

Barriers and facilitators to healthy food



Know How to Take Care +

The following contributors are listed in alphabetical order.

Authors	<i>Lya Cynthia Porto de Oliveira, Researcher and Project Manager, Montréal - Métropole en santé</i> <i>Véronique Gosselin, Research Consultant, Montréal - Métropole en santé</i>
Steering Committee	<i>Anne Marie Aubert, Co-Director, Montréal - Métropole en santé and Coordinator, Conseil du système alimentaire montréalais (CSAM)</i> <i>Carine Thouveny, Co-Director, Montréal - Métropole en santé and Coordinator, Montréal physiquement active</i>
Scientific Advisors	<i>Rosanne Blanchet, Assistant Professor, School of Public Health, Université de Montréal (ESPUM); Researcher, Centre de recherche en santé publique (CRéSP) Université de Montréal and CIUSSS du Centre-Sud-de-l'Île-de-Montréal</i> <i>Suzanne Laberge, Full Professor, Faculty of Kinesiology and Sport Science (EKSAP), Université de Montréal</i>
Technical Support	<i>Sophie Gadbois, Mobilization Agent, Montréal - Métropole en santé</i> <i>Clémence Harter, Francophone data collection assistant, Consultant, Montréal - Métropole en santé</i> <i>Valkiria Spring, Anglophone data collection assistant, Consultant, Montréal - Métropole en santé</i>
Advisory Committee	<i>Aurélien Lebrun, Planning Advisor, Service de la diversité et de l'inclusion sociale, City of Montreal</i> <i>Barbara Poinasaut, Director of Communications and Customer Experience, Sports Montréal</i> <i>Caroline Pujol, Executive Director, Sports Montréal</i> <i>Catherine Blanchette, Executive Director, Health, Fitness and Aquatics, The YMCAs of Québec</i> <i>Dafina Savic, Co-Founder and Senior Consultant, Agence UENA</i> <i>Frédérique Bergeron, Planning, Programming and Research Officer, Montreal Regional Public Health Directorate</i> <i>Maryse Caron, Scientific Advisor, Institut national de santé publique du Québec</i> <i>Rosanne Blanchet, Assistant Professor, School of Public Health, Université de Montréal (ESPUM); Researcher, Centre de recherche en santé publique (CRéSP) Université de Montréal and CIUSSS du Centre-Sud-de-l'Île-de-Montréal</i> <i>Stéphanie Lessard, Scientific Advisor, Institut national de santé publique du Québec</i> <i>Stéphanie Tremblay, Director of Programs and Social Impact, Alima - Perinatal Social Nutrition Centre</i> <i>Suzanne Laberge, Professor, Centre d'éducation physique et des sports, Université de Montréal</i> <i>Sylvie Chamberland, Co-Director, Carrefour Solidaire Community Food Centre</i>
Editors	<i>Soraya Elbekkali, Consultant, La Forge</i>
Suggested citation	Porto de Oliveira, L. Gosselin, V. (2024). Barriers and facilitators to sports and physical activity: Immigrant and/or racialized families. Know How to Take Care + project, Montréal - Métropole en santé. https://www.montrealmetropoleensante.ca/



From community centres to gymnasiums, from collective kitchens to emergency food services, across the island of Montreal, there is a myriad of organisations and activities that seek to help Montrealers live healthy, active lives. However, these services do not always take into consideration the growing diversity of people in Montreal. This can further entrench inequality to accessing these community services.

1 In these groups, we counted on the participation of non-binary, agender, gender fluid, and trans people.

2 Institut national de santé publique du Québec (INSPQ), Division Régionale de Santé Publique (DRSP), Ville de Montréal, Agence Uena, École de kinésiologie et des sciences de l'activité physique de l'Udem, École de santé publique de l'Udem, YMCA Québec, Sports Montréal, Carrefour Solidaire - Centre communautaire d'alimentation, Dispensaire diététique de Montréal.

