
There are no direct benefits to participating in this study. The results of this study will help us understand if and how getting grocery gift cards from I Can for Kids are helping children and their families. The information we get from this study will also help us understand how we can improve the program for future families that participate.

**DO I HAVE TO PARTICIPATE?**
Your participation in this study is completely voluntary. You can choose to withdraw from the interview at any time. **Leaving the interview will not change your role at the agency or your involvement with I Can for Kids.**

If you decide to stop the interview, the interviewer will discontinue the interview and the audio recording. If you decide to withdraw after the interview, please contact the primary researcher. The researchers will use any data you have already given, unless you request that we remove it. Data cannot be removed once data analysis has begun.

If new information becomes available that might impact your willingness to participate in the study, you will be told as soon as possible.

**WILL I BE PAID FOR PARTICIPATING, OR DO I HAVE TO PAY FOR ANYTHING?**
You will not have to pay anything to participate in the study.

You will receive a $25 cash gift in appreciation of your time in completing the interview.

**WILL MY RECORDS BE KEPT PRIVATE?**
All information obtained during the study will be kept private. Only Dr. Dana Olstad and members of the research team will have access to your information, audio-recordings, and transcripts.

All interviews, whether in-person, video, or phone, will use a password-protected digital recording device to audio record the interview and will be uploaded and stored on a password protected computer without any personal identifiers. If you choose to do a video interview, this will be done through an online platform called Zoom. This program is accessed through a password-protected university account and has high level security precautions built in to protect your confidentiality. We will not be recording the interview using the Zoom feature. Interviews will be audio recorded using a separate digital recording device mentioned above.

Your responses during the interview will be kept separate from your personal information. Any feedback you give will be assigned an ID number. A master list of names and ID numbers will be kept separate from your interview. Your name or any information that might identify you will not be included in the audio file name or the interview transcripts to protect your privacy. The master list and all data collected from the interviews will be stored in a secure area in password protected devices or a secure office at the University of Calgary.

Your participation in this study will not be disclosed under any circumstances. If we publish the results, they will be anonymous and will not include any information that could reveal your identity, including any direct quotes from you that might be used.

After the study is complete, the recording will be deleted. Any hard copy data will be shredded. The transcripts will be stored electronically on a password protected computer drive, for a period of five years.

Authorized representatives from the University of Calgary and the Conjoint Health Research Ethics Board may look at your identifiable study records held at the University of Calgary for quality assurance purposes.

Data collected during your time in this research study will be de-identified and will be held in a database for future use by other researchers. Any future use of this research data is required to undergo review by a Research Ethics Board.

**SIGNATURES**

Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to participate as a participant. In no way does this waive your legal rights nor release the investigators or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time without any consequences. If you have further questions concerning matters related to this research, please contact:

Dr. Dana Olstad
If you have any questions concerning your rights as a possible participant in this research, please contact the Chair, Conjoint Health Research Ethics Board, University of Calgary at 403-220-7990.

Participant's Name

Signature and Date  

Investigator/Delegate's Name

Signature and Date

Witness' Name

Signature and Date

The University of Calgary Conjoint Health Research Ethics Board has approved this research study.

A signed copy of this consent form has been given to you to keep for your records and reference.
Appendix G – Program recipient interview guide

I Can for Kids Interview Guide – Primary Caregivers (Program recipients)

<Start Interview Recording>

Hello, my name is [Interviewer Name]. Thank you for taking time to talk to me today about your experience with I Can for Kids. What is your name?

I am an independent researcher at the University of Calgary. We want to understand how I Can for Kids has helped children and their families, and ways I Can for Kids can be improved. I do not represent [agency name] or I Can for Kids, so anything you share with me in this interview today will not change what you receive from [agency name] and I Can for Kids. Do you have any questions about this? Do you consent to participating in this study after reading through the consent form?

Your feedback is important to us. To be sure that I accurately capture your responses, I would like to supplement my notes by audio-recording this interview. As a reminder, this interview is anonymous. What you say and any personal information that may come out in this interview will be kept private and confidential. Do I have your consent to audio-record this interview?

During the interview, I will be asking you questions about what your experiences of receiving grocery gift cards from I Can for Kids is like and how the grocery gift cards have impacted your household. If at any point during the interview you do not feel comfortable answering or do not want to answer, that is not a problem. We can take a break, go to the next question, or stop the interview. Just let me know what you are most comfortable with. It will not impact your household’s access to [agency name] or I Can for Kids.

