SYNOPSIS

The CERIS funded research project on food security, health and immigration was carried out by a team of researchers associated with the Centre for Studies in Food Security at Ryerson Polytechnic University, the Centre for Health Studies at York University, the Centre Medico-Social Communautaire and the Regent Park Community Health Centre. The project involved the creation of a web resource on food, health, and immigration; an exploration of changing food practices among francophone African, Somali and Vietnamese immigrant populations in Toronto; and an exploration of the policies and services which would support the development of community programs, entrepreneurial initiatives, and household practices to enhance the food security, health and wellbeing of immigrant populations in Toronto.

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Collaborators:

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Brief Overview of the Research Undertaken:
Food security refers to a condition in which all people at all times can acquire safe, nutritionally adequate and personally acceptable foods that are accessible in a manner that maintains human dignity. Access to food has been identified as an important health issue, and nutrition has been linked to several chronic diseases including cardiovascular disease, some cancers and osteoporosis (Gundy, 1990; McGinnis and Foege, 1993). Food security has long been a problem for the most vulnerable segments of the population. In exploring changing food practices as a result of immigration to Canada, and the adequacy of services to assist at-risk immigrant populations meet their food and health needs, the research findings contribute to the development of policy and effective practice related to community programs, health services and other initiatives.

The research project had three main components as follows:

1. **Assessing the adequacy of food programs and identifying barriers to effective programming with immigrant communities.**

Seventeen semi-structured in-depth interviews were conducted with key informants from six organizations serving immigrants, seven food programs, and with seven nutrition professionals working with immigrant populations. These interviews gathered information on: 1) the main food and nutrition problems and needs of immigrants; 2) information sources, data and tools which organizations use and/or require to assess immigrant food needs; 3) possible differences in cultural perception immigrant groups may have towards food programs; 4) the barriers to delivering food programs to immigrants; and 5) non-program strategies used by immigrant communities to meet their food needs. All interviews were conducted by a team (two graduate students and Jennifer Welsh was present in the initial six interviews). The cross-disciplinary composition of the interview team aimed to ensure that both health and socio-cultural aspects of the food experiences were adequately explored. While it was not a condition for the interviews, in 12 of the 17 cases the interviewees were immigrants to Canada from outside North America. The research process was designed to maintain confidentiality, however certain interviewees from the following organizations wished to make their role in this project visible: Afri-Can Food Basket, Daily Bread Food Bank, Environmental Centre for New Canadians (ECENECA), FoodShare Toronto, Multicultural Literacy Program, Ontario Community Support Association, Toronto Public Health.

2. **Participatory Action Research (PAR) with three communities.**

Through the Centre Medico-Social Communautaire (with a francophone African group from Algeria and Zaire), and through the Regent Park Community Health Centre (with Somalian and Vietnamese groups), three series of PAR initiatives were undertaken. Using participatory principles, The community nutrition researchers aimed to develop appropriate facilitation processes based on the needs and feedback of each group. A potluck setting was used to create an informal atmosphere in which to discuss food related experiences and issues. Although a standardized set of questions was
used to ensure that each group examined similar issues, principles of participatory action research, where a certain level of spontaneity established by group dynamics, guided these sessions.

The sessions were planned as a series of 4 or 5 meetings, with the goals of

1. orienting the group and exploring dietary practices/patterns prior to immigration

2. exploring changing food practices (shopping, meal preparation, diets, eating habits, meal patterns, timing of meals), feelings, challenges and experiences with respect to food upon arrival to Canada.

3. identifying issues that people face with respect to food acquisition and provisioning in Canada and exploring coping strategies to deal with food issues

4. identifying current workable strategies, ideas for future programming, and carrying out the Nutrition Screening Initiative (with the goal of evolving it for use with immigrants).

Each group was facilitated in the native language of the group by the community researcher and/or cultural interpreter already working within the community. Each session was audio-taped and notes were taken during the sessions. Participants were keen to work together on some of the strategies they identified. They also claimed that they appreciated the informality of the sessions which had the feeling of support groups rather than formal programs or classes.

3. The Web site

A section on food security and immigration has been developed in the Web Site for Ryerson's Centre for Studies in Food Security http://www.acs.ryerson.ca/~foodsec. An annotated bibliography was prepared by Adriana Premat. Other items to be included on the site are as follows: (1) The PAR format used, (2) A Focus on Food of the three groups: francophone African, Somali and Vietnamese, (3) A Working Paper giving details of the research findings and recommendations. The home page also includes a "food and diversity resource list" with a list of relevant links for researchers.