3 The populations we met included black people and people of Asian, Latin American and Arab origin. For the purposes of this research, we have considered both immigrant and non-immigrant populations, as well as different migration statuses.

4 The target neighborhoods included Lachine, LaSalle, Montréal-Nord, Saint-Michel, Ahuntsic, and Cartierville

Know How to Take Care + is a research-action project, led by academics and public managers in partnership with community organizations, speaking directly to underserved populations about the barriers and facilitators to sports and physical activity (SPA) and healthy eating services. The goal is to foster these services to be better adapted to the needs of everyone in Montreal.

A research project was conducted to identify barriers and facilitators to these services. The results will be used to plan better adapted services that meet populations' needs.

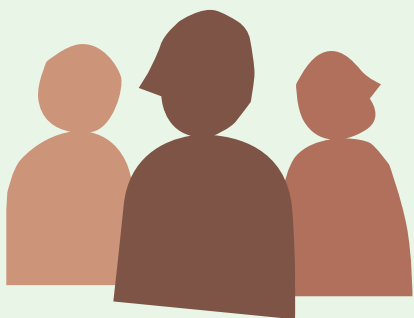
Various forms of data collection were used: interviews, focus groups, and a 40-question survey on health, eating habits, and physical activity.

Gender-based and intersectional analysis (GBA+) was used for data collection and analysis.

A total of 60 people participated in 12 focus groups. For each of the target populations (2SLGBTQ+ and immigrant and/or racialized families), discussions were divided by gender identities: female, male, and those who do not identify with either of these two gender identities.¹

The Know How to Take Care + project is led by Montréal - Métropole en santé (MMS), with the guidance of an advisory committee made up of 10 organizations,² spanning the governmental, non-governmental, and university sectors.

This research project involved 60 people from two targeted populations



Immigrant and/or racialized families³ from disadvantaged neighbourhoods⁴ (36)



2SLGBTQ+ communities (24)

Highlights

The results presented in this document are based on the testimonials of 36 people from immigrant and/or racialized families who participated in the research activities of the Know How to Take Care + project. For these people, healthy eating is a diversified diet based on natural plants and beverages, which is culturally appropriate, child-friendly, and prepared at home. The project enabled participants to identify several barriers and facilitators to their access of healthy food. They also proposed solutions to address the issues identified.

"They (the children) really like our more cultural meals, but it's hard here. They adapt, but finding the financial means to buy it is difficult."

Testimonial, women's group, Lachine and LaSalle

"And as it's been two years, two years of garlic harvesting, I eat my own garlic, no pesticides. The children have learned that, so each one has his own little corner (garden) where he lives, where they grow tomatoes, and they grow garlic. Yes, and the children also learn about nature and how to love the earth."

Participant in the men's group, Saint-Michel, Ahuntsic-Cartierville

Possible solutions

The participating families proposed several solutions to increase access to healthy foods:

- ① **Raising awareness** about food aid services and reducing the bureaucracy and stigma surrounding these services;
- ② **Offering** more fresh, culturally appropriate foods and ready-to-eat meals;
- ③ **Offering** workshops around cooking and gardening to encourage intergenerational and intercultural culinary exchanges.

Barriers

Financial insecurity, lack of access to employment, and discrimination are all factors that have a strong and negative impact on their access to food.

The difficulty of passing on traditional food cultures to children in a context where artificial, sweet, and salty foods are valued is a challenge that was emphasized.

Food banks can lack fresh foods from a variety of cultures, and sometimes the food available is past the expiration date, which participants do not find acceptable. Beyond that, strict eligibility criteria and the documents required to qualify for services further complicate access to food banks.