Do you have any questions before we begin?

Ok, let’s get started!
Introduction

1. I Can for Kids supports children and their families to access food. If there are children who live at home with you, what is your relationship them? E.g. mother, father, aunt, uncle, grandparent

Thanks for sharing, [name of participant]. I’m going to start off our conversation by asking you about the food situation in your household in the summer compared to the school year. Do you have any school-aged children? Yes/No
*If yes, ask question 2 using summer compared to school year
* If no, ask question 2 using July-August compared to September-June.

2. How does your household’s food situation in the summer (July-August) compare to your food situation during the school year (September-June)?
**If participant refers to COVID-19, please also ask about the food situation in previous years.

Probe: During the school year, does/do your child(ren) eat meals provided by the school? Yes/No
If yes: What meals do they get from school? E.g. breakfast, lunch, snack
If no: When does/do your child(ren) usually have their first meal? Where does that food come from? E.g. from home or purchased on the way to school

Probe: During the summer when school is finished, how does the food supply at home change?

Probe: How does your experience of providing breakfast/lunch/snack/dinner change during the summer? E.g. Where you buy food, going to different stores, need to access food programs, from friends/family

Program Experience: Grocery Gift Cards [Obj. 1]
Now, we are going to talk about your experience with getting grocery gift cards from I Can for Kids. Are you ok to proceed? [If no, ask about continuing interview or take a break.]

3. What was it like to get grocery gift cards from I Can for Kids?

Probe Logistics:
- How did you hear about the grocery gift cards from I Can for Kids?
- When did you start getting grocery gift cards from I Can for Kids?
- How many grocery gift cards have you received from I Can for Kids? (refers to how many received in total and how many received at one time)
- Where could you use the grocery gift cards?
- How often can you collect grocery gift cards?

**Probe: What did you not like or like about getting and using grocery gift cards from I Can for Kids? E.g.:**

- **Social:** Are you able to purchase what you/your household need and want? If so, can you tell me more? (e.g. culturally/ethnically appropriate foods)
- **Personal:** Are you able to purchase foods that align with health-related dietary needs or restrictions?

**Probe: What made it hard or easy to pick up or use grocery gift cards? E.g.:**

- **Service delivery:** What was the process to receive grocery gift cards like? For example, was there paperwork, proof of eligibility, or open access?
- **Spatial-temporal:** What about transportation time/cost to pick up or use grocery gift cards? What was the access to the grocery store like?
- **Social:** How do you feel when you pick up or use grocery gift cards? What about how friends/family/others say about picking up or using grocery gift cards (e.g. any stigma or are they supportive)?

**Perceived Outcomes: Grocery Gift Cards [Obj. 2]**

4. How has getting grocery gift cards from I Can for Kids impacted you?

**Probe: How has it impacted you negatively?**

**Probe: How has it impacted you positively?**

- Your eating and food practices? e.g. how food is prepared/provided (cooking at home or ready-made meals), where you get food
- **Economic:** Food budget? Other living expenses?
- **Health and wellbeing:** physical health, mental wellbeing (level of stress or happiness) and social health

5. How has getting grocery gift cards from I Can for Kids impacted your child(ren)? Other people at home?

**Probe: How has it impacted your child negatively? Other people at home?**

**Probe: How has it impacted your child positively? Other people at home?**

- Your child’s eating and food practices? e.g. what food is provided (cooking at home or ready-made meals), where you get food
- Your child’s health and wellbeing: physical health, mental wellbeing (happy, tired, sad) and social health. Other people at home?

6. What would it be like if your household did not get grocery gift cards from I Can for Kids? [use Q.4 probes to guide responses]
Program Feedback: **Grocery Gift Cards**

7. **What could be done to make grocery gift cards from I Can for Kids better?**

   *Probe: What would you change about grocery gift cards from I Can for Kids to better meet your child(ren)’s needs for food? E.g.:
   - To address things you did not like?
   - What would you keep the same?*

8. **Food Hampers: Have you gotten food hampers before? For example, from I Can for Kids or the Food Bank. Yes/No**

