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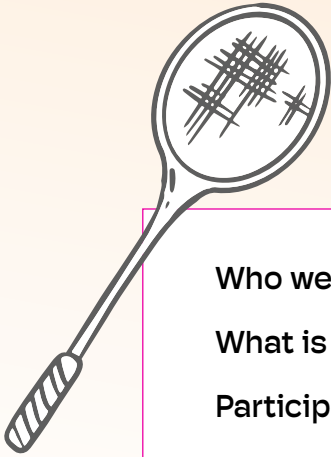
Plan

Know How to Take Care +

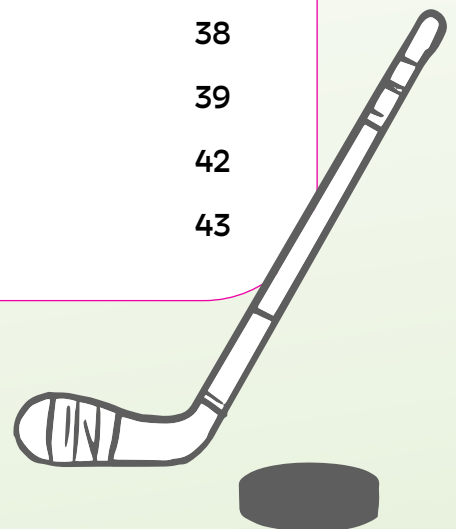
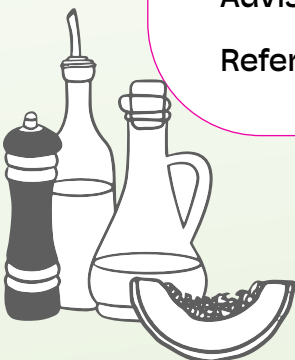
Project

2024

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Who we are

Montréal – Métropole en santé (MMS) is the coordinating organization for Montreal partners working to promote a physically active lifestyle and access to healthy food.



As the **regional intersectoral table** for healthy living (the *table intersectorielle régionale en saines habitudes de vie*, or TIR-SHV) in the Montreal area, our mission is to support networks of stakeholders who join forces to foster healthy habits among all Montreal residents.

Our work in **community engagement and consultation** facilitates the implementation of diverse, inspiring, and inclusive collaborative projects with project leaders and partner networks across the region.

MMS comprises **two networks**: Montréal physiquement active (MPA) and the Conseil du système alimentaire montréalais (CSAM).

www.montrealmetropoleensante.ca

To learn more about our networks and their projects, we invite you to visit our website

Please note that a glossary includes all the underlined and clickable terms in the document.

GLOSSARY p.39

What is



Know How to Take Care +?

Know How to Take Care + is a participatory research action project aimed at designing and implementing more equitable and inclusive services in the areas of sports and physical activity (SPA) and food.

The project's first phase involved research and planning through a participatory process with organizations and target populations.

During these stages, we analyzed the strengths and weaknesses in **diversity, equity, and inclusion (EDI)** of our partner organizations' targeted programs. This analysis enabled us to offer actionable steps for organizational changes towards more inclusive governance.

We also conducted a **gender-based analysis and intersectionality (GBA+)** to understand the needs of **immigrant and/or racialized families** and individuals who identify as **2SLGBTQ+**. This helped us design SPA and food interventions more tailored to their realities.

We organized several participatory workshops, enabling research participants to familiarize themselves and engage with the results, and contribute to an action plan. This plan, developed by the team and the project advisory committee, incorporates a multi-level logic model.

The project's second phase involves implementing this action plan, conducting a participatory evaluation of the project's process and impacts, and engaging in knowledge mobilization activities.

 **The project**
on our website



 **Video presentation of the project**



1

Research

- GBA+ analysis of barriers and facilitators to sport and physical activity and nutritious food.
- Analysis of EDI forces and weakness

2

Action plan

- Feasibility analysis of facilitators and suggestions for research
- Development of logic models
- Consultation and identification of action strategies

3

Knowledge & skills mobilization

- Events
- Discussions with populations
- Inclusive governance training
- Inclusion charters

4

Implementation

- Carrying out activities offered to participants
- Inclusive governance
- Inclusive communication
- Advocacy

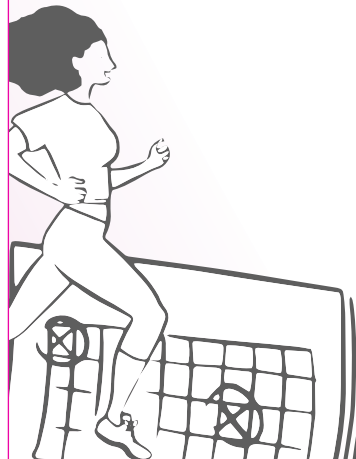
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Follow-up & evaluation

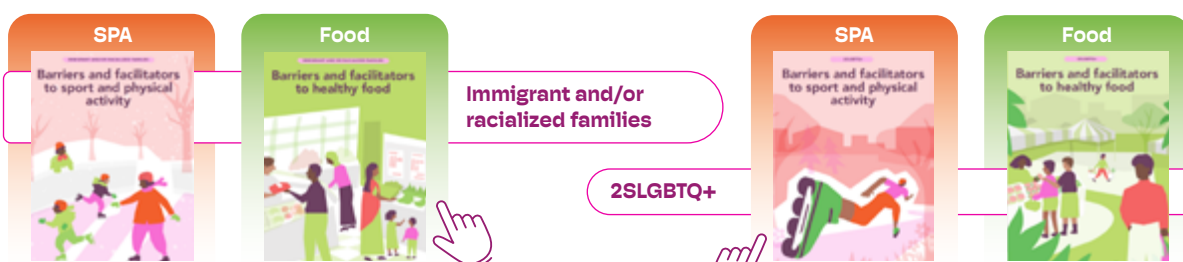
- Participatory evaluation of the process
- Impact assessment

This project was made possible by the sustained involvement of numerous partners throughout both the m and action plan design phases. An advisory committee, comprising 10 governmental, non-governmental, and academic organizations, oversaw the entire project.

Several community organizations also provided invaluable assistance during the recruitment of target populations. A comprehensive list of these organizations can be found at the end of this document.



Access to results



Participatory process

The contributions of partner organizations and participants were crucial at various key stages of the research. These are detailed below.

Identifying barriers and facilitators, and suggestions for interventions

Twelve focus groups were conducted across different Montreal neighbourhoods to be close to participants' residences and minimize potential barriers to their involvement. The purpose of these meetings was to collect, from the people concerned, information on the barriers and facilitators they faced in the areas of food and SPA.

