

Fall 12-12-2014

# Nutrition Interventions With Community Youth: Better Public Health Through Community Engagement And Neighbourhood Hubs

John L. Murnaghan  
*Wilfrid Laurier University*

Follow this and additional works at: [http://scholars.wlu.ca/brantford\\_sjce](http://scholars.wlu.ca/brantford_sjce)



Part of the [Community Health and Preventive Medicine Commons](#), and the [International and Community Nutrition Commons](#)

---

## Recommended Citation

Murnaghan, John L., "Nutrition Interventions With Community Youth: Better Public Health Through Community Engagement And Neighbourhood Hubs" (2014). *Social Justice and Community Engagement*. 5.  
[http://scholars.wlu.ca/brantford\\_sjce/5](http://scholars.wlu.ca/brantford_sjce/5)

This Article is brought to you for free and open access by the Laurier Brantford at Scholars Commons @ Laurier. It has been accepted for inclusion in Social Justice and Community Engagement by an authorized administrator of Scholars Commons @ Laurier. For more information, please contact [scholarscommons@wlu.ca](mailto:scholarscommons@wlu.ca).

**SJCE Major Research Paper-Final Draft**

**Nutrition Interventions with Community Youth: Better Public Health  
through Community Engagement and Neighbourhood Hubs**

**John L. Murnaghan-006030340**

**Professor: Dr. Peter Farrugia**

**Date: 12/12/14**

## **Executive Summary**

Child hunger is a problem in our community. Each day children arrive at school undernourished. This situation leads to decreased cognitive and social development and noticeable emotional distress. This can also lead to potential chronic health issues later in life such as diabetes, high cholesterol, obesity, and heart disease. Poor nutrition is caused by several determinants including over reliance on processed foods in the diet, and in many cases, reduced access to healthier food.

The aim of this study was to assess the various models of nutrition programs for children in the community. The intent was to find ways to engage children in community kitchen and garden programs so as to help them become agents in their own wellness by increasing their food knowledge. It was believed that this heightened agency could lead to change in the home that would then radiate outward into the community.

A specific focus of this study was the correlation between low income status and poor nutrition. This study was focused on the neighbourhoods of Eagle Place and East Ward in Brantford, two neighborhoods which are actively developing various programs based on the “neighbourhood hub” concept. Though these neighbourhoods are not exclusively low income areas, much of the programming in them has been developed on a needs assessment basis.

The study was conducted in two parts over the past year. The first was a survey of past studies on nutrition programs for children and the various community intervention models. The second part of the study consisted of face to face interviews with different sectors of the community, including municipal employees, members of community not-for-profit organizations and residents accessing nutrition-related services.

The research generated a number of conclusions. There is a wide variety of services available in Brantford, specifically in the Eagle Place and East Ward neighbourhoods. The role schools play in assisting program development is critical. There are also many ongoing challenges faced in the development and delivery of sustainable programs around hunger, particularly in the realm of fostering collaboration among organizations that are vying to reach the same goal. The final conclusion of this study is that there is an abundance of exciting current and emerging programs in the community that are producing many positive outcomes. There remain, however, many hurdles that need to be overcome in order to provide programs that are inclusive, well-funded and sustainable. This research has led to a list of recommendations that may guide the work already being done, and perhaps even improve program delivery in the community.

### **Recommendations**

The following list is neither comprehensive nor prescriptive but reflects observations and suggestions made in the course of this research:

1. Local schools, like those located within the Hubs, could partner with the Brantford Public Library to conduct nutrition workshops for children and parents alike;
2. Focus groups and surveys should be a regular feature in the community hubs. These could be conducted in a variety of settings, including churches, current community kitchen programs, and the public library. As these are popular meeting places, they are the ideal place to reach those who may be more difficult to locate. Data collected in this manner could produce valuable insight and further recommendations regarding social services, which might be useful in funding applications;

3. A campaign centred on food donation practices in the community should be undertaken.

One of the major problems in the food insecurity discussion is the prevalence of processed foods in emergency food donations. Much of the lack of choice faced by recipients is caused by the prevalence of certain types of food in donations. A respectful campaign that encourages the public to give more thoughtfully might result in the Food Bank and other providers having a greater amount of healthful foods for people in need to avail themselves;

4. Brantford should encourage the creation of personal gardens. The provision of materials and expertise would encourage residents to build small gardens in their backyards. Each participant could grow one crop which could provide sustenance and serve as currency with other single crop growing neighbours, following the European model;
5. The creation of small neighbourhood markets in which residents might freely trade their produce among themselves could instill a sense of community fellowship and self-reliance;
6. We need to promote community kitchens, where meal preparation could be centred on those crops that were grown in the neighbourhood. This might also include a canning element. The operational costs of these kitchens could be offset in part by the minimal cost of the produce required;
7. A community food fair might be developed to highlight these sorts of initiatives. This would be a food-themed event similar to other health and wellness fairs already existing. This event, however, would be geared to children and focused on highlighting the importance of good nutrition. This event should not be undertaken by any single organization but should be a collaborative effort featuring many organizations.

