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# Faces of Food Insecurity Among Francophones in the Maritimes

## Summary

Dominique Pépin-Filion, Éric Forgues,  
Joannie LeBlanc and Carole C. Tranchant

ISBN - 978-1-926730-66-0

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The Canadian Institute for Research on Linguistic Minorities recognizes the support of the Government of Canada.

**Canada**

### **ACKNOWLEDGMENTS**

We wish to express our sincere thanks to the Consortium national de formation en santé – Université de Moncton unit for financing this study. Our thanks also to everyone who made this study possible, including the persons who took part in interviews and agreed to share their food insecurity experiences with us.

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Moncton (New Brunswick)  
September 2018

## CONTENTS

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INTRODUCTION AND RESEARCH OBJECTIVE	1
FOOD SECURITY	1
METHODOLOGY	1
PROFILE OF RESPONDENTS	2
SUMMARY OF OUTCOMES	3
DIMENSIONS OF FOOD INSECURITY	4
FOOD INSECURITY: INCOME PRECARIOUSNESS, HEALTH INCAPACITY AND MUTUAL ASSISTANCE	8
CONCLUSION	9
BIBLIOGRAPHY	11



# Faces of Food Insecurity Among Francophones in the Maritimes

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## INTRODUCTION AND RESEARCH OBJECTIVE

The purpose of this research project is to understand the reality and experiences of Francophones living with food insecurity in the Maritime Provinces. This study serves as a complement to an extension of the project “Portrait de la sécurité alimentaire communautaire au Nouveau-Brunswick” (“Portrait of community food security in New Brunswick”) (Pépin-Fillion *et al.*, 2016). The study conducted under the auspices of that project addressed public policies and the approaches adopted by front-line workers to promoting food security in various rural and urban contexts in New Brunswick’s linguistic communities.

In the present study, we sought to understand the reality of Francophones in the Maritime Provinces who are experiencing food insecurity and strategies they use to cope with this challenge. It complements the former study both by extending the territory covered by the analysis and by considering the viewpoint of the persons experiencing some form of food insecurity. It will assist in providing a better understanding of the experiences associated with situations of food insecurity and, where applicable, an overview of how the strategies and resources put in place by various actors in the food sector help to reduce food insecurity among the persons affected and how these strategies are aligned to the means that these persons use to reduce their own food insecurity.

The issue of food insecurity has been subject to only very limited study with respect to Francophone minority communities. In addition to focusing on the Francophone population, we sought with the present study to determine whether language was an issue for Francophones in addition to food insecurity.

## FOOD SECURITY

Food security is one of the main determinants of health (Power, 2005; Tarasuk, 2009). Its opposite, food insecurity, affects one’s overall physical and mental health in addition to being associated with various forms of malnutrition (Kirkpatrick and Tarasuk, 2008) as well as increased risk of diabetes, depression and psychological distress (Holben, 2010; Tarasuk, 2009; Power, 2005). Food security is, according to its simplest definition, regular access to sufficient, safe and nutritious food to support an active and healthy life (Tarasuk, 2009; Power, 2005). Food insecurity may consequently be defined as inadequate or unreliable access to food due mainly to financial constraints (Tarasuk, Mitchell and Dachner, 2016). Persistent socioeconomic inequality increases one’s vulnerability to food insecurity (Holben, 2010; Rose, 1999). Those at highest risk include low-income persons from disadvantaged population groups, such as social assistance or Employment Insurance recipients, female single parents and their children, persons living alone and minorities such as immigrants and members of First Nation or Inuit communities (McIntyre and Rondeau, 2009; Tarasuk and Vogt, 2009; Statistics Canada, 2008; Health Canada, 2007). As will be demonstrated, economic vulnerability, food insecurity and health issues are frequently intertwined.

## METHODOLOGY

The territory of Canada’s Maritime Provinces (New Brunswick, Nova Scotia and Prince Edward Island) offers the advantage of providing access to diverse health regions within a relatively short distance of one another. In fact, all typical contexts associated with Francophone minority—and

even majority—communities in Canada can be found within these three provinces (Landry, 2014). This regional research project is consequently relevant to the national context insofar as its outcomes are potentially observable in other parts of the country.