The distribution of these initial groups was based on the participants' **gender identity**. In addition to groups for people identifying as women or men, a third **non-mixed group** was offered for those who preferred this option.

Review of research findings

Preliminary research results were presented to study participants. They then had the opportunity to address potential blind spots and provide additional details on information that emerged during the identification of barriers and facilitators.

24
group
discussions
with the target
populations

Development of the action plan

The action plan was developed based on the research results and feedback gathered from target populations. Two workshops were held with community organizations to assess the feasibility and prioritize the actions proposed by the research team and advisory committee.

Review of the research action plan

The preliminary research action plan was then discussed with target populations and presented to partners from the MPA and CSAM networks. During these discussions, logistical and organizational challenges faced by partner organizations were raised, prompting a reassessment of the feasibility of certain actions.

11

meetings

with the advisory committee



3

consultation events

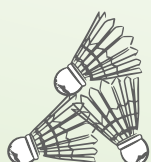
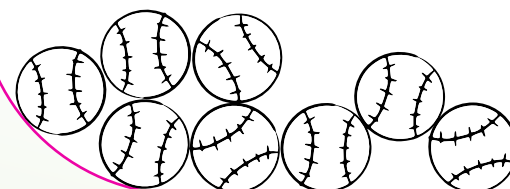
with MPA and CSAM networks' partners



1

consultation meeting

with community organizations



Our approaches



The Know How to Take Care + project has adopted two complementary approaches for its interventions: **diversity, equity, and inclusion (EDI)** and **gender-based analysis and intersectionality (GBA+)**.

EDI



EDI: Equity, diversity, and inclusion




The EDI approach is used to develop more **inclusive governance** within partner organizations.

During the research phase, this approach helped identify EDI strengths and weaknesses in the targeted programs of partner organizations. In the planning phase, priority strategies to strengthen EDI were identified based on research findings, participant feedback, and the collaborative work of partners from the MPA and CSAM networks on the preliminary action plan.

One of these priority strategies was developing inclusion charters for the project's partner organizations. An inclusion charter is a document that outlines an organization's vision, mission, values, and commitments to EDI. It serves as a roadmap for adopting sustainable EDI practices.

In the implementation phase of the Know How to Take Care + project, we plan to facilitate and monitor the adoption of inclusion charters by partner organizations. We expect this will help these organizations integrate more inclusive governance into their management practices and service offerings.



GBA+

GBA+: Gender-based analysis and intersectionality

GBA+ is integrated into all stages of the Know How to Take Care + project, namely needs research and analysis, planning, implementation, and evaluation.

During the research phase, we collected and analyzed **disaggregated data** based on gender, ethnicity, place of residence, migration status, and income. We conducted interviews, organized focus groups, and administered questionnaires to better understand our target populations' health status, food needs, and needs related to SPA practice.

In the planning phase, we identified priority interventions that were more appropriate based on the needs and suggestions of the populations we engaged with.

For the implementation phase, we will adopt various measures to promote healthy lifestyle habits related to nutrition and physical activities among our research target populations, as described on **page 16**.

For the evaluation phase, we will use a participatory approach to assess the processes, outcomes, and impacts of the interventions. As before, data collection and analysis will be conducted in a disaggregated manner, considering various identity factors.

The aim of the GBA+ evaluation is to understand how different participants experience the implementation process and how the interventions may affect them differently based on their individual identity factors.

Glossary

To learn more about the research approaches, please consult the glossary.



Issues

raised

and target population identification

A deeper analysis of the statistics presented below reveals that certain population groups are disproportionately affected by **physical inactivity** and **food insecurity**.

In Montreal

55%

of adults are physically inactive

(Montréal Physiquement Active, 2020).

Physical inactivity

58%
of women

52%
of men

75%
of teenage girls

60%
of teenage boys

A study by Gosselin and Laberge (2020), commissioned by Montréal physiquement active, profiles populations at risk of physical inactivity and **sedentary behavior** in Montreal. It shows that across all sociodemographic groups,

women and girls are most affected by physical inactivity.

The study also reports a lack of disaggregated data in Montreal related to the practice of SPA. It identifies other populations potentially at risk of physical inactivity based on scientific studies and disaggregated data at the federal level:

- **low income,**
- **immigrant,**
- **racialized,**
- **aboriginal,**
- **2SLGBTQ+,**
- **disabled**
- **& elderly populations.**

Statistics Canada data (2023) highlights **populations at higher risk** of experiencing food insecurity.

Female single-parent families

41%

Families supported by an off-reserve aboriginal person

34%

Families supported by a person with a functional limitation

30%

Families supported by a racialized person including 38% among black people

23%

Food insecurity

A study by the Public Health Agency of Canada (2018) identifies that **food insecurity is 2.9 times higher among bisexual people.**

In Montreal

15,8%

of the population faces food insecurity

(Statistics Canada, 2023)

17,9%

Immigrants

Although not as disaggregated as Statistics Canada's data, the 2020 portrait of food insecurity in Montreal, published by the CIUSSS du Centre-Sud-de-l'Île-de-Montréal (2024), still identifies several populations at higher risk of experiencing food insecurity:

23,2%

People living in households of more than five people

20,3%

People living alone

19,6%

Renters

18,2%

Visible minorities

Social Inequalities

in Health

In the Know How to Take Care + project, we work with populations at higher risk of developing chronic diseases due to physical inactivity and difficulties maintaining a **nutritious diet** on a daily basis. We've analyzed various social determinants of health to identify target populations.

This analysis provides deeper insight into the needs of specific population groups and the impacts of tailored interventions. Additionally, we have collaborated with partners to identify common issues faced by several other **populations experiencing social inequalities in health.**

As a result, our action plan includes targeted interventions for two specific populations: immigrant and/or racialized families, and individuals who identify as 2SLGBTQ+ — but also encompasses interventions for all populations experiencing social inequalities in health.

Measures to promote

physical activities

and nutritious food

The Know How to Take Care + action plan incorporates various measures to improve access to food services and physical activities. These measures, identified during the research phase, will be integrated into the plan's strategic actions. They include:

Financial accessibility

We will fund a number of **Cartes Proximité** to promote access to nutritious, minimally processed foods. Additionally, we will facilitate access to the Accès-Loisirs financial assistance program and provide coupons to promote access to SPA offered by Sports Montréal.