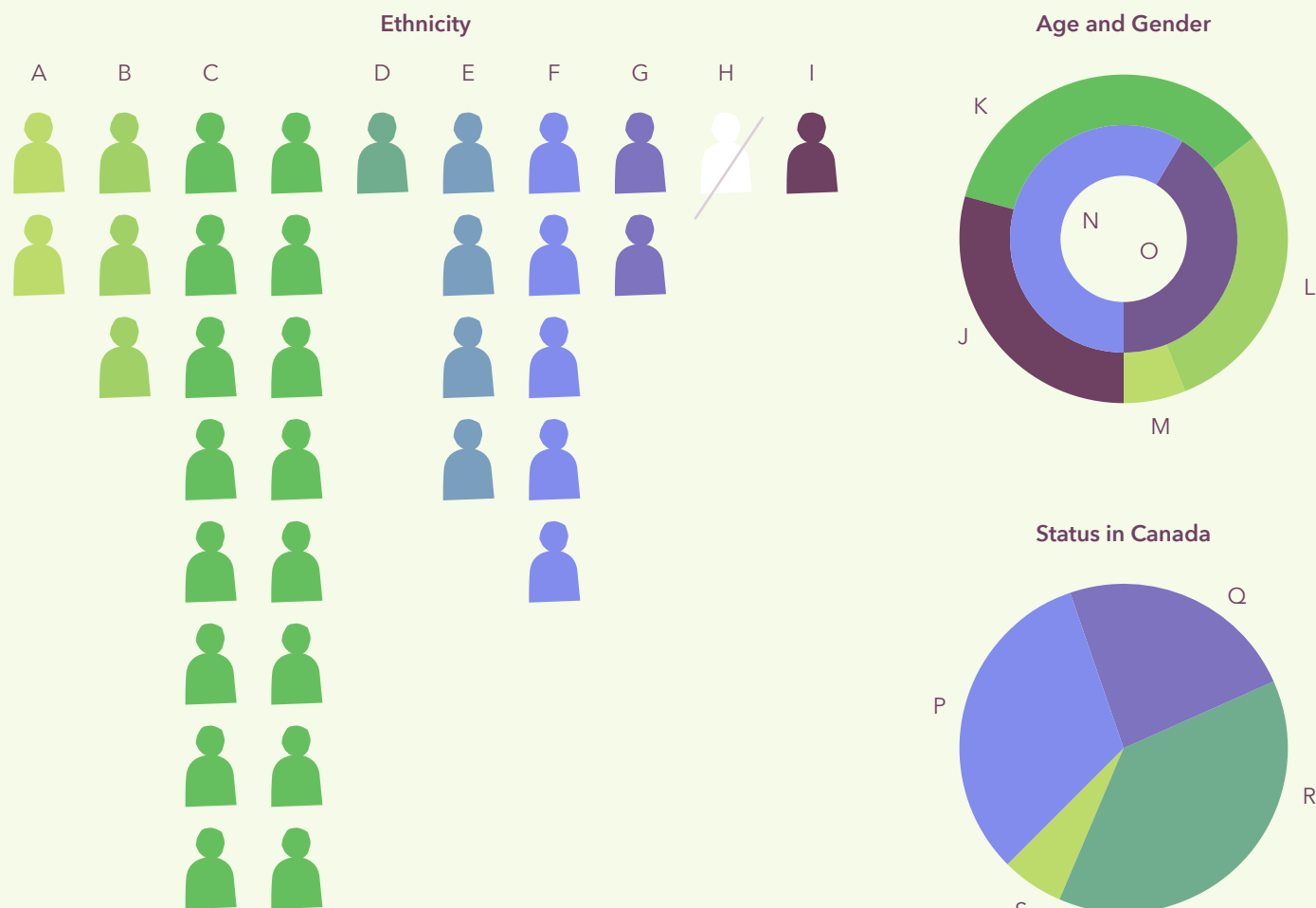
Facilitating factors

Economic strategies (planning meals and purchases, preparing home-cooked meals, integrating vegetarian recipes, using point cards, etc.), access to food services (food banks and Carte proximité) and continuing to develop culinary skills with their children are three elements that help families eat healthily.