The methodology is based on qualitative analysis of semi-structured interviews conducted among Francophones experiencing, or who have experienced, food insecurity. The qualitative method enables more detailed understanding of the nature and determinants of food security and food insecurity among Francophones in Canada. The qualitative aspect of this research also helps to provide new insight into the complex processes that lead households into food insecurity and the specific characteristics associated with various types of minority environments with regard to this situation.

The topics of the semi-structured interviews included physical and psychological health, diet, economic situation, experiences with food insecurity and food aid, language and minority status. The various sections of the full report on the study outcomes explore these main topics in detail.

The target population was persons who understood French and had experienced at least one episode of food insecurity, defined for this purpose as “having ever been afraid of running out of food.”

Sampling was non-probabilistic and performed using quotas (sex, rural or urban place of residence, province/region of residence) and with assistance and advice from front-line workers and other individuals familiar with local populations. These persons worked at food banks, soup kitchens or other provincial or community-level social services.

The research protocol was approved by the human research ethics board of the Université de Moncton. The study objective and nature of participation were explained to prospective participants. Participation was voluntary. Participants provided their free and informed consent in writing. To ensure the anonymity of responses, the participants’ real names were coded and replaced with fictitious names. The outcomes are also presented so as to protect the participants’ identities.

### **Profile of Respondents**

A total of 34 interviews were conducted among 29 persons experiencing food insecurity as well as six front-line workers in various regions of the Maritime Provinces. Interviews took place in New Brunswick (18), Nova Scotia (12) and Prince Edward Island (4).<sup>1</sup>

Interviews in New Brunswick were conducted in the southeastern and northeastern regions of the province as well as in the Saint John area. In Nova Scotia, they were conducted in the southwest, the Halifax region and Cape Breton. In Prince Edward Island, they were conducted in the greater Évangéline–Summerside region and in the Tignish and Charlottetown areas. However, the small number of interviews in Prince Edward Island made it impossible to isolate outcomes specific to those regions. The regions in each province were initially selected based on their diversity in terms of the demographic weight of the Acadian minority, its territorial concentration, the community’s institutionalization and its provincial legal status so as to explore a range of minority contexts.

The outcomes presented in this report are based on the 27 interviews the contents of which were deemed usable and relevant. They were conducted among 28 persons who understood French and have experienced food insecurity. This group was made up of 19 women and nine men residing

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<sup>1</sup> One of the interviews conducted was administered to a couple.



in rural (16) or urban (12) places in the three Maritime Provinces. The age of the participants ranged between 30 and 69 with a mean age of 48. Based on the information we collected, about half of respondents (15) did not have a high school diploma, while four respondents had completed high school, three had attended college and two had attended university.

Their primary income sources were social assistance with or without disability benefits (16); Old Age Security, disability pension and/or survivor's pension (5); minimum wage, seasonal or casual employment (2); Employment Insurance and/or sickness benefits (2); student loans (1); or living in a transition house (1). About half (13) of the persons interviewed had an annual household income of less than \$10,000, including less than \$5,000 in four cases. Two others had a household income of between \$10,000 and \$15,000, four had a household income of between \$15,000 and \$20,000, and four had a household income of between \$20,000 and \$25,000.

About three quarters (20) of the persons interviewed rented their housing, while about one quarter (7) owned their homes. One respondent was living at a transition house. Approximately half (12) of the participants either lived alone or were single mothers (3). The other half lived with another adult, either with children (7) or without children (5). Most (5) of the households with children had three children, while the remainder (3) had one or two children. Total household size consequently ranged between one person (12), two to three people (10) and four to six people (5).

All interviewees either spoke French as their first language (21) or had learned French and English while growing up at home (5) and still understood French at the time of the interview. Two persons stated that English was the first language they learned at home growing up but that they understood French well enough to take part in an interview in that language. Some respondents alternated between French and English during the interviews.

Most (17) respondents reported that the language spoken most often at home was French, while eight said that it was English and two said that both official languages were spoken equally at home. Some respondents stated that the other official language was also used regularly at home, whether French (5) or English (8). As such, the majority (24) of interviewees spoke French at least regularly at home, while nearly two thirds (18) spoke English at least regularly at home.