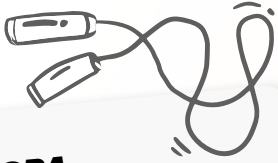
Physical accessibility

Our goal is to offer SPA workshops and community cooking classes near the residences or usual gathering places of target populations, making it easier to integrate these activities into their daily routines.

Neurodiversity-friendly activities

Simplifying instructions, offering activities in small groups, and providing rest areas are measures that will facilitate the integration of people with diverse learning styles,






Simple SPA promoting social interaction

The proposed activities require minimal equipment and are easy to incorporate into daily life, including winter walks, games, and yoga. These will be organized in small groups to encourage social interaction.

Community kitchens



This skill-sharing initiative aims to promote nutritious eating habits in a safe environment, making it easier to adopt healthy daily practices

Harmonizing with family life

We will offer activities for immigrant and/or racialized families, enabling them to combine quality family time with SPA and healthy eating habits.

Queer-friendly spaces

We are committed to creating activities in environments that promote safety and social connections for individuals identifying as 2SLGBTQ+.

Cultural relevance

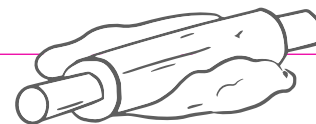
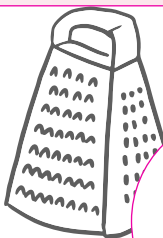
Activities will foster intercultural food exchanges in community kitchens and sociocultural exchanges through SPA. For example, a dance and music activity from one culture could be combined with an outdoor walk.

Partnerships

We will collaborate with community organizations experienced in working with our target populations to organize these activities.

Follow-up and communication

To support participants' success, we will provide personal follow-ups, including phone calls and SMS reminders. We will also hold informal monthly discussions to gather feedback on satisfaction and potential activity improvements.



The Know How to Take Care +

Logic Model

The Know How to Take Care + project's logic model aims to promote equity in SPA and food services. This goal will be achieved by implementing more appropriate interventions for populations facing social inequalities in health. The model is built on strategies at three levels, designed to bring about structural changes.

Strategies



Inclusive Governance *Organizations*

Offer pilot **partnership projects** and implement measures to promote more **inclusive social environments**.

Inclusive Communication *Metropolis*

Develop tools and **communication** strategies on sports and physical activities (SPA) and food services offerings for populations experiencing health inequalities.

Advocacy *Public policies*

Establish public policy advocacy for food and physical activities appropriate for populations experiencing health inequalities.

Inclusive Governance

1

The first level focuses on inclusive governance interventions at the organizational level. Three types of interventions will be implemented:

1. Providing food and SPA coupons to improve access to food and indoor spaces to practice sports and physical activities;
2. Developing a range of activities through partnerships between organizations offering food services and SPA, and those serving Know How to Take Care +'s two target populations: immigrant and/or racialized individuals, and those identifying as 2SLGBTQ+;
3. Implementing inclusion charters within partner organizations to foster more inclusive organizational cultures and social environments.

Inclusive Communication

2

The second level involves network-wide actions aimed at enhancing access to information about food services and SPA offerings across Montreal, while ensuring the use of inclusive communication in disseminating this information.

Advocacy

3

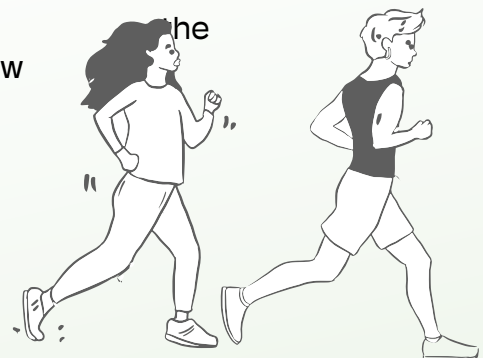
The third level comprises advocacy efforts, spearheaded by MMS, targeting structural changes at the governmental level.

In implementing this logic model, we expect to achieve significant short-, medium-, and long-term results.

> In the short term, we expect that populations will be able to participate regularly in the offered activities. These activities will run for two years, with ongoing participatory monitoring and evaluation to refine them based on community feedback.

>> By the second year, our medium-term goal is to see environments for SPA and food resources involved in the Know How to Take Care + project interventions become more inclusive.

>>> Ultimately, in the third year, we aim for our target populations to have increased their consumption of culturally appropriate fruits and vegetables and devoted more time to SPA.



Results



>>> Long-term

>> Medium-term

> Short-term

Populations participate in physical activities offered in partnership with various community organizations.

Participants report that Sports Montréal environments are more inclusive.

Participants increased their physical activity time, and the intensity of their activity progressed from light/moderate to vigorous.

Populations have access to the Carte Proximité and intercultural, intergenerational, and *queer-friendly* cooking workshops.

Participants report that the Carte Proximité food environments are more inclusive.

Participants have increased their consumption of fruits, vegetables, and culturally appropriate foods.

Populations have access to a year-round Carte Proximité offering in a pilot project area.





SPA Logic Model

Level 1

Issues raised



The first level of the SPA logic model aims to promote inclusive governance and provide partnership-based, locally accessible physical activities.

Initiatives associated with inclusive governance also seek to foster more inclusive social environments at Sports Montréal, the organization responsible for implementing these pilot activities.

The lack of SPA near residential areas and their cost in indoor facilities limit regular participation for certain populations.

In Montreal, **physical inactivity** is even more prevalent during winter and colder seasons, especially among immigrant populations. Work-life balance is another major obstacle for women. They struggle to find time in their busy schedules and juggle multiple responsibilities to engage in regular SPA. As a result, simpler winter activities for families and easier access to indoor spaces help facilitate SPA participation during the winter months and colder periods in the metropolis.

Furthermore, many SPA venues are not perceived as inclusive. This makes using them less obvious or intuitive. It becomes a significant issue for people who feel excluded, particularly those identifying as 2SLGBTQ+, as well as immigrant and/or racialized families, especially women.

Priority actions

1 SPA Coupons

To improve access to indoor SPA spaces, the Accès-Loisirs program will be promoted to target populations, and a prototype SPA coupon project will be launched.

2

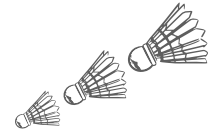
Partnership pilot activities

To enhance access to local SPA, partnership activities tailored to the preferences of target populations will be offered. Sports Montréal will provide these activities in collaboration with organizations supporting immigrants and refugees, as well as 2SLGBTQ+ organizations.

Two types of activities will be organized:

Intercultural and family outdoor activities

These will include winter walking workshops combined with cultural activities such as dance and music. Other options will include guided walks to museums, neighbourhood tours, forest or out-of-town hikes, and visits to community gardens.