Details of Research Results

While this project focussed specifically on three communities, information was received on a wider range in varying depth: African (including immigrants from Algeria, Somalia, West Africa, Zaire; South Asians from Kenya, Tanzania, Uganda); Caribbean; Central and South American; Chinese; and Vietnamese. To a much smaller extent the project touched on the experience of immigrants from Bangladesh, Sri Lanka, and Eastern Europe. The dominant food programs discussed were community gardens, community kitchens and food banks. The results are reported using food security questions regarding AVAILABILITY, ACCESS, ACCEPTABILITY and ADEQUACY as follows:
1. AVAILABILITY: Can people find the foods they want in Toronto and are they conveniently located?

1.1 With some exceptions, participants reported that they were able to find foods similar to those in their country of origin. What seemed to be a common concern was the distance, time, and price paid for accessing these food items. While the former two may require examination of the current marketing structures and retail practices, the latter may require examining whether local production of some of the popular food items would be feasible in order to improve supply and consequently to lower retail prices.

2. ACCESS: Can people afford to buy the food they want, and/or are there other means of accessing these foods?

Research findings indicate that rather than availability, it is accessibility which is the major concern for food security among immigrant groups. The concerns focussed around three dimensions: distance to travel, time spent for shopping, and affordability of food items.

2.1 Community gardens were often cited as important means of accessing foods (especially vegetables) that were familiar from their home country. Somalian groups reported success in exchanging produce. Several groups saw the benefits of community gardens in reducing isolation, practising English, doing physical work, and being "in nature". For some groups, the experience of nature was preferred on a larger scale outside of the city. Community gardens were also found to provide an opportunity for training in food preservation, though it was commonly reported that new immigrants really do not like frozen food.

2.2 Community kitchens were reported to be more familiar to Central American populations and less readily accepted by those from the Caribbean. Some examples were cited where community kitchens helped to generate income for community based organizations.

2.3 Income was a problem for many immigrant populations, but not all. Where income was reported to be the central concern, access to jobs and affordable housing became the key policy areas. Some food programs examined have the potential also to be income generating (eg, catering businesses, or production and distribution of foods for a particular market such as the Afri-Can Food Basket).

2.4 Food banks were never viewed as an ideal means of accessing food and in some cases (such as Chinese or West African) were viewed as stigmatizing, intrusive (in terms of screening), and inappropriate in terms of the foods provided. It is important to note that food banks are increasingly housing their service within a framework of support to the community, which could be both geographic and/or ethnically defined. Expanded programming was observed to reduce the negative experience of using the food bank. The change in name of the telephone referral service in Toronto from the "Hunger
Hotline" to "Food Link" reflects the diversification of services offered by food banks themselves, as well as the expansion of community based food programs.

3. ACCEPTABILITY Are there special needs of immigrant populations related to religious, cultural or other food preferences?

3.1 Finding familiar, culturally acceptable, and fresh foods was reported as important by most participants. Often, local ethnic-retail outlets, and in certain neighbourhoods (where there is a significant concentration in ethnic populations) supermarket chains were found to offer access to some of the unique specialty items. Certain food items, such as banana leaves, are still reported to be a problem. Community based groups, such as the Afri-Can Food Basket (which serves African and Caribbean populations) are finding ways to either grow or import some of the desired foods.

3.2 Certain ethnic specialty food items (such as halal foods) were recognized as costlier and not always easy to access.

3.3 Another common complaint was the quality of the food items. High fat content, difficulty in getting fresh and ripe fruits and vegetables, and quality of meat, poultry, and meat were major sources of complaint. Participants generally reported eating more meat in Canada while complaining about the higher fat content. Where income was a factor, meat intake was lower and fast-food meats (such as burgers) were often a special treat.

3.4 Labelling is particularly important for immigrant populations, to become familiar with the diverse foods in Canada, their ingredient and nutrient composition, and their health consequences. Most complained about lack of clear, comparable and easily interpretable information.