All of the respondents were born in Canada, and our sample consequently did not include any immigrants.

In the presentation of the outcomes, respondents are linked to their interview content using fictitious names, while their individual sociodemographic profiles are appended to the report.

To create an accurate portrait of the nature of the food insecurity experienced by the study respondents, we have included in the full report excerpts from numerous interviews (in some cases the same interview). The analysis is mainly descriptive and aims to provide a better understanding of food insecurity in Francophone households.

## **SUMMARY OF OUTCOMES**

The interviews conducted document the experiences of adults struggling with food insecurity in one of the three Maritime Provinces. Their testimonials reveal tangible aspects of the experience with food insecurity and daily life when coping with financial insecurity and economic poverty.

It is to be noted that based on the interviews, the respondents' degree of food insecurity appeared to vary from one individual to the next as well as over time, ranging from mild or temporary to more severe and chronic food insecurity.

## Dimensions of Food Insecurity

### Food insecurity

*There's been times when I've been afraid of running out of basic things. I wouldn't have any apples, any oranges, stuff like that. [...] No, I've never run out, but I've had times, well, where I couldn't buy any fruit, any vegetables, because they cost too much. Or meat either. [...] I do have a hard time buying meat. That's the toughest thing for me. (Cynthia)*

About half of the respondents have gone through periods of varying duration in which they were short of food. In some cases, these food shortages have become regular and even lasted for years at a time. About half of the persons interviewed have experienced chronic food shortages. Regular use of food aid is frequently a symptom of vulnerability and poverty leading to chronic food insecurity or even hunger.

Limitations in this regard may apply to the quantity of certain foods and the frequency of their consumption. For example, Diane reported that she has never run out of food because she is careful to limit her food consumption to ensure that she has enough to last the entire month.

When she states that she watches her food, she means the quantity of food that she consumes. She appears to have developed a habit of rationing her food intake.

These types of restrictions and deprivation with regard to food consumption may be viewed as the first manifestations of food insecurity.

A majority of the respondents seem unable or able only with difficulty to address the imbalances they perceive. Economic considerations, combined at times with a lack of knowledge or time or with health issues, appear to affect their capacity to improve the quality of their diets.

These persons' incomes are insufficient to provide for food security. After paying for housing, the respondents do not have enough money left to cover their other needs. The use of food banks or other forms of food aid is generally necessary.

Food insecurity is characterized by the periodic or ongoing lack of food, including a lack of quality food. Concern about running out of food can be seen in the respondents' comments. At times, they know that what they are eating is not recommended for their health or is not quality food, but, as one respondent states, "You don't have any choice, you have to eat it anyway."

The respondents develop multiple strategies for coping with the food insecurity they experience. For many, the issue of low income is a source of constant concern. They watch for bargains. They buy whatever foods are cheapest and most filling. They try to treat themselves on occasion.

Some respondents have a garden which helps to reduce their food insecurity. They are able to can their own food. Some cook their own meals so that they can also control the quantity of salt, sugar or fat that goes into their food.

## Diet

“You have to cut back on groceries; you don’t have a choice.”  
– Émilienne and Gérald

Analysis of the respondents’ diets focused on the following aspects:

- dietary habits and preferences
- food preparation skills and knowledge about nutrition
- food strategies used

In their diets, the respondents generally appeared to place great importance on the consumption of meat, potatoes and refined products (bread or pasta). Their knowledge about nutrition and “which foods are good for you” appeared fairly general overall. The respondents knew that fruits and vegetables are good for the health but stated that they could not often afford to buy them. They were frequently aware that their dietary compromises were not always good for their health but stated that they “had no choice.”

Preferences, skills and strategies in relation to food can play a role in food insecurity, which may at times be controlled, if not eliminated, through use of self-sufficiency and independence strategies with regard to food preparation. Various strategies may be used to maximize the purchase of food that can be made.

Although the respondents may have dietary preferences, they must generally resign themselves to buying whatever is cheapest. A number of respondents reported having no choice but to eat foods of poor nutritional quality or not recommended for their health regardless. They find themselves limiting their purchases and food intake. Many seek to make their grocery dollar go further by buying items in bulk and then freezing or preserving them. The respondents are generally required to choose the least expensive foods or products and often attempt to save money by watching for sales. Skills and the option to grow (in a garden) and prepare their own food are ways that some respondents use to reduce food insecurity.