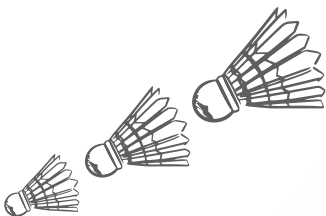
Queer-friendly outdoor activities

These will feature yoga, walking, games, dance, and self-defence workshops.

3

Implementation of the Sports Montréal Inclusion Charter

To foster more inclusive organizational cultures and social environments, the Inclusion Charter will be implemented, alongside awareness workshops on EDI.



Intervention Objective

Promote inclusive governance and improve the provision of partnership-based and local physical activities

Activities

Issues

- Lack of activities near residential areas
- Physical inactivity during winter and cold weather
- Lack of spaces perceived as inclusive for SPA
- Cost of sports and physical activities

- Year-round family-oriented thematic and sociocultural walking workshops*
- Queer-friendly outdoor activities (yoga, walking, games, dance, self-defence)
- Coupons for access to indoor sports and physical activities facilities
- Implementation of an Inclusion Charter and a complaint management system



Target groups

- Immigrant and/or racialized families from 2 disadvantaged regions**
- Individuals identifying as 2SLGBTQ+

Outcomes

- > **Short-term (1-2 years)**
Priority populations participate in community physical activity workshops.
- >> **Medium-term (2 years)**
Priority populations have increased amount of socialization and report that Sports Montréal environments are more inclusive.
- >>> **Long term (3 years)**
Participants increased their physical activity time, and the intensity of their activity progressed from light/moderate to vigorous.
Priority populations have improved their psychological health.

* Thematic and sociocultural walking workshops: walking sessions combined with cultural activities such as : *dance and music; walks to museums; neighborhood walks; out-of-town forest walks; visits to community gardens.*

** Target regions are: Montréal-Nord, St-Michel

*** Subgroups: people with disabilities (chronic pain, ADHD) and those experiencing symptoms of stress, anxiety, or depression.

SPA Logic Model

Level 2

The second level of the SPA logic model aims to improve the dissemination of information about existing affordable SPA.

Priority actions will be undertaken through MPA network partners.

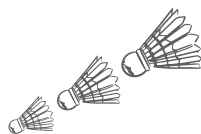
Issues raised

The target populations in our research unanimously highlighted the difficulty in finding information about affordable and local SPA. They expressed a desire to be better informed about available activities, existing financial aid programs for accessing them, and equipment available in their neighbourhoods.

Many mentioned that the available information is incomplete and that certain aspects of the activities remain unclear. People also want to be informed about the difficulty level of activities, their exact locations, and the safety and inclusivity of spaces (especially for individuals identifying as 2SLGBTQ+), among other things.

The community organizations we met with are concerned about the lack of centralized information, which complicates and hinders their work, particularly when referring users to appropriate services. These organizations offering SPA are eager to promote their programs and address the needs of diverse populations appropriately.

Priority actions



1

A tool to enhance information searches

An MPA-led project will develop an interactive digital tool based on consultations with various user groups (citizens, practitioners, and organizations offering SPA).

The tool will incorporate icons, simplified language, and zip code-based searches to enhance user-friendliness.

2

Tailored communication strategy

A communication strategy will be developed to effectively distribute the new tool among target populations.

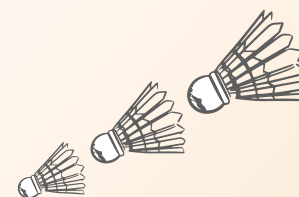
Research participants were consulted about their information-seeking habits, and the following approaches are under consideration: word-of-mouth, referrals through community resources, sharing in social media groups, and more. The team will also draw on best practices in inclusive communication to shape the strategy.

3

Knowledge mobilization workshops

Knowledge mobilization workshops will be held in locations already frequented by target populations, such as community centres.

These workshops will feature both an informative component and a segment facilitating knowledge exchange among participants.



Intervention Objective

Improve the dissemination of information on existing affordable physical and sports activities

Activities

Issues

Lack of information on free, affordable, and local activities

Develop an interactive information tool on SPA offered in Montreal

Develop and implement a communication strategy tailored to populations facing social inequalities

Offer knowledge mobilization workshops on SPA offerings and chronic disease prevention

Target groups

Immigrant and/or racialized families from 3 disadvantaged regions*

Individuals identifying as 2SLGBTQ+**

Populations with functional limitations

Populations affected by social inequalities in health

Outcomes

> Short-term (1-2 years)

Les populations prioritaires ont accès à l'information sur les APS gratuites et abordables, ainsi que sur les bénéfices des APS pour la santé.

>> Medium-term (2 years)

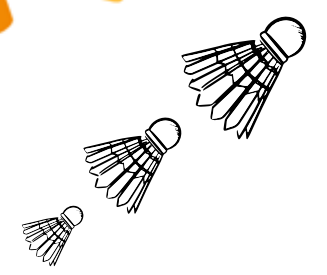
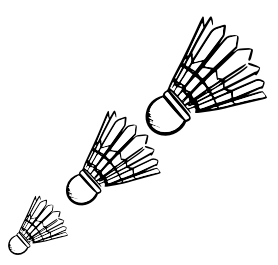
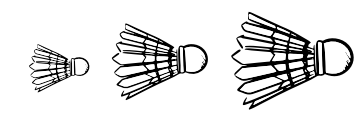
Priority populations demonstrate increased knowledge of SPA benefits and chronic disease prevention.

>>> Long term (3 years)

Priority populations report greater ease in accessing information on sports and physical activity offerings, SPA benefits, and chronic disease prevention.

* Target regions are: Montréal-Nord, St-Michel, the Village

** Subgroups: people with disabilities (chronic pain, ADHD) and those experiencing symptoms of stress, anxiety, or depression.



SPA Logic Model

Level 3

3

The third level of the logic model for sports and physical activities (SPA) aims to engage with government bodies to establish structural interventions that improve access to SPA for populations facing social inequalities in health.

Priority actions will focus on political advocacy.

Issues raised

The cost of SPA and the lack of infrastructure for active mobility have been identified as significant barriers by these populations. Reducing or eliminating these barriers cannot be solely the responsibility of organizations offering SPA.

On one hand, populations are seeking free activities or those with **solidarity pricing**. On the other hand, financial accessibility programs and reduced pricing offered by organizations are often not widely publicized due to their limited availability. The government plays a crucial role in subsidizing free activities and solidarity pricing models.