   *If no: move on to Question 9.
   *If yes: What was the experience of getting a food hamper like for you and your household? What did you like or not like about food hampers? How does that compare to grocery gift cards? E.g.:
   - **Spatial-temporal:** comparing travel time to pick up food hamper/gift cards
   - **Social:** what families eat – how foods fit household’s culture/ethnic traditions
   - **Economic:** how it impacts household’s food budget and other living expenses
   - **Household’s health and wellbeing:** physical health, mental wellbeing, social health*

**COVID-19**

9. **How has the Covid-19 pandemic impacted the food situation at home? E.g. food budget, where you get food, what you eat, household food supply**

   * - Has getting grocery gift cards from I Can for Kids changed any of the Covid-19 impacts you mentioned? [Yes/No] How so?*

Thank you for sharing your experiences with grocery gift cards and how it has impacted you and your household. Do you have any further comments or feedback you would like to share about getting and using grocery gift cards from I Can for Kids?
Sociodemographic Characteristics

For the final part of the interview, I am going to ask you a few questions about demographics. This is not meant to identify you in the interview. This helps us understand who accesses I Can for Kids in general. If you don’t want to answer any of these questions, let me know and I will move on to the next question. Are you ready to begin?

1. How old are you?

2. Including yourself, how many people live with you at home?

3. How many kids live at home with you? (specify kids as under 18 years old)

4. How many years have you lived in Canada over your entire life?

5. What is the highest certificate, diploma, or degree that you have finished? Please select ONE:
   - [ ] Less than high school diploma
   - [ ] High School
   - [ ] Trade Certificate or Diploma
   - [ ] Some post-secondary education*
   - [ ] Post-secondary certificate/diploma or university degree
     - [ ] Was this certificate/diploma or degree achieved:
       - [ ] In Canada
       - [ ] Another country
     - [ ] If from another country, was this certificate/diploma or degree recognized in Canada? Yes / No
     - [ ] Don’t Know/Prefer not to answer

* Includes respondents that did graduate from high school, did receive other education that could be counted towards a degree, certificate or diploma but did not earn such a degree, certificate or diploma.

The last two questions are about the food situation in your household for the last 3 months. Please choose the statement that best describes the eating behaviours of you and other people in your household in the last 3 months.

6. Within the last 3 months, we worried whether our food would run out before we got money to buy more.
   - Often true
Sometimes true
Never true
Don’t know / Prefer not to answer

7. Within the last 3 months, the food we bought just didn’t last and we didn’t have money to get more.

Often true
Sometimes true
Never true
Don’t know / Prefer not to answer

Those are all the questions that I have for you today.

Thank you again for taking time to complete this interview. I learned a lot from what you shared!

<End Interview>
Appendix H – Program deliverer interview guide

I Can for Kids Interview Guide – Program deliverers

<Start Interview>

Hello, my name is [Interviewer Name]. Thank you for taking time to talk to me today about your experience with I Can for Kids. What is your name?

I am an independent researcher at the University of Calgary. We want to understand how I Can for Kids has helped children and their families, and ways I Can for Kids can be improved. I do not represent I Can for Kids, so anything you share with me in this interview today will not change your role at [agency name] or your involvement with I Can for Kids. Do you have any questions about this?

Your feedback is important to us. To be sure that I accurately capture your responses, I would like to supplement my notes by audio-recording this interview. As a reminder, this interview is anonymous. What you say and any personal information that may come out in this interview will be kept private and confidential. Do I have your consent to audio-record this interview?

During the interview, I will be asking you questions about the experiences of households who received grocery gift cards from I Can for Kids and how the grocery gift cards have impacted them. If at any point during the interview you do not feel comfortable answering or do not want to answer, that is not a problem. We can take a break, go to the next question, or stop the interview. Just let me know what you are most comfortable with.

Do you have any questions before we begin?

Ok, let’s get started!
**Introduction**

1. Tell me about the work that you do with I Can for Kids.

2. How long have you been involved with I Can for Kids?

Thanks for sharing, [name of participant]. I’m going to start by asking you questions about what the food situation is like for households who access I Can for Kids. Then we’ll move on to talk about grocery gift cards from I Can for Kids. How does that sound? [If no, ask about continuing interview or take a break.]

3. For households that access I Can for Kids, how does their food situation in the summer compare to their food situation during the school year?

   **Probe:** During the summer when school is finished, how do households’ food supplies change?

   **Probe:** How might the way households provide food for their children change during the summer? E.g. Where they purchase food, going to different stores, need to access food programs, from friends/family

**Program Experience: Grocery Gift Cards [Obj. 1]**

Now, we are going to talk about what households’ experiences of receiving grocery gift cards from I Can for Kids is like, followed by your experience with distributing them. Are you ok to proceed? [If no, ask about continuing interview or take a break.]