## Food Aid

“But you don’t have any choice, you had to eat what was there. I figured,  
Oh well, I got no choice, got to go to the food bank.”  
– Louis

The use of food aid was generalized among the respondents. Although loved ones (family, friends) may occasionally be able to lend support, use of food banks helps to meet some of their household food needs. According to the respondents, food aid helps to cover needs for a few days to a week, perhaps two weeks at the most.

The respondents had negative comments concerning the lack of variety and nutritional quality and the limited quantity of foods available. As stated by numerous respondents, the foods are not always fresh or of good nutritional quality. Foods are sometimes out of date or spoiled, and the respondents occasionally have to throw out some of the food they are given. Several noted a lack of variety in the boxes. According to some respondents, there is not enough meat, fruit or vegetables. However, they do not feel comfortable criticizing the food received from food banks since it is free and they are grateful for the assistance provided.

Although the quantity and quality may not be optimal, it was evident that the respondents depend on this food aid, which has come to play an essential role in managing their economic and food situation. As one of them stated, even social assistance workers “expect you to go to the food bank.”

Making use of food banks can nonetheless be a difficult, embarrassing and, in some cases, even humiliating experience. The way in which these services are provided is decisive with respect to the respondents’ experience. Providing service in a spirit of empathy, respect and generosity helps to lend dignity to the experience. However, some respondents feel as though they are judged or treated badly, which makes the experience more difficult.

Despite their situations, the respondents struggle to maintain a certain level of independence. They also note the significant role of the assistance they receive from friends and family. Several stated that they do not like to accept help from loved ones except when absolutely necessary.

## Health

“... He [my partner] can’t work, and me, my health isn’t good either.”  
– Émilienne and Gérald

The majority of respondents reported having one or more health problems, frequently chronic in nature. Respondents aged 50 or older were also more likely to have health problems. A number of respondents said that they had mental health issues, such as depression, stress or mood swings. A few of them either have, or have had, addiction issues with alcohol, drugs or gambling. Occasionally, their parents have also had health or addiction issues. In addition, some households include a sick child or parent.

In some cases, these health problems prevent the respondents from working, making their economic situation all the more precarious. They may also limit the respondents’ mobility and capacity to maintain a certain level of food independence whether by growing or processing their own food or preparing their own meals. Moreover, their health problems may limit what they are able to eat by imposing certain dietary restrictions. At the same time, it can be difficult to follow dietary recommendations when forced to use food banks or soup kitchens. In some cases, the respondents stated that they have no choice but to eat poorly since the alternative is to eat nothing at all.

Some individuals are able to depend on assistance from family caregivers in their day-to-day lives. Based on the interviews, some respondents exhibit significant resilience despite very significant physical and psychological challenges. The levels of stress and insecurity as well as emotions were observable. In some cases, we noted that respondents found it difficult to maintain the generally precarious balance between the demands of family life (household tasks, education and childcare), health (their own or their parents’), work (in cases where they were employed) and financial constraints.

## Economic Situation

“... I’d give my budget to anybody. I’d give them all our payments, all our little expenses, because there’s nothing left over, nothing for Internet, nothing for anything else. I’ve give them the whole thing and then I’d say *do a better job than me with that.*”  
– Émilienne

The respondents had low—in some cases very low—income from social assistance, Old Age Security, a low-paying job, seasonal or casual work, or Employment Insurance. A number of respondents

had previously held jobs but had lost this income source suddenly, whether due to loss of the job or for health reasons.

The respondents' socioeconomic conditions are characterized by financial vulnerability and economic challenges.

Housing costs account for a very large portion of their expenses to the point that there is little money left over for anything else, including groceries. The respondents keep their food consumption to a minimum. Some respondents depend on others to drive them to the food bank or for other errands or appointments. They have difficulty getting from place to place and, in some cases, have no money to pay for transportation. These challenges exist in towns and cities but are most pronounced in rural areas. This economic vulnerability leads respondents to use their resourcefulness (knowledge and know-how, social connections, available food aid) to develop strategies for reducing their household's food insecurity.