Walking has been identified as one of the preferred activities for both target populations. However, people living in neighbourhoods far from the city centre often don't engage in active mobility due to the lack of sidewalks and the presence of large avenues. Various levels of government must plan and develop safe, inviting streets and neighbourhoods that encourage people to walk or use active mobility in their daily lives.

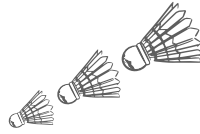
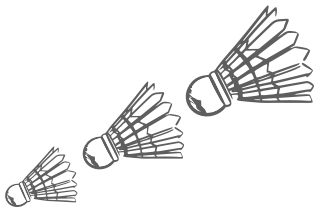
Priority actions

1

Price modulation for SPA

Implementing solidarity pricing and price adjustments requires a regulatory framework at the Montreal borough level.

To this end, MMS plans to support regulatory changes by acting as a coordinating body and facilitating collaboration between boroughs and various partners in our networks.



2

Supporting an economic accessibility program for SPA

With government subsidies, organizations will be able to expand their economic accessibility programs and **solidarity pricing** to individuals facing social inequalities in health.

We will facilitate dialogues with government authorities to secure subsidies enabling solidarity pricing for SPA.

3

Supporting investments in active mobility and public transit infrastructure in disadvantaged boroughs

Public transit and infrastructure dedicated to **active mobility** are limited in Montreal's outlying boroughs. The City of Montreal and the Quebec provincial government play crucial roles in improving infrastructure, and both share responsibility for ensuring territorial equity in the metropolitan area.

We will coordinate discussions with these government authorities.

Intervention Objective

Engage with government bodies to establish structured interventions which facilitate access to SPA for vulnerable populations

Activities

Issues

High cost of sports and physical activities

Low use of active mobility in disadvantaged boroughs

Support Montreal boroughs in adjusting pricing for physical activities and sports programs

Support an economic accessibility program for physical activities and sports

Support investments in active mobility and public transit infrastructure in underserved boroughs



Target groups

Montreal boroughs

City of Montreal

Quebec government bodies

Outcomes

> Short-term (1-2 years)

Working committees have an action plan.

>> Medium-term (2 years)

Working committees launch their advocacy strategies.

>>> Long-term (3 years)

Adoption of solidarity pricing.

Adoption of an economic accessibility program for sports and physical activities.

Adoption of an investment plan for active mobility in disadvantaged boroughs.

Food Logic Model

Level 1



The first level of the logic model for the Food component aims to promote inclusive governance of the Carte Proximité project and improve access to and consumption of nutritious, culturally appropriate foods.

Initiatives related to inclusive governance also seek to foster more inclusive social environments in areas where the Carte Proximité is used.

Issues raised

Financial insecurity, limited job opportunities, and the current inflationary environment significantly impact access to nutritious food.

For immigrant and/or racialized families, the difficulty of passing down traditional food cultures to children presents a barrier to adopting nutritious diets. The logistics of obtaining affordable food is a much more significant challenge for women, who typically bear the responsibility for grocery shopping and meal preparation.

For individuals identifying as **2SLGBTQ+**, physical and mental health issues, along with social isolation, negatively affect the incorporation of nutritious food into daily life. These phenomena and their consequences are more pronounced among women, transgender, and **non-binary** individuals.

Priority actions

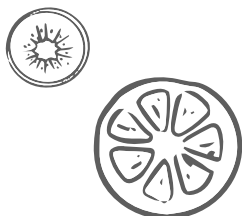
Three interventions will be implemented in connection with the Carte Proximité, a food coupon project that connects local food systems with individuals experiencing food insecurity.

1

Enhancing access and evaluating year-round availability of the Carte Proximité

This intervention aims to fund access to the Carte Proximité for individuals from target populations participating in the project's second phase.

We will also assess the feasibility of making the Carte Proximité available year-round and expanding the range of culturally appropriate foods in Saint-Henri, a pilot neighbourhood.



2

Pilot partnership activities

This intervention focuses on implementing collective cooking workshops in partnership with community organizations. These workshops are designed to complement access to the Carte Proximité, facilitating the adoption of more nutritious eating habits suitable for target populations.

Two types of collective cooking sessions will be offered:

Intercultural and intergenerational cooking groups

These sessions aim to bring together people from diverse cultures and generations, promoting the value of passing down food traditions across generations.

Queer friendly cooking groups

These workshops are designed as **safe spaces** for individuals identifying as LGBTQIA+. They will encourage and support the sharing of food knowledge that promotes mental health while fostering solidarity.

3

Implementing the Carte Proximité Inclusion Charter

To foster more inclusive organizational cultures and social environments, we will implement the Inclusion Charter and conduct EDI awareness workshops for Carte Proximité partner organizations.

Intervention Objective

Promote inclusive governance of the *Carte Proximité* and improve access to and consumption of healthy and culturally appropriate foods

Issues

Activities

- Difficulty in passing down food cultures to children
- Stigmatization in food services and lack of complaint management processes associated with the *Carte Proximité*
- Lack of *queer-friendly* community kitchens
- Lack of culturally appropriate foods in food services
- Seasonality of the *Carte Proximité*

- Offer intercultural and intergenerational cooking workshops, including visits to local farms
- Offer *queer-friendly* cooking workshops including visits to local farms
- Evaluate the year-round implementation of the *Carte Proximité* in a store with culturally appropriate offerings, in one borough
- Implementation of the *Carte Proximité* Inclusion Charter



Target groups

- Immigrant and/or racialized families from 3 disadvantaged regions*
- People identifying as 2SLGBTQ+**

* Target regions are: Montréal-Nord, St-Michel, St-Henri
 ** Subgroups:
 1. *Carte Proximité* users
 2. people with disabilities (chronic pain, ADHD) and experiencing symptoms of stress, anxiety, or depression

Outcomes

- > **Short-term (1-2 years)**
Priority populations participate in intercultural, intergenerational, and queer-friendly cooking workshops.
- >> **Medium-term (2 years)**
Priority populations report that food environments are more inclusive and promote health.
- >>> **Long-term (3 years)**
Priority populations have increased their consumption of fruits, vegetables, and culturally appropriate foods.
Priority populations have improved their psychological health.

Food Logic Model

Level 2

2

The second level of the logic model for the Food component aims to improve the dissemination of information about existing food services.

Priority actions will be undertaken by CSAM network partners.

Issues raised

Target populations in our research highlighted a lack of information and difficulty finding details about existing food services and eligibility criteria for the Carte Proximité.