## Table of Contents

Introduction .....	6
Literature Review .....	10
Health Trends and Effect on Diet .....	10
Economics and Food .....	13
Gender and Economics .....	15
Nutritional Interventions: Introducing Change in Dietary Behaviours .....	18
Community Collaboration: Models for Positive Change .....	20
Methodology .....	23
Research Design .....	25
Site Selection .....	26
Participant Selection .....	27
Ethics .....	28
Data Collection .....	33
Data Analysis .....	34
Results and Analysis: Section i: Barriers to Good Nutrition Program Development .....	38
Themes .....	38
Poverty/Food insecurity .....	38
Access .....	38
Practicality .....	40
Transportation .....	41
Food knowledge .....	42
Habit .....	44
Pride .....	45
Section ii- Strategies/Keys to Success .....	47
Community Collaboration is the Key! .....	47
Section iii: Considerations of Sustainability .....	53
Discussion/Conclusion .....	57

Appendix A.....	67
Appendix B .....	68
Appendix B2 .....	69
Appendix B3 .....	70
Appendix B4 .....	71
Appendix B5 .....	72
References .....	73
Six Pillars. Retrieved from: <a href="http://nourishingontario.ca/grand-river-community-health-centre/">http://nourishingontario.ca/grand-river-community-health-centre/</a> .....	77

## Introduction

*I remember well, at the tender age of ten, taking a 4H cooking class one evening per week. The class was organized by the Children’s Aid Society of Brant. My mom had agreed to let our kitchen be the classroom. I was the one boy among four girls, at least two of whom were themselves from foster homes. We were preparing Cornish Pasties (meat and potato filled pastries), a classic of southern English fare.*

*Rolling out the dough for the pastry, I demonstrated some acumen. I had been cooking alongside my Mom since I was three, standing on a chair in our tiny apartment at the time. Here, she would bake loaves of bread, some of which she would sell to help make ends meet. Now, I was doing it on my own with little instruction. It would be formative experiences like this that would instill in me a lifelong passion for cooking, one that would take me to cooking for many others and even to writing my own food column for a local paper, *The Brant News*.*

My brother and I were raised by a single mother on a limited income, for whom putting healthy meals on the table was sometimes a struggle. Additionally, I had a medical condition which required numerous operations over the years at Sick Kids Hospital in Toronto. This meant that holding down a regular job was just not possible for my mom. She had to supplement her income by cleaning houses and doing many odd jobs in order to make ends meet. Often, I would be the one beginning dinner preparation if my brother and I came home after school before she returned home from work. We weren’t “latch-key kids”; we just had to work together as a family to get by. These experiences taught me volumes about the challenges of eating both healthfully and frugally when resources are in limited supply. For many, these challenges are daily ones.

According to *The Brantford/Brant Community Profile [BCP]* (2009) which bases its findings on Statistics Canada data, “68.1 % of those living under the Low Income Cut-Off [LICO] level, are single female parents” (BCP, 2009). On a national level, *Hungercount* (2013), the annual report published by Food Banks Canada, reports that “In 2012, some 833,000 Canadians made use of a food bank, of those, fully a quarter of these clients were single parent families” (Hungercount, 2013, p.4). Not only are many Canadians food insecure, but as the literature will demonstrate, those foods that are the cheapest and most plentiful tend to be processed foods that are high in fat, salt and sugar. This is particularly the case with much of what is available at food banks (Rock, 2006, p.34; 2009, p.192). These very foodstuffs are major contributors to higher rates of diabetes, heart disease and obesity among Canadians. Children are the most vulnerable, particularly for those living in households where dietary options are limited.