4. What feedback have you received from households about grocery gift cards from I Can for Kids?

   **Probe:** When did households start receiving grocery gift cards from I Can for Kids?

   **Probe:** What do households like about receiving grocery gift cards from I Can for Kids? What did they not like? E.g.:
   - Based on feedback you have received from households
   - **Social:** are households able to purchase what they want and need (e.g. culturally/ethnically appropriate foods)
   - **Personal:** purchase foods that align with health-related dietary needs, opportunities to try new foods

   **Probe:** What makes it easy or hard for households to pick up grocery gift cards? E.g.:
   - **Service delivery:** barrier-free (no paperwork/proof of eligibility)
   - **Spatial-temporal:** transportation time/cost, scheduling conflict, grocery store was inconvenient to access


5. **What is your experience of distributing grocery gift cards from I Can for Kids?**

   **Probe:** Tell me about the process of distributing grocery gift cards to households.
   - How do you decide how many grocery gift cards to provide households?
   - How do you decide how often to distribute grocery gift cards to households?

   **Probe:** What parts of distributing grocery gift cards do/do not work well?
   - What made distributing grocery gift cards easy or hard?

6. **Perceived Outcomes: Grocery Gift Cards [Obj. 2]**

5. **What is your experience of distributing grocery gift cards from I Can for Kids?**

   **Probe:** Tell me about the process of distributing grocery gift cards to households.
   - How do you decide how many grocery gift cards to provide households?
   - How do you decide how often to distribute grocery gift cards to households?

   **Probe:** What parts of distributing grocery gift cards do/do not work well?
   - What made distributing grocery gift cards easy or hard?

6. **How have grocery gift cards from I Can for Kids impacted children and their household?**

   **Probe:** How have they impacted children and their households negatively?
   - How have they impacted children and their households positively?
   - Their eating and food practices? e.g. how food is prepared/provided (cooking at home or ready-made meals), where they get food.
     **Address:** children, then other people in the household if it doesn’t come up
   - **Economic:** Household’s food budget? Other living expenses?
   - Household’s health and wellbeing: physical health, mental wellbeing (level of stress or happiness), and social health
     **Address:** children, then other people in the household if it doesn’t come up

7. **What would it be like if households did not get grocery gift cards from I Can for Kids?** [use probes above to guide responses]

8. **How has distributing grocery gift cards from I Can for Kids impacted you?** e.g. benefits/disadvantages to workload, connection with clients

9. **Program Feedback: Grocery Gift Cards**

9. **What could be done to make grocery gift cards from I Can for Kids better?**

   **Probe:** What would you change about grocery gift cards from I Can for Kids to better meet children’s needs for food? E.g.:
   - To address things households did not like
   - **Service delivery:** Anything regarding the logistics of the program
   - What would you keep the same?

10. **Food Hampers:** How do you think that households’ experiences and impacts of receiving grocery gift cards compare to receiving a food hamper? E.g.:
- **Spatial-temporal:** comparing travel time to pick up food hamper/gift cards
- **Social:** what families eat – how foods fit household’s culture/ethnic traditions
- **Economic:** how it impacts household’s food budget and other living expenses
- **Household’s health and wellbeing:** physical health, mental wellbeing, and social health

**COVID-19**

11. How has the Covid-19 pandemic impacted the food situation at home for children and their families eat? E.g. food budget, where families get food, what families eat, household food supply
   - How have grocery gift cards changed any of these impacts experienced by children and their families?

Those are all the questions that I have for you today. What other comments would you like to add about I Can for Kids?

Thank you again for taking time to complete this interview. I learned a lot from what you shared!