They expressed a desire to be better informed about available services in neighbourhoods near their homes. Community organizations consulted reported difficulty reaching certain populations. They are willing to approach these groups in an appropriate, culturally sensitive manner while building relationships of trust.

Several barriers to effective information dissemination were identified, including varying levels of digital literacy, the effort required to maintain up-to-date service directories, and the need to tailor messages for specific populations.

Priority actions



1 Communication strategy tailored to priority populations

Various resource mappings and directories exist and are updated by different entities. While these communication tools are relevant, they are not always known to the public.

The strategy will aim to better promote their existence among participants.

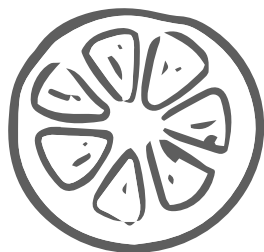
Several inspiring initiatives proposed by organizations will be explored, such as distributing neighbourhood-specific maps and directories, and disseminating information in various settings through designated resource persons.



2 Knowledge mobilization workshops

Knowledge mobilization workshops will be organized in locations already frequented by target populations, such as community centres.

These workshops will include both an informative component and a segment facilitating knowledge sharing among participants.



Intervention Objective

Improve the dissemination of information on food services



Target groups

Immigrant and/or racialized families from 3 disadvantaged regions*

Individuals identifying as 2SLGBTQ+**

Populations affected by social inequalities in health

Outcomes

> Short-term (1-2 years)

Priority populations have access to information on existing food services.

>> Medium-term (2 years)

Priority populations demonstrate increased knowledge of the benefits of nutritious eating and strategies for chronic disease prevention.

>>> Long-term (3 years)

Priority populations report improved access to information on food services, nutritious eating, and strategies for chronic disease prevention.

Activities

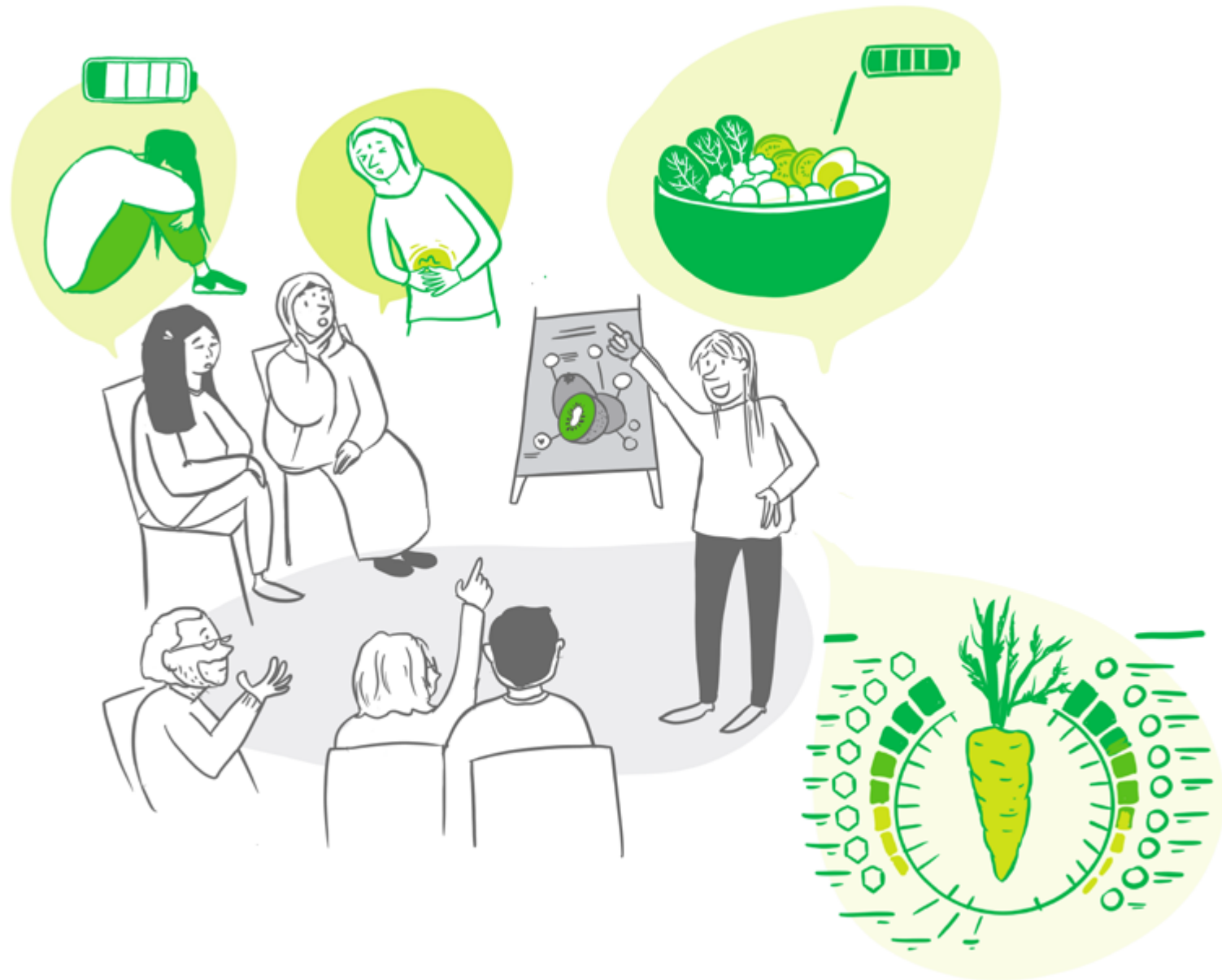
Develop and implement a communication strategy for existing tools tailored to priority populations (maps, directories, etc.)

Offer knowledge mobilization workshops on available food services and the health benefits of consuming fresh foods for disease prevention

Issues

Lack of information on existing food services

Lack of information on accessing the Carte Proximité



* Target regions are: Montréal-Nord, St-Michel, the Village

** Subgroups:
1. Carte Proximité users;
2. people with disabilities (chronic pain, ADHD) and experiencing symptoms of stress, anxiety, or depression

Food Logic Model

Level 3

3

The third level of the logic model for the Food component aims to develop and advocate for programs that facilitate access to nutritious food.

Priority actions will be undertaken by CSAM.

Issues raised

The demand for food coupons exceeds the current supply. Managers of the Carte Proximité program, an example of a food coupon initiative, emphasize the lack of available funding to meet the number of requests received. This explains the limited information available about the program and the absence of advertising for it. Focus group participants expressed great interest in receiving this card. Ultimately, however, it is crucial to address the root causes of food insecurity to eventually reduce the need for resources like food coupons.