This study is an examination of nutritional interventions which are described by the American Dietetic Association’s (2008) *Standard of Practice* as being “Purposefully planned actions intended to positively change a nutrition-related behaviour, environmental condition, or aspect of health status for an individual (and his/her family or caregivers), target group, or the community at large.” (ADA, 2008, p.1542). In short, such interventions may help produce strategies to affect change in people’s health through modifying dietary habits. Some of the studies that will be examined in this report take the form of school and/or community programs and they often involve introducing participants to community kitchens and gardens. One team of researchers states “There are indications that cooking and gardening programs have positive outcomes such as engagement in the program activities, increased nutrition knowledge, increased eco-literacy, as well as beneficial impacts of experiential learning” (Gibbs et al. 2013, p.138). Since I had a positive experience in this type of instruction in my childhood, I have sought to



discover the efficacy of similar programs with children and the potential they may have to expand beyond the kitchen-classroom into households and into communities as a whole. Most important is the idea of providing people with the means to be the agents in their own improved health outcomes. This study attempts to move beyond academic curiosity (and my own reflexivity) and explore the intersection of public health and social justice.

My community placement this year has been with Child Hunger Brantford (CHB). This is an emerging not-for-profit organization whose goal is to alleviate food insecurity among community youth. The organization's website states, "CHB was formed to address food issues in Brantford communities. Our hope is to empower individuals, families and our community through programs and training" (CHB, 2013). Thus far, these objectives are being met through a school lunch program that serves the students of three Brantford elementary schools: Major Ballachey, Bellview, and Central Schools. In addition, the organization plans to eventually develop an ongoing kitchen/garden program aimed at children and adults residing primarily in these school catchment areas. A test run of a kids cooking class was performed, in which I assisted in the development and execution. These programs are currently in the embryonic stage, and I have been playing a role in their development. Each of these schools has been identified as a school with a higher proportion of "at-risk kids" among its population and all have been ranked in the bottom ten of all schools in Ontario (Lafreniere, 2013, p.5). Finally, all three are situated in the Eagle Place and East Ward neighbourhoods (Appendix A). These areas are home to emerging community hubs. In the case of Eagle Place, it is a neighbourhood that has been identified with disadvantage (Muir, 2000). The hubs and the programs within them are attempting to build up these neighbourhoods through comprehensive initiatives that rely on residential involvement.

The goal of this study is to determine whether a more integrative approach to nutritional interventions has the potential to create more lasting favourable outcomes for community health.

To assess this I have examined the literature by key themes that make up this complex issue.

They are:

- Current health trends and the effect diet has on people, particularly the effects of those foods highest in salt, sugar and fat;
- The economic disparities that contribute to food insecurity and a greater reliance on those foods adversely affecting health outcomes;
- The role gender plays in poverty and hunger, and how this affects children's physical, emotional and cognitive development;
- The efficacy and limitations of various intervention methodologies and deliveries, and what prevents these interventions from realizing their full potential;
- The role of community collaboration in confronting the issues of poverty and hunger, including, how constituent sectors can best work together

This study will include not just a survey of the available literature but also qualitative analysis based on interviews with program participants and other stakeholders within the community.

That data will be critical in better understanding the underlying barriers to improving diet and nutrition.

It is important to acknowledge the role played by social determinants of health and the obstacles that exist within the community to lessening those barriers. A major question addressed in this study will be: *if interventions through community collaboration might have a positive effect on one neighbourhood, might that serve as a model for implementation in other*

*neighbourhoods?* This study does not presume to provide an answer, only to suggest the possibility of what these interventions could potentially yield to the community as a whole.

## Literature Review

### Health Trends and Effect on Diet

Current health statistics point to dramatic increases in the rates of diabetes, obesity, and heart disease among North Americans. The Juvenile Diabetes Research Foundation [JDRF] (2013) claims in their literature that “Canadians rate 6<sup>th</sup> in the world for Type 1 diabetes”. According to the Statistics Canada website “32% of Canadian children and youth aged 5 to 17 years were overweight or obese in 2009 to 2011” (Statistics Canada, 2013). As diet is a major factor in these health issues, it is important to address the impact of what we eat on health outcomes. North Americans consume far too many processed foods. For example, Health Canada’s website states that Canadians consume at least twice the amount of sodium that is required (Health Canada, 2012). Author Michael Moss (2013), who wrote *Salt, Sugar, Fat: How the Food Giants Hooked Us*, points out how the food industry relies on these three ingredients to deliver products that are cheap to produce and stimulate us physically so that we crave them more. This contributes to numerous health risks which are also explored in academic journals as well. Both Moubarac et al. (2012) and Simpson and Raumbenheimer (2014) touch on the effects of processed foods on obesity and overall health. The Moubarac study noted that the diet of “ultra-processed foods many rely on, falls dramatically short of dietary standards set by both the World Health Organization (WHO), and the American Institute of Cancer Research (Moubarac et al., 2012, p.2242). Simpson and Raumbenheimer, meanwhile, suggested that the evolutionary

move from simple sugars and proteins to processed alternatives have led to an obesity problem (Simpson & Raumbenheimer, 2014, p.566).