The respondents are continually planning their expenses, reviewing their budgets and looking for solutions for covering various expenditures on a low income. They are aware that waiting to pay certain bills only delays financial problems over the short term. When they have no other solution, they alternate paying certain bills.

Where housing aid is available, it eases the burden on respondents. Meanwhile, income assistance for some respondents is reduced if they are cohabiting with someone.

Transportation is another factor playing an important role in the ability to run an adequate household. However, having to spend money on transportation for essential travel can have an effect on other needs. Transportation assistance for health reasons helps to ease a household's financial burden.

*"... If I only have 200 dollars left for groceries for the month, you have to remember that this includes the 30 or 40 dollars I have to spend to get to the store and back." (Émilienne, who lives in a remote rural environment)*

In short, respondents' economic situation is found to be a precarious balancing act among the various needs to be met and the costs of meeting these needs. Maintaining this balance on too low an income is a constant concern and source of stress for them.

Analysis shows a close relationship between people's health, economic situation and food security. In some cases, a relationship of interdependence exists between poor diet and health problems, which only exacerbates people's disabilities and economic vulnerability.

## Language

"If the person speaks French, then fine; if not, I get by all the same."  
– Serge

We wanted to gain a better understanding of the respondents' use of the French language to determine whether language represents a potential issue for respondents facing major economic, health and food challenges.

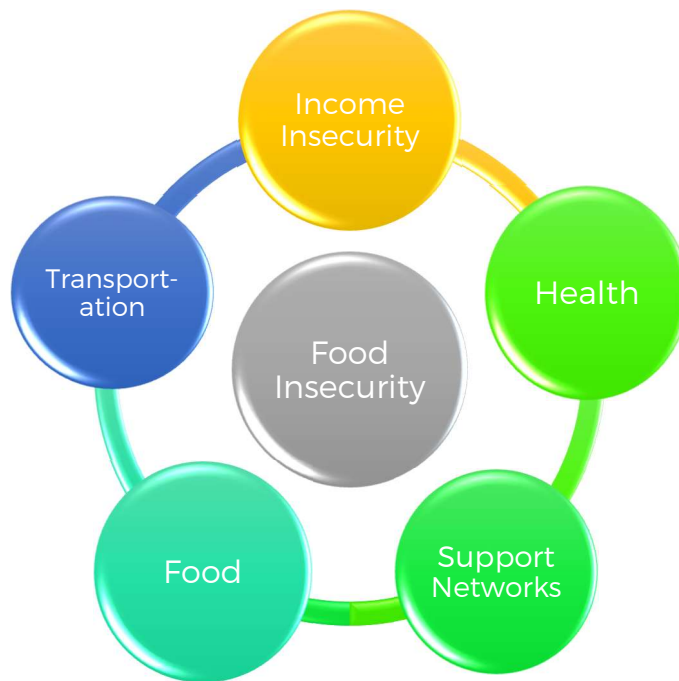
Overall, the language of service does not appear to be an issue for the respondents. If they live in a majority Francophone area, then services are available in French. If they live in a majority Anglophone area where services are provided in English, then the respondents in these areas are typically bilingual and use English. This is not surprising insofar as, even for a vital issue such as the quantity and quality of food received, the respondents do not feel comfortable making critical

judgments in this regard. Their situation of insecurity and vulnerability doubtless does not put them in a position to make language an issue. For some, however, their skills in French are important, and they make an effort to preserve these skills, for example, by continuing to use French at home.

### **Food insecurity: income precariousness, health incapacity and mutual assistance**

The preceding analysis makes evident that the situation in which the respondents find themselves frequently brings together multiple factors that contribute to exacerbating or reducing their food insecurity.

As is illustrated below, these main dimensions include the economic vulnerability of the household, the health status of the household's members, support networks (friends, parents, organizations), diet and means of transportation.



These essential components contributing to the respondents' situation can have impact on one another. As we have seen, a household's economic vulnerability can push it toward poverty and food insecurity when unforeseen events arise, for example, the loss of a job or when the health status of the respondents or other household members deteriorates. In return, the respondents' economic vulnerability has direct impact on their food security, leading them to make unwise dietary choices in light of their health status. Moreover, low income limits access to certain medications, with additional potential health effects. Low income can also have an effect on people's ability to pay the cost of transportation as this expense is forced down the list of priorities. Reduced capacity to get from place to place often further exacerbates food insecurity.