<End Interview>
## Appendix I – Program recipient interview coding scheme

<table>
<thead>
<tr>
<th>Coding Category</th>
<th>Sub-categories</th>
<th>Codes</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grocery Gift Cards</td>
<td>Economic Access</td>
<td>Perceived value of food</td>
<td>Perceived value of foods and whether the quality and types of foods were worth the price e.g. produce was better quality or better selection of cultural food items</td>
</tr>
<tr>
<td></td>
<td>Shopping strategies &amp; patterns</td>
<td></td>
<td>Where participants usually shop, steps or approaches taken to purchase foods that fit within their household food budget and food needs e.g. looking through flyers, using apps, going to certain grocery stores because of lower prices. This also includes adapting food shopping practices when receiving GGC e.g. changing food stores to use GGC.</td>
</tr>
<tr>
<td></td>
<td>Service Delivery</td>
<td>Food and items purchased</td>
<td>Food and non-food items participants describe purchasing using GGC.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff and service</td>
<td>Perceptions on quality of service (e.g. easy or hard, what participants like or not like) related to picking up GGC, where they heard about GGC from IC4K, as well as the relationship between recipients/their family and the agency partner. This includes perceived access to GGC e.g. whether there is an administrative/eligibility process involved or barrier-free.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GGC Logistics</td>
<td>When participants started receiving GGC, how many and how often GGC were collected, where and how (easy or hard, what participants liked or not liked) related to using the GGC. This also reflects GGC usability in a practical sense e.g. flexibility and convenience of using GGC to make grocery purchases whenever they want and get what they need/want.</td>
</tr>
<tr>
<td>Transportation</td>
<td>Pick up GGC</td>
<td>Access to pick up GGC, including time needed to travel to agencies or other locations to pick up GGC. Also includes access to reliable transportation e.g. personal vehicle, taxi or public transit.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>To food stores (to use GGC)</td>
<td>Access to food stores to use GGC, including time needed to travel and access to reliable transportation e.g. personal vehicle, taxi, or public transit.</td>
<td></td>
</tr>
<tr>
<td>Social Access</td>
<td>Culture &amp; food preferences</td>
<td>Access to food related to ethnic or cultural foodways and traditions e.g. access to ethnic foods at food stores. This includes perceived identity in food that is not necessarily related to ethnicity or family background as well as certain preferences for food e.g. likes/dislikes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stigma &amp; discrimination</td>
<td>Differential access to foods based on race, class, geographical location, and/or gender. Also includes any marginalizing experiences or stigma felt by participant about themselves or from friends/family/others from receiving GGC.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reciprocity</td>
<td>Wanting to provide support and help other families who are also in need</td>
<td></td>
</tr>
<tr>
<td>Food Hampers</td>
<td>Personal</td>
<td>Health status</td>
<td></td>
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<tr>
<td></td>
<td>- Wanting to give back to agencies/other charitable organizations when they can to families in the future in the same way the agencies they receive support from now are helping them.</td>
<td></td>
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<tr>
<td></td>
<td>Individual and household members’ health that may influence food access. E.g. physical health constrains ability to shop in large food stores, restricts travel to food stores close to home, or access to foods needed for specific health conditions. This includes household members with any health-related dietary restrictions (e.g. allergies or intolerances) or dietary needs (e.g. diabetes) and whether and how GGC were able to meet these needs.</td>
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<table>
<thead>
<tr>
<th>Perceived Impacts</th>
<th>Financial support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Perceptions on how GGC have impacted money at home e.g. more money for groceries or to afford foods that children or other household members like. This includes GGC impact to afford other household expenses, such as utility or phone bills.</td>
</tr>
<tr>
<td></td>
<td>Health &amp; Wellbeing</td>
</tr>
<tr>
<td></td>
<td>Perceived impact of GGC purchases on physical and mental wellbeing</td>
</tr>
<tr>
<td></td>
<td>Social health</td>
</tr>
<tr>
<td></td>