3.5 Freshness was a recurring theme among many different groups. It ranged from an unfamiliarity with frozen foods, a longing for the tastier and fresher fruits and vegetables of their home country, and the desire to have freshly caught fish. Field-to-Table, a program of FoodShare, increases access to fresh fruits and vegetables, featuring locally grown, Caribbean and organic produce.

3.6 Fishing, like community gardening, was recognized for its social value as much as its contribution to the diet.

4. ADEQUACY Are people readily able to choose foods that are healthy in both nutritional and ecological terms?

4.1 Ecological concerns were mentioned in a number of settings including the health risks associated with fresh water fishing in Ontario (especially Toronto), a concern about chemicals on fruits and vegetables, and the very focussed work of the organization ECENECA, which is a not-for-profit, community based organization whose mandate is to provide culturally and linguistically sensitive environmental, health, safety and nutrition education and awareness to new Canadians and minority ethnic communities.
4.2 **Nutritional concerns** were reflected in terms of high risk groups such as children, seniors, and men living alone. Weight gain was often expressed as a problem, especially for women, who may not feel as freely able, in Canada, to go outside (because of weather), or to socialize (because of isolation). Even shopping was different in Canada, as it moved from a daily ritual that involved activity and interaction, to a chore that was done on a less regular basis, often with their husband. Other health issues expressed included high blood pressure, diabetes, and anemia.

4.3 **The Nutrition Screening** tool used in the PAR groups identified the following elements that contributed to nutritional risk. Low vegetable consumption, eating alone, and not having enough money were the three key factors explaining that 1 person was at moderate nutritional risk, and 7 were at high risk, in the group of 8 participants in the francophone African sample. In the Vietnamese group of 9 people, 5 were at moderate nutritional risk, and 4 were at high risk (the key factors being low fruit, vegetable consumption, and low milk consumption -- the latter point being more likely a gap in the usefulness of the screening tool for this population rather than a real measure of nutritional risk). Similarly the Somali group was at highest nutritional risk because of low fruit and vegetable consumption, low intake of milk products and inadequate income. Further work is needed in adapting the screening tool to immigrant populations.

**List of Research Outputs and Dissemination Activities**

1. See [Web Site](#) activities on page 2 of this report


3. J. Welsh reported at Ryerson's research forum in May 1998.

4. A presentation was made to the Toronto Food Research Network on November 30, 1998. Ryerson's Office of University advancement was invited to provide a press release.

5. The report will be shared with the Toronto Food Policy Council to move on policy initiatives.

6. S. Anstice, A. Premat and J. Welsh will continue work on a scholarly publication.

**Contributions to Policy Development Suggested by the Research:**

1. Ingredient and nutrient labelling needs to be developed more extensively in a way that respects that fullness of information needs and the diversity of language and literacy skills

2. Health and social services need to reflect cultural and linguistic communities as well as geographic communities. (e.g. the "Program without Walls" service of nutritionists across community boundaries.)
3. Programming for new immigrants should provide more support regarding life skills related to food in the Toronto setting. Food programming provides food empowerment (skills in food and nutrition), but also empowerment through food activities (such as reducing isolation, improving language skills, social support and networking, and income generating activities).

4. Health and other community practitioners need easier access to nutrition and food security information, and more information which is specific to different ethnic/immigrant groups.

5. Support small food enterprises and local rural-urban relationships in food production and marketing.

6. While the appropriateness of food banks is questioned, as long as people are relying on them, the nutritional adequacy and ethnic suitability of the foods should be addressed.

7. Health and community programming needs to be expanded to serve diverse communities, and staff (at all levels) should more accurately reflect the ethnic diversity of the population.

**Research Collaboration and Training Opportunities**

1. The collaboration between Anstice (Nutrition at Ryerson, now in Behavioral Sciences, Faculty of Medicine, UofT) and Premat (Masters, now Doctoral candidate in Anthropology at York) served the intended purposes of not only drawing on both disciplines for this study, but enriching the scholarly capacities of each of these graduate students.

2. Within the profession of nutrition/dietetics, there is an increasing focus on practice based research. The practice orientation of Paris and Wong contributed enormously to the research project, and the opportunity for these practitioners to work with this team enhanced their research capacities. The research itself will contribute to the practice of nutritionists and others in the community.

3. Collaboration across the universities in Toronto, as well as between the academic and community sectors has been a tradition within the Toronto Food Research Network. This research project was another example of the benefits of this kind of work together, linking theory, practice and reflection.