Furthermore, participants desire more personalized support from social services to facilitate their integration into the job market, which could lead to greater socioeconomic stability and potentially reduce their risk of experiencing food insecurity. They also call for the implementation of structural policies to combat systemic racism.

Immigrant and/or racialized families have repeatedly mentioned difficulties in passing down their food culture to their children within a dominant cultural context different from their own. These issues become more pronounced when children enter primary school, complicating the adoption of nutritious eating habits within these families.

Priority actions

Three intervention groups will be implemented:

1 Development of a national advocacy campaign - Food coupon program

A variety of food coupon projects exist at different scales, ranging from neighbourhood to regional levels. However, there are challenges in coordinating these projects and a lack of continuous funding to ensure their long-term viability.

Consequently, CSAM has identified the need to mobilize its Montreal partners and collaborate with stakeholders in other regions to develop a shared vision for proposing a food coupon program to the Quebec government.

CSAM has already begun hosting reflection days on this future program in 2022, bringing together partners from across the province.

2 Enhancement of income support programs

Lack of financial resources is the primary cause of food insecurity.

The only effective way to sustainably reduce food insecurity is to boost people's incomes through employment access programs or basic income initiatives.

CSAM will continue to convey this message during public consultations and meetings with decision-makers.

3 Support for the universal school food program in Quebec (PASUQ)

The Programme pour alimentation scolaire universel au Québec (PASUQ) initiative launched in 2022 with the aim of creating a comprehensive overview of school food practices across the province. Following this review, recommendations were issued, and political advocacy is ongoing.

As part of its involvement in the PASUQ initiative, CSAM emphasizes the importance of culturally appropriate food while offering support to the government in structuring the program.

4 Mobilisation et concertation des partenaires montréalais

Dans le cadre de ses mandats, le CSAM mobilise un réseau de plus de 150 partenaires pour la mise en place de plans d'action régionaux intégrés.

Intervention Objective

Develop and advocate for programs that facilitate access to healthy food

Activities

Issues

Limited access to food coupons and lack of funding to increase the number of beneficiaries

Need to address the root causes of food insecurity

Food insecurity among children, difficulty in passing down food cultures, and lack of nutritional education for children

Develop advocacy efforts to establish a national, culturally-inclusive food coupon program

Engage with government bodies to enhance income support programs
Organize an event on a guaranteed minimum income

Monitor advocacy efforts for a universal, culturally-inclusive school food program

Mobilize stakeholders, facilitate dialogue, and coordinate collaboration across Montreal

Target groups

Quebec government authorities

Outcomes

> Short-term (1-2 years)

The working committee on advocacy for a food coupon program in Quebec has an action plan.

>> Medium-term (2 years)

Deployment of advocacy efforts for a food coupon program in Quebec.

>>> Long-term (3 years)

Adoption of a food coupon program in Quebec.



Inclusive

communication

Action steps

Inclusive communication tailored to diverse populations is a major challenge highlighted by research, as noted in level 2 of each component.

The knowledge mobilization component of the research has already identified various strategies to address this communication challenge. Some of these are presented here.

Translate resources into the main languages spoken by your target populations.

Condense your message to include only essential information.

Written

Use simplified language, pictograms, and images to aid understanding.

Use gender-neutral and inclusive language with neutral formulations to ensure the widest possible range of people can identify with it.

Eliminate courtesy like Mr. or Mrs. and prioritize using first names. For more formal correspondence, use the person's full name or appropriate professional title.

Ensure text readability. Truncated forms like parentheses, brackets, or periods can affect legibility.

Choose a simple, sufficiently large font, and if using color, ensure adequate contrast with the background.

Oral

Allocate staff for telephone follow-ups with individuals who have low digital literacy.

Explain information verbally through informative sessions and follow-ups with organizations in direct contact with non-French and non-English speaking populations.

Implement mentoring programs with people from the same linguistic community to facilitate access to services and understanding of information.

Offer translation and Quebec Sign Language (LSQ) services on request. Use simple and accessible language.

Avoid acronyms or define them when necessary.

Ensure appropriate language use (avoid misgendering or using expressions that convey reductive or stigmatizing prejudices).

Remember that non-verbal cues are not universal. Validate impressions and rely only on objective information.

Inclusive communication

Visual

Use images, illustrations, or photos that represent the diversity of your area's population.

In your visuals, depict people of different genders in various roles and functions of equal value.

Do not tokenize diverse individuals to project a certain image of your organization.

Steer clear of reinforcing gender stereotypes, for example, by associating pink with activities for women and blue for men.

Include short explanatory text with images, photos, and illustrations.

Use simple, contrasting pictograms with clean lines, avoiding stylistic effects or perspective.

Add subtitles to videos.

Dissemination

Establish partnerships with key organizations frequented by target populations (e.g., schools, community centres, local health centres, support centres for newcomers, and libraries).

Ideas for inclusive outreach and engagement strategies

- Diversify communication strategies to reach a wide range of people. For example, advertise your activities or events in both physical and digital spaces frequented by your target audience;
- Host information sessions and presentations about your programming in locations where a wide diversity of people are present;
- Be mindful of varying levels of digital literacy and consider alternatives to online outreach;
- Utilize communication channels specific to your target groups, such as community radio or local newspapers;
- When collecting personal information and demographic data, clearly explain its purpose and intended use. Always ask for consent;
- Encourage people to communicate their accessibility needs via email, phone, or directly on the registration form. Ensure you follow up on these requests by contacting individuals directly who have expressed specific needs.

Knowledge

mobilization

Knowledge mobilization will take place on two levels.

First, participants' knowledge will be mobilized through popular education, an approach that harnesses knowledge to promote empowerment and social change. To this end, we will organize knowledge mobilization workshops focusing on the benefits and popular knowledge related to nutrition and physical activities. These will run parallel to the intervention activities detailed earlier. This approach aims to validate and encourage the exchange of know-how among participants, while boosting their capacity for action and fostering collaboration between them.

Second, we will conduct practical workshops on inclusive governance with organizations working in nutrition and physical activity sectors. The goal is to facilitate discussions about concrete commitments to advance diversity, equity, and inclusion initiatives among MPA and CSAM's partner organizations.

& evaluation

The Know How to Take Care + interventions, especially those at the initial levels of the logic models, will be evaluated using two key approaches: participatory process evaluation and impact evaluation.