Community and collective gardens can play an important role in stimulating children's curiosity about healthy eating.

Participant characteristics

The research involved 36 people in focus groups and 34 completed questionnaires.



Ethnicity

A	2	Asian (China, Philippines, Japan, Korea; Burma, Cambodia, Laos, Thailand, Vietnam)
B	3	Southeast Asian (India, Bangladesh, Pakistan, Nepal, Sri Lanka)
C	16	Black
D	1	Black, Latin American or Caribbean (Brazil, Colombia, Cuba, Mexico)
E	4	Latin American or Caribbean (Brazil, Colombia, Cuba, Mexico)
F	5	Middle Eastern or North African (Armenia, Egypt, Iran, Libya, Lebanon, Morocco, Turkey)
G	2	Born of a mixed union (one or both parents from previous groups)
H	0	Caucasian
I	1	Prefer not to answer

Age

J	10	25-34
K	12	35-44
L	10	45+
M	2	Prefer not to answer

Gender

N	20	Female
O	14	Male

Status in Canada

P	11	I am a Canadian citizen
Q	8	I am a permanent resident of Canada/Québec
R	13	I am an asylum seeker (refugee claimant)
S	2	I am a temporary or non-permanent resident (foreign students or temporary workers)

Healthy eating: representations and practices

Most people we met defined healthy eating as a diversified diet that favours fruits, vegetables, and minimally processed foods and is made at home. Some people mentioned reducing meat consumption and incorporating more vegetable proteins or fish, or eating meat according to religious recommendations (halal and blood-free meat) as part of a healthy diet.

Food and culinary diversity also play an essential part of their understanding of healthy eating. Participants identified preparing traditional foods using a variety of ingredients as an important part of healthy eating. They also mentioned moments of pleasure, and sharing food as a family as vital parts of what it means to eat healthily.

In short, a healthy diet for the people we met is a diversified diet based on plants and natural beverages, which are culturally appropriate, child-friendly, and prepared at home.



Fundamental barriers to accessing healthy food

Economic barriers



Cultural barriers



Institutional barriers



Economic barriers

For the participants, one of the main barriers to accessing food was low purchasing power, due to financial insecurity and difficulty finding employment for a variety of reasons, including racism and discrimination. At the same time, food costs have risen sharply, and inflation has put pressure on other expenses, notably housing. As a result, families use resourceful strategies to access healthy food, but this can take up considerable time and energy.

Many people, particularly immigrant and/or racialized women, have cited the complex logistics involved in finding the best prices in affordable stores in order to access a variety of fresh and culturally appropriate products as a barrier to healthy eating.

Participants also value organic options for foods from their culture, but their price is a barrier for these families.

"Also, yes, I'm talking about variety. Variety because there are vegetables, for example, that we eat, but we don't find many of them here. For example, if I want to eat cardoon, I have to go to Bonanza or the Intermarché."

Participant in the women's group, Montreal North

"It's better if you want to buy organic, but it costs more."

Men's group, Lachine and LaSalle

"If you're broke and your kid asks you what's in the house and there's only pasta, that's what you make."

Participant in the women's group, Saint-Michel, Ahuntsic-Cartierville

"They (the children) really like our more cultural meals. It's hard here, they adapt, but finding the financial means to buy it is difficult."

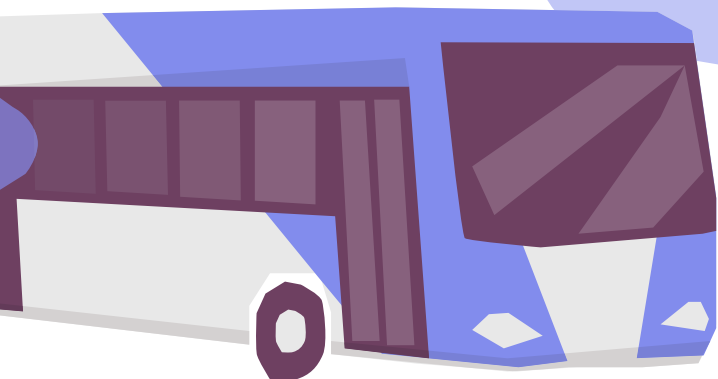
Participant in the women's group, Lachine and LaSalle

"We go where it's a little cheaper. So, the local grocery stores are expensive, and the more affordable ones are far away. So [we have to take] 3 buses."