A certain amount of food self-sufficiency, such as the ability to grow fresh fruits and vegetables, acquire food through fishing or hunting, or prepare and preserve food, can help to reduce food insecurity. Inversely, a physical disability or lack of know-how in this regard helps to increase food insecurity.

Informal and formal support networks, these being family and friends as well as food aid organizations, can help to reduce food insecurity. Personal loans, food donations and assistance with transportation can help the respondents and their households cope with the numerous challenges they face. Food banks, soup kitchens and other services provided to help meet certain food needs, clothing banks, housing assistance (e.g. social housing) and transportation services help to reduce a household's food insecurity.

The balance among these various dimensions in the respondents' lives is often fragile. The respondents carefully plan the use of their limited resources and develop strategies for attempting to meet their food needs. Improved food security frequently requires resourcefulness, and strategies in this regard may take various forms, such as earning extra income by taking on odd jobs or through bartering, turning to loved ones or organizations for assistance, growing or cooking food, buying low-priced foods in larger quantities and watching for sales.

We have seen that housing eats up a major share of the respondents' budgets. Housing and transportation assistance programs are likely to dramatically improve the situation of persons living with food insecurity.

So our results indicate a history of a precarious income, either too low or unstable, that does not allow the household to protect itself from food insecurity, especially when the household enters a more or less long period of severe economic difficulties, often because of deteriorating or problematic physical or mental health that prevents one or, worse, both supports of the household from working, or in the case of a mother who is a single parent or has a dependent. Family help and community food assistance then become a necessity, and too often a chronic one.

## **CONCLUSION**

This study has provided us a better understanding of the situation faced by Francophones experiencing some form of food insecurity in the Maritime Provinces. As we have seen, this issue is directly related to these people's economically vulnerable situation and, frequently, to their health status.

The income provided under social assistance remains clearly insufficient to meet people's basic needs, such as housing, adequate food and the ability to look after their health. It is difficult to imagine how to improve the food security of people in this situation without increasing their income and social assistance.

Income from low-paying employment is also insufficient in light of the rising cost of living, particularly recent significant increases in the price of food in the Maritime Provinces. Increasing the minimum wage in these provinces would also help to reduce food insecurity among low-income workers.

We have seen the resourcefulness exhibited by these people in order to meet the needs of their households. Nevertheless, however resourceful these people may be, they continue to find themselves in situations where aid from organizations or loved ones makes a real difference in terms of mitigating the impact of food insecurity. Evidently, their food insecurity persists in spite of this support, which could nonetheless be improved.

To better meet people's needs, food aid should be expanded in terms of both the quality and the quantity of the food provided.<sup>2</sup> Certain dietary requirements due to health problems should be taken into account more effectively by aid services. Access to food aid helping them to better meet their nutritional needs could certainly contribute to improving the health and well-being of the beneficiaries.

Physical access to food aid services, especially in rural areas, as well as the respondents' involvement in social networks (family, friends), also plays a role in their situation. Few respondents were making use of housing or transportation aid. In light of the value of these services in terms of reducing food insecurity, we find it important to expand these supports.

The issue of food security places people in a situation where they are forced to seek support on an ongoing basis. Beyond the respondents' needs in this regard, however, another key component of food insecurity is personal dignity, which they attempt to preserve by limiting their use of food aid or assistance from loved ones by striving to remain as independent as possible in the circumstances by working, maintaining a garden or using various other means of reducing their dependence. That said, as we have seen, the manner in which food aid and social assistance services are delivered also plays a role in maintaining the dignity of the clients using these services<sup>3</sup>.

In light of the situations faced by people experiencing the impact of food insecurity, support workers and decision makers can clearly help to reinforce the equilibrium among the economic conditions and health (physical, psychological and social) status of the most vulnerable members of our society with a view to improving their food security. This is possible by maintaining relationships with a focus on preserving these people's dignity.

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<sup>2</sup> This issue has been addressed in a previous report (Pépin-Fillion *et al.*, 2016).

<sup>3</sup> See also LeBlanc (2016).



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