The participatory process evaluation aims to track the progress of intervention activities and make adjustments when necessary. We will conduct questionnaires and focus groups throughout the implementation of activities to better understand satisfaction levels and potential issues faced by both participants

and staff overseeing these activities. The impact evaluation seeks to measure changes in participants' behaviors and the effects on social environments resulting from the planned interventions. We will use a phased experimental evaluation method, which allows for rigorous comparison between experimental and control groups. Data will be collected through questionnaires and focus groups.

Glossary

2SLGBTQ+

An acronym that stands for Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, Aromantic or Agender, and Two-Spirit (2 or 2S).

The «+» sign refers to any other community that is part of sexual and gender diversity not mentioned in the preceding letters.

Active mobility

Active mobility refers to any form of transportation that primarily relies on human-powered physical activity. For example, walking to visit friends, cycling to work or school, etc.

Carte proximité

Food coupon project supporting low-income households and local food systems. The proximity card can be used at solidarity markets throughout Montreal.

Disaggregated data

This refers to data that has been broken down and separated into more detailed individual components. Data can be disaggregated based on various identity factors such as sex, gender, ethnicity, age group, or socioeconomic status. Disaggregating data helps uncover hidden trends and can aid in identifying vulnerable populations.

Equity, diversity, and inclusion (EDI)

Equity aims to provide opportunities by considering the diverse needs of individuals and the systemic discrimination they may face. It differs from equality, which offers the same opportunities to everyone.

Diversity refers to the conditions, modes of expression, and experiences of various groups defined by a range of identity factors such as age, education level, sexual orientation, and disability status.

Inclusion involves creating environments where all people are respected and equitably welcomed, ensuring they have access to the same opportunities.

Food insecurity

Refers to inadequate or uncertain access to healthy and nutritious food due to economic constraints.

GBA+

Gender-based analysis and intersectionality (GBA+) is a process, tool, and analytical method used primarily in project management and the development of public policies and interventions. In these contexts, GBA+ enables the development of more targeted responses to specific issues by considering the diverse needs and realities of populations who may experience intersecting forms of discrimination (based on gender, ethnicity, age, etc.). The fundamental aim of GBA+ is to uncover and highlight patterns of systemic discrimination, reduce inequalities, and work towards substantive equality.

Glossary

Gender identity

Refers to a person's internal and individual experience of their gender (woman, man, agender, non-binary, transgender or other gender identities). A person's gender identity may be the same as or different from the sex assigned to them at birth.

Healthy food

Healthy food refers to nutritious, diverse, and minimally processed diets. The composition of a healthy diet can vary based on individual needs and across different cultures. In this study, we asked participants about their understanding of healthy food before discussing the topic further.

Inclusive governance

This refers to a form of governance in which decision-making mechanisms are established to consider all potentially affected stakeholders. It involves transparency, the adoption of measures for active participation and accessibility, and the integration of principles and actions that promote equity, justice, empowerment, and collaboration.

Intersectionality

Intersectionality is a tool for analyzing how different systems of oppression (e.g., racism, sexism, homophobia, etc.) interact and mutually reinforce each other.

Immigrant and/or racialized families

In the context of this project, this term refers to individuals invited to participate in certain focus groups. We issued calls for participation to people responsible for at least one minor who identify with the following groups: Black, Asian, Latin American, Arab, or other unmentioned ethnic and racialized minorities. We considered both immigrant and non-immigrant individuals, as well as various immigration statuses.

A racialized person is someone who belongs, either actually or presumptively, to a group that has undergone a process of racialization—a process that serves to otherize, or present as fundamentally different. The term «racialized» emphasizes the socially constructed nature of these differences. It stresses that race is neither objective nor biological, but rather a constructed idea that serves to represent, categorise, and exclude the «Other.»

Neurodiversity

A concept that refers to the diversity of neurological and cognitive functioning. This approach recognizes that human brains operate in different ways. The term encompasses conditions such as autism, dyslexia, attention deficit disorder with or without hyperactivity (ADD or ADHD), and other forms of brain functioning.

Non-binary (person)

A person who does not identify, or does not identify exclusively, with the female or male gender. Transgender individuals may or may not identify as non-binary.

Non-mixed group

French term “Non-mixité choisie” (Non-mixed group) referring to the creation of spaces reserved for a category of people who experience oppression or discrimination, allowing them, in particular, to safely share common experiences. This practice is often used by 2SLGBTQ+, feminist, or anti-racist groups.

As part of this research, a non-mixed group was created for people who are non-binary, agender, or who felt uncomfortable participating in a group composed of individuals identifying as women or men.

Nutritious diet

A nutritious diet includes a variety of foods from different food groups such as fruits, vegetables, proteins, and grains. A nutritious diet is rich in minimally processed foods and is adapted to individual needs based on age, gender, food culture, and specific health requirements.

Physical inactivity

Refers to physical activity that may be moderate to high in intensity, but is practiced below the minimum level required to maintain good health. The World Health Organization (WHO) recommends that adults engage in at least 150 minutes of moderate-intensity physical activity per week.

Physically active lifestyle

A daily routine that incorporates a variety of physical activities. This can include active mobility, gardening, participating in active leisure activities, taking the stairs, and integrating flexibility exercises, aerobic activities, or strength training.

Populations facing social inequalities in health

Social inequalities in health refer to the health disparities that exist among different social groups, including differences in access to healthcare and health resources, as well as in the adoption of healthy lifestyle habits. These disparities are influenced by socio-economic and environmental factors, as well as health behaviors and patterns of healthcare utilization. In Canada, the groups most affected by social inequalities in health include low-income individuals, Indigenous peoples, racialized persons, older adults, people living in rural and remote areas, individuals identifying as 2SLGBTQ+, people with disabilities, and those experiencing homelessness.

Queer-friendly (or LGBTQ-friendly)

Term that refers to welcoming, safe, and respectful spaces for people who identify as 2SLGBTQ+.

Safe space

A supportive and caring environment that aims to level power dynamics. It refers to a physical or virtual space where historically and socially marginalized groups can engage in open dialogue without fear of hostility or reprisal.

Sport and physical activity (SPA)

Sport and physical activity refers to all forms of physical activity, whether for leisure or competition. It also includes all bodily movement that requires energy expenditure, such as active mobility like walking and cycling, as well as physical tasks like housework and construction.

Sedentary lifestyle

A lifestyle characterized by behaviors involving low energy expenditure. An individual who engages in physical activity less than once a week is considered sedentary.

Solidarity pricing

A pricing system where the cost of services is adjusted based on the principle of equity. Individuals with lower incomes pay a reduced rate, while those with higher incomes may pay the full rate or even a rate above the standard price.

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