<td>Providing opportunities to socialize and experience special moments with friends or family e.g. birthday celebrations, camping, sharing snacks with friends. This can also include developing social network/community.</td>
</tr>
<tr>
<td></td>
<td>Dietary intake &amp; practices</td>
</tr>
<tr>
<td></td>
<td>Perceived changes (or none) in food intake with GGC use, such as eating more/less fruits, vegetables, meats, eating healthier, trying new foods. Also includes if meals are prepared more/less often at home.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Feedback</th>
<th>Thoughts &amp; Perceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Positive/negative views or overall comments of the grocery gift card program e.g. gratefulness/appreciation of the program. This includes feedback about GGC compared to other food program models e.g. food packs or hampers.</td>
</tr>
<tr>
<td></td>
<td>Suggestions for improvement</td>
</tr>
<tr>
<td></td>
<td>Suggestions for change or program aspects to remain the same. This could also include responses that are constructive in nature. **If GGC compared with food packs or food hampers, code under food packs or food hampers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service delivery</th>
<th>Foods provided</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Refers to food quality and types/variety of foods given to families in hampers, such as the assortment of foods, amount of food, or expired/rotten food in food hampers.</td>
</tr>
<tr>
<td></td>
<td>Staff &amp; Service</td>
</tr>
<tr>
<td></td>
<td>Staff treatment of participants when registering or picking up food hampers. Service also includes descriptions of the logistics of accessing food hampers, the service quality of organization that delivers food hampers, and their treatment of participants</td>
</tr>
<tr>
<td></td>
<td>Transportation</td>
</tr>
<tr>
<td></td>
<td>Includes distance and time it takes to travel to pick up food hamper e.g. far/close to home; commute is long/short.</td>
</tr>
<tr>
<td></td>
<td>Social</td>
</tr>
<tr>
<td></td>
<td>Stigma &amp; Discrimination</td>
</tr>
<tr>
<td></td>
<td>Differential access to foods based on race, class, geographical location, and/or gender. Any marginalizing experiences or stigma felt by participant about themselves or from</td>
</tr>
<tr>
<td>IC4K Food Packs</td>
<td>Perceived impacts</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------</td>
</tr>
<tr>
<td><strong>Perceived</strong></td>
<td><strong>Household finances</strong></td>
</tr>
<tr>
<td><strong>Household dietary intake &amp; practices</strong></td>
<td><strong>Perceived impact of food hampers on household’s food intake</strong>&lt;br&gt;- the foods families consumed or didn’t consume (i.e. went to garbage or given away) provided in the hampers.&lt;br&gt;- This also includes whether foods provided fit with cultural/religious or health-related food practices.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program feedback</th>
<th>Thoughts/perceptions of accessing food hamper program and suggestions for improvement that are directed specifically at food hampers.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IC4K Food Packs</strong></td>
<td><strong>Service Delivery</strong></td>
</tr>
<tr>
<td><strong>Foods provided</strong></td>
<td><strong>Refers to food quality and food variety, including assortment of foods and quantity of foods in IC4K food packs</strong></td>
</tr>
<tr>
<td><strong>Staff &amp; Service</strong></td>
<td><strong>Staff treatment of participants when picking up food packs. This also includes if they've never received food packs before.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program feedback</th>
<th>Thoughts/perceptions of the program and suggestions for improvement specifically directed at food packs.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Household Food situation</strong></td>
<td><strong>During Summer/At home</strong>&lt;br&gt;Household food supply in the summer, meals consumed in the home or elsewhere</td>
</tr>
<tr>
<td><strong>In school</strong></td>
<td><strong>Household food supply when children were physically going to school: meals consumed at school, home, or elsewhere</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>COVID-19</strong></th>
<th><strong>Food access</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Descriptions of:</strong>&lt;br&gt;- Shopping strategies adapted during COVID e.g. changes to shopping frequency (more or less often), changes to stores visited (i.e. not their usual store)&lt;br&gt;- Being able to find/not find what they need at the food stores e.g. unable to acquire certain items because they are sold out during COVID, going to different stores to get what they need.&lt;br&gt;- Changes in food costs during COVID</td>
<td></td>
</tr>
</tbody>
</table>