Participant in the women's group, Lachine and LaSalle

"I wake up every day at 4 a.m. [to prepare meals and go to work]."

Participant in the women's group, Lachine and LaSalle



Cultural barriers

The difficulty of passing on their food cultures has been identified as a fundamental barrier for both women and men. Culture shock with their children is an additional challenge with which these parents have to deal. This problem is exacerbated once children enter a school environment where there is not necessarily access to healthy, culturally diverse food.

The people we met also pointed to the context of food in North America, where foods are processed, contain additives, and high amounts of sugar. Within this context, it is difficult to encourage a healthy diet within their family. Moreover, when they seek out fruits and vegetables that are specific to their culture, they are often imported and therefore at risk of being low-quality and poor tasting.

"We now have a battle for kids who are hooked on what we call junk food. Going to McDonald's, eating desserts. In our cultures, desserts are fruit, but not here."

Testimonial, women's group, Saint-Michel, Ahuntsic-Cartierville

"All the products here, for example, can be artificial. There are a lot of things like that. But in Haiti, it's us ourselves who plant something, it comes naturally."

Participant in the men's group, Montreal North



"Even when you find it [the ingredient], on the outside it's beautiful, but when you taste it, there are no flavours, there's no taste."

Participant in the women's group, Saint-Michel, Ahuntsic-Cartierville

"They prefer cakes, muffins, pizzas. Those are the struggles we have. So, to attract children to these foods, you work on flavour, you work, you prepare, you try to interest them. I produce vegetables from Africa. When I present them, [their first reaction is...] yuk. I put it in her mouth and then she says, 'Oh, it's good'".

Participant in the women's group, Saint-Michel, Ahuntsic-Cartierville

Institutional barriers

While community services such as food banks strive to help families in need, participants expressed that the food that is available does not necessarily allow them to eat healthily.

Food banks can lack fresh foods from a variety of cultures, and sometimes the food available is past the expiration date, which participants do not find acceptable. Access to this service is

often complicated by the necessity to assemble several documents. Eligibility criteria should also be simplified and clarified for the Carte proximité and food stamps. Participants deplore the fact that these tools have a too short period of use and that the price of local food to which they are entitled is too high.

"When you get there, some organizations will ask you for identification."

Participant in the men's group, Montreal North

"There are 5 or 6 organizations that provide food aid. But when people get home, they throw away almost half of it because it's expired or rotten."

Participant in the women's group, Montreal North



"We can use it [the Carte proximité] just at the Marché du Nord because the other markets are further away, which means that as soon as you take, for example, lettuce, something from local produce, half the card is gone, it's expensive."

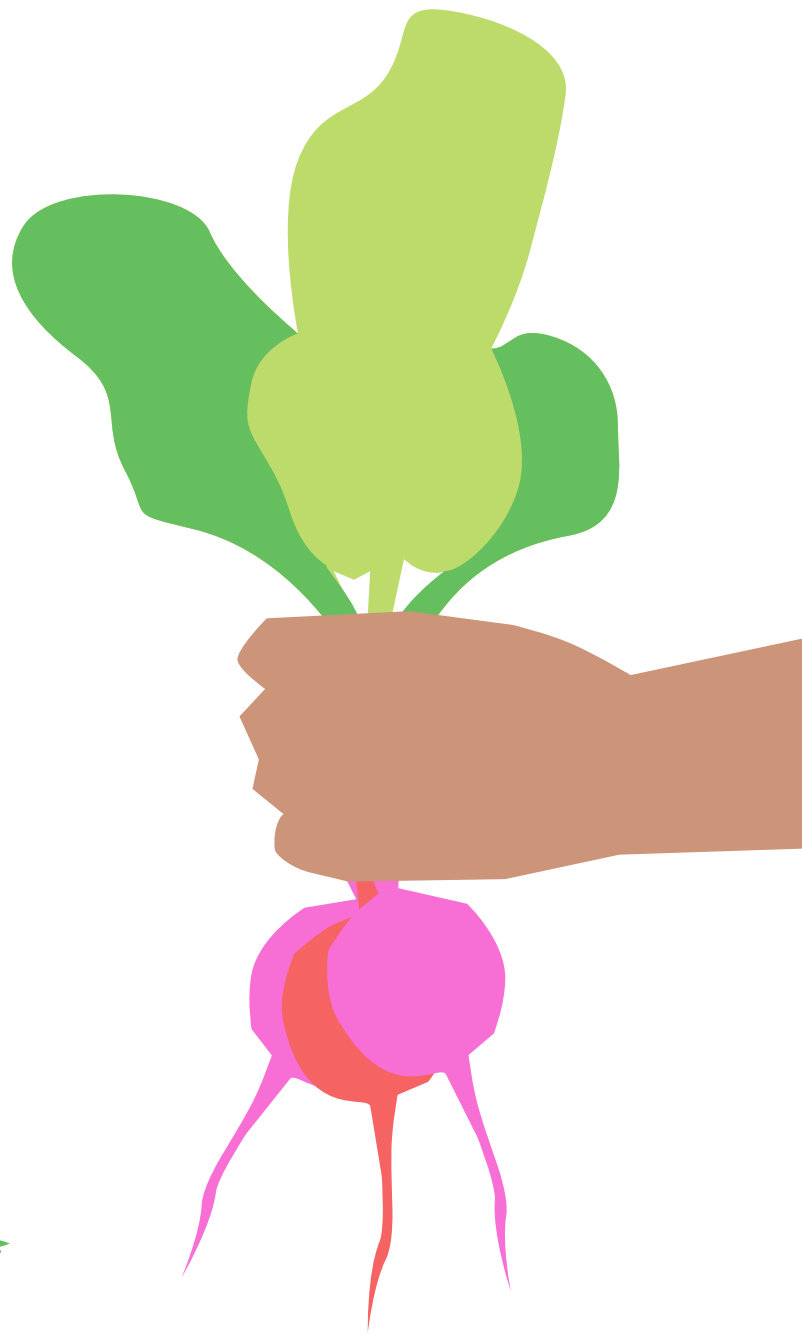
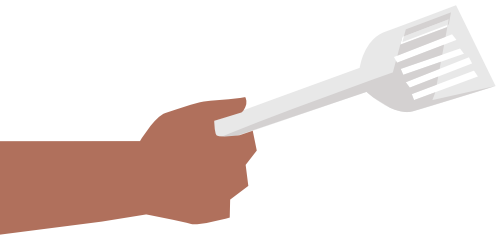
Participant in the women's group, Montreal North

"Food banks don't have many foods or ingredients that are important to my culture, for example, okra."

Participant in the men's group, Saint-Michel, Ahuntsic-Cartierville



Facilitators to healthy eating



Cost-saving strategies

Adopting cost-saving strategies such as meal planning and shopping, preparing meals at home, incorporating vegetarian recipes, and using point cards to get discounts on various foods.

"I rely a lot on apps on my phone, I also rely on point cards."

Participant in the women's group, Saint-Michel, Ahuntsic-Cartierville

"Once a month, we go on the site and it's like preferential prices. You don't choose the brand, of course, it doesn't do all your shopping for you, but the food stamp is a facilitator."