| **Social impact** | How COVID-19 has affected children and their family’s social connections, such as children meeting with friends, going to school/daycare, attending day camps etc. This also includes personal social connections, such as fear/anxiety of personal safety and health during COVID e.g. interaction with other people, living environment to does/does not limit COVID exposure. |

| **Household finances** | Impact of household finances to afford food during COVID-19 or changes in food supply at home e.g. changes in employment or changes to income affecting family’s way of acquiring food, such as accessing other food support programs, or experiences of reduced food supply at home. |

*Note: GGC = grocery gift cards<br>** Code household food situation in general if no difference between summer vs school year.
# Appendix J – Program deliverer interview coding scheme

<table>
<thead>
<tr>
<th>IC4K Study: Final Coding Scheme (Program deliverer Interviews)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coding Category</strong></td>
</tr>
<tr>
<td>Economic Access</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Service Delivery</td>
</tr>
</tbody>
</table>
| | Receiving GGC | - When participants started receiving GGC, how many and how often GGC were collected, how they collected GGC (e.g. delivered to the door or went to agency), what made it easy or hard to collect GGC, and where GGC were used. Also includes any reference to the flexibility of GGC and recipients being able to purchase what they need.  
- Accessibility of grocery gift cards from agencies e.g. barrier-free access or need for proof of eligibility |
| | Distributing GGC | Descriptions related to the logistics of delivering GGC to recipients. This includes agency staff perceptions on decisions regarding how many GGC to provide households and how often GGC are distributed. |
| Transportation | Access to food stores (to use GGC) | Variety (or lack thereof) of food stores that are in recipients’ neighbourhood/community. This includes time needed for recipient to travel to GGC pick-up location, recipient access to reliable transportation e.g. personal vehicle, taxi, or public transit. |
| Social Access | Culture & food preferences | Recipient access to food related to ethnic or cultural foodways and traditions e.g. access to ethnic foods at food stores. This includes identifying recipients with particular food identity, such as certain preferences for food e.g. likes/dislikes, vegan |
| | Stigma & discrimination | Recipients’ differential access to foods based on race, class, geographical location, and/or gender. Also includes any feedback agency partners have received from recipients re: marginalizing experiences or stigma from friends/family/others from receiving GGC. |
| Personal | Health status | Health of recipient and their household that may influence their food access. E.g. physical health constrains ability to shop in large food stores, restricts travel to food stores close to home, or access to foods needed for specific health conditions. This also includes |
how the GGC have been able to meet the health-related dietary needs within the household e.g. being able to purchase foods using GGC to manage blood sugars for diabetes or gluten-free foods for gluten intolerance.

<table>
<thead>
<tr>
<th>Food and nutrition knowledge</th>
<th>Recipients’ perceived awareness and knowledge of nutritious foods or to select and/or prepare healthy foods.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Perceived impact on recipients</strong></td>
<td><strong>Household finances</strong></td>
</tr>
<tr>
<td><strong>Health &amp; Wellbeing</strong></td>
<td>Agency partner perspective on the impact of having access to GGC or use of GGC to purchase items for the household on their physical and mental wellbeing</td>
</tr>
<tr>
<td><strong>Dietary intake &amp; practices</strong></td>
<td>Agency partner perspective on changes (or none) in food intake with GGC use. Also includes if meals are prepared more/less often at home.</td>
</tr>
<tr>
<td><strong>Social health</strong></td>
<td>Providing recipients opportunities to socialize and experience special moments with friends or family e.g. birthday celebrations, camping, field trips. This can also include developing social network/community.</td>
</tr>
<tr>
<td><strong>Purchasing power</strong></td>
<td>Agency partner perspective on the implications of recipients being able to execute their own decision-making power, autonomy, or freedom to select foods/items to purchase for their household using the GGC. This could also be described as building a sense of ownership, confidence, independence in GGC users.</td>
</tr>
<tr>
<td><strong>Perceived impact on agency staff</strong></td>
<td><strong>Overall workload</strong></td>
</tr>
<tr>
<td><strong>Connection with clients</strong></td>
<td>Impact of coordinating/distributing GGC on their rapport/relationship with clients e.g. providing GGC improved agency partner connection with clients or created tension, etc.</td>
</tr>
<tr>
<td><strong>Program feedback</strong></td>
<td><strong>Thoughts and perceptions</strong></td>
</tr>
<tr>
<td><strong>Suggestions for improvement</strong></td>
<td>Suggestions for change or program aspects to remain the same to improve recipient access OR GGC distribution process/coordination</td>
</tr>
<tr>
<td>Food Hampers</td>
<td>Service Delivery</td>
</tr>
<tr>
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<td></td>
<td>Staff &amp; service</td>
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<tr>
<td>Social impact</td>
<td>Stigma &amp; discrimination</td>
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<tr>
<td>Perceived impacts</td>
<td>Household finances</td>
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<tr>
<td>IC4K Food packs</td>
<td>Service delivery</td>
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<td></td>
<td>Program feedback</td>
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<td>Agency Role</td>
<td>With IC4K</td>
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<td>At agency</td>
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<td></td>
<td>Personal</td>
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<tr>
<td>Recipient Household Food situation</td>
<td>During Summer/at home</td>
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<td></td>
<td>In school</td>
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<tr>
<td>COVID-19</td>
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Note:
- Recipient experiences and impacts are based on agency partners’ perspectives related to their own experience/interactions with households and feedback from households.
- GGC = grocery gift cards