Testimonial, women's group, Saint-Michel, Ahuntsic-Cartierville

"As far as the price is concerned, I'm trying to make a lot more and more vegetarian, so apricot dumplings or whatever, and that also lowers the bill compared to buying fish or meat."

Participant in the women's group, Saint-Michel, Ahuntsic-Cartierville

"We cook at home a little more since it makes us save [money] a little more."

Testimonial, women's group, Saint-Michel, Ahuntsic-Cartierville



Culinary skill development

Continuing to develop culinary skills for healthy meals and sharing them with children through cooking together as a family. Both male and female participants also named the positive role that gardens can play in stimulating children's curiosity about healthy eating.

"It's important to give all the information and also reinforce what is healthy eating, even for snacking, dinner or lunch times too. It's really important to facilitate the inclusion of healthy foods. You have to have a family follow-up."

Participant in the men's group, Lachine and LaSalle

"And as it's been two years, two years of garlic harvesting, I eat my own garlic, no pesticides. The children have learned that, so each one has his own little corner (garden) where he lives, where they grow tomatoes, and they grow garlic. Yes, and the children also learn about nature and how to love the earth."

Participant in the men's group, Saint-Michel, Ahuntsic-Cartierville

"The Carte proximité is a good thing to force families to buy good food."

Participant in the men's group, Saint-Michel, Ahuntsic-Cartierville

Carte proximité

Continuing initiatives that facilitate access to food banks and high-quality products, including the Carte proximité.

Possible solutions

The people we met identified several possible solutions to facilitate access to healthy food for immigrants and/or racialized families:

- ① **Increasing** awareness of food aid services, reducing bureaucracy (the number of documents required to access food services) and stigma around these services.
- ② **Offering** more fresh, culturally appropriate foods and ready-to-eat meals.
- ③ **Offering** the Carte proximité and food stamps throughout the year (not only during the summer season).
- ④ **Offering** cooking and gardening workshops to encourage intergenerational and intercultural culinary exchanges.
- ⑤ **Providing** food literacy, and healthy and culturally appropriate meals in schools.
- ⑥ **Combating** the causes of food insecurity through cross-functional policies and reinforcing follow-up to facilitate people's integration into the job market.

Glossary

2SLGBTQ+

Acronym meaning lesbian, gay, bisexual, trans, queer or questioning, intersex, asexual, aromantic or agender, and two-spirited (2 or 2S). The “+” sign refers to any other gender and sexual diversity community not mentioned in the initial letters.

ADHD

Attention deficit disorder with or without hyperactivity (ADHD) is a neurodevelopmental disorder. Symptoms may include difficulty paying attention, hyperactivity, and/or impulsivity.

Agender

A person who identifies as neither female nor male.

Carte proximité

Food voucher project that supports local food systems. The card is prepaid and can be used at select markets and retailers that are committed to sourcing local products.

Cisgender (cis woman or cis man)

A person whose gender identity corresponds to the sex and gender assigned at birth.

Dumpster diving

The practice of recovering edible food from the trash bins of grocery stores, convenience stores, and restaurants.

Eating disorders

Psychological disorders that negatively affect people’s relationship with food, which can include but is not limited to anorexia. In this research project, people mentioned a chronic lack of appetite due to psychological disturbances, as well as obsession with gaining or losing weight.

Equity

Equity refers to a fair and balanced distribution of resources (opportunities and benefits) that takes into account individual circumstances, needs and existing inequalities.

Food stamps

Prepaid food access cards. There are several food stamp programs in Montreal.

GBA+

Gender-based analysis and intersectionality (GBA+) is a process, a tool and a method of analysis and action. It aims to combat existing discrimination by taking into account the rights and realities of people who experience multiple forms of discrimination at the same time (intersectionality). GBA+ thus enables the development of more equitable projects, interventions and public policies.

Gender dysphoria

Refers to the discomfort, distress, or suffering experienced by some transsexuals as a result of feelings of inadequacy between their gender identity and their sex/gender assigned at birth.

Gender fluid

This term may be used by a person whose gender identity and gender expression are not static, and may fluctuate over time and/or circumstances.

Gender identity

The internal personal experience of his or her gender. This includes the feeling of being a woman, man, both, or neither, or somewhere else on the gender spectrum. Gender identity can fluctuate and change over time.

Healthy eating

Healthy eating refers to diets that are nutritious, varied, and minimally processed. The composition of a healthy diet varies according to individual needs and cultures. In this research project, we asked participants about their references to healthy eating before we explored the topic with them.

Immigrant and/or racialized families

In the context of this research, this term refers to people who are responsible for at least one minor and who identify with one or more of the following groups: Black, Asian, Latino, Arab, or other ethnic and/or racialized minorities not listed. This project considered both immigrants and non-immigrants, as well as people with different migration statuses.

Inclusion

Inclusion is about creating an environment where all people, regardless of their differences, are respected and have access to the same opportunities.

Intersectionality

Intersectionality is an analytical tool for better understanding social inequalities. This perspective rejects the idea that systems of discrimination, such as racism or sexism, can be understood in isolation and independently of each other. They are interconnected and interdependent, and affect people’s lives in complex ways depending on their context (historical and geographical).

Mutualisation

Collaborative actions to pool and share resources and tasks within a group.

Non-binary (person)

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

Non-mixed groups

French term referring to the act of creating spaces reserved for a group of people experiencing oppression or discrimination, especially to share common experiences. It is a practice often used by 2SLGBTQ+, feminist and/or racialized groups. As part of this research, a specifically gender-neutral space was created for people who are non-binary, agender, or who feel uncomfortable participating in a group that includes people who identify exclusively as female or male.

Queer

It encompasses all sexual orientations, gender expressions, and identities of the 2SLGBTQ+ community. In the past, the term was used as an insult to 2SLGBTQ+ people until it was re-appropriated by some of them.

Queer-friendly (or LGBTQ-friendly)

Refers to spaces that are welcoming, safe and respectful of 2SLGBTQ+ people.

Racialized person

A person who self-identifies as belonging to one of the groups that have been characterized as "other" and thus has undergone a process of racialization that fundamentally portrays the person as different. In this way, the term "racialized" emphasizes the socially constructed nature of difference. It emphasizes that race is neither objective nor biological, but a constructed idea that serves to represent, categorize, and exclude the "other".

Sociocultural

Refers to a vast influence of societal and cultural issues that impact , customs, values, behaviors, traditions, of a human group or culture.

Sport and physical activity (SPA)

Sport and physical activity refers to all forms of physical activity, whether recreational or competitive. It also includes active mobility, such as walking and cycling, and physical work, such as housework and construction.

Trans (or transgender)

A person is trans or transgender when their sex assigned at birth does not match their gender identity. Trans people may identify as non-binary, female, male, or agender.

Know How to Take Care +

Acknowledgements

We would like to thank the following organizations for their help in recruiting the participants: Centre de pédiatrie sociale de Montréal-Nord, Parole d'excluEs, ICI-Montréal-Nord, La Maison des Parents de Bordeaux-Cartierville, Carrefour d'aide aux nouveaux arrivants (CANA), Carrefour populaire de Saint-Michel, Ville en Vert, Espaces de possibles, Centre Prisme, Nutri-Centre LaSalle, Bienvenue à l'immigrant (BAI), Centre communautaire LGBTQ+, Rézo Santé, Réseau des lesbiennes du Québec.

We would also like to thank the research participants for their commitment to data collection and discussion of the research findings.

This research and publication were made possible with the support of the Healthy Canadians and Communities Fund of the Public Health Agency of the Government of Canada, and the Canada Community Revitalization Fund of the Government of Canada.

Graphics and Layout

House9