Children are at risk for obesity and other diet related health problems, as illustrated by Gunderson et al. (2002). This is partly because children do not have the same agency as adults when making food-related decisions (Gunderson et al., 2002, p.816). This is why the issue of childhood malnutrition is so important and why it causes such outrage among its advocates; children are supposed to be protected from that which may do harm, and a poor diet early on, as we shall see later, can lead to health impacts in their later years.

Celebrity chef Jamie Oliver found this out when he launched his “Food Revolution”, in which he went to several schools in the U.K. and abroad to advocate for changes in school cafeteria food. He was also the inspiration for Cooper and Holmes’ (2006) book, *Lunch Lessons: Changing the Way We Feed Our Children*. Here, the authors, both trained chefs, look at the “obesity epidemic”, and how school cafeterias contribute to the problem by serving too many processed and high cholesterol foods. They attempted to create an action plan for parents to connect more closely with their children by engaging their kids in shopping for groceries and cooking, mostly for organic foods. Though laudable, the locale of these programs (suburban Massachusetts) is worth keeping in mind. Such programs of action may not be within reach of lower income families, who cannot afford higher priced organic products, and for whom, as Thompson et al. (2012) suggest, healthier options may not be available. This insight is shared by Cairns, Johnson and McKendrick (2013) who examined two themes within the promotion of such a diet, namely a) that these products are easily accessible and affordable, and b) that a woman is a better mother by providing her children with these nutritional options. These beliefs overlook the fact that there are social and structural barriers preventing parents from living up to

that lofty standard; these include limited income, demanding work schedules and lack of cooking knowledge (Cairns, Johnson & McKendrick, 2013, p. 98)

Akon and Agyman (2011) also critique the “eating locally, organically” movement because of its prohibitive cost. They employ the term “food deserts”, a term that has been gaining currency in discourses on food insecurity (Akon & Agyman, 2011, p.89). These deserts are communities in which food choice is severely limited. They are dominated by fast food outlets and corner stores offering meagre grocery options. The U.S. Department of Agriculture [USDA] (2014) has linked the scarcity of fresh, wholesome food to “... higher levels of obesity and other diet-related diseases, such as diabetes and heart disease” (USDA, 2014). Thompson et al (2012) also explore the relationship between neighbourhood food options and health problems. This has become a large issue underlining not just the economic nature of hunger, but the racialized elements of the problem, since many of these “deserts” are located in minority communities. Tu and Masse (2013) also point to how low socio-economic status (SES) is a key factor in obesity levels and its attendant health problems (Tu & Masse, 2013, p.438).

The urgency of finding ways to improve children’s diet lies in the fact that childhood obesity can lead to health problems in adulthood if steps to address this issue are not taken early. According to the U.S. Centers for Disease Control [CDC] (2014), obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. In a population-based sample of 5- to 17-year-olds, 70% of obese youth had at least one risk factor for cardiovascular disease. Obese adolescents are more likely to have pre-diabetes, a condition in which blood glucose levels indicate a high risk for development of diabetes. Children and adolescents who are obese are also at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem.

These statistics demonstrate that poor diet in youth can create long-term health problems that persist into adulthood. These statistics strongly suggest a need for nutritional interventions. However, it is important to understand that there are mitigating social factors that affect the health outcomes of many people in our society. Some would argue that environmental and social factors are also determinants in dietary change (Heuisug et al., 2003; Mahamoud et al., 2012; Carson, 2014), and these factors can make successes more difficult to quantify. One major criticism of nutritional interventions is that they are merely band-aid solutions; they do not adequately address the systemic conditions that lead to poverty and food insecurity (Tarasuk, 2001; Jacobson, 2007). Jacobson (2007) points out the importance of community initiatives like community gardens within the larger context of community hubs. At the very least, the importance of community in the delivery of nutritional interventions needs to be further explored.

## **Economics and Food**

Poverty plays one of the biggest roles in hunger, and its effect on children can be enormous. Everything from physical health to cognitive development and emotional wellness among children are precarious when living in poverty. In a study by Gunderson et al (2002) on the effects of child hunger on mental health they state:

For both preschoolers and school-aged children, severe child hunger was associated with higher levels of internalizing behavior problems. After controlling for housing status, mother's distress, and stressful life events, severe child hunger was also associated with higher reported anxiety/depression among school-aged children” (Gunderson et al. 2012, p. 816).

There are those who might argue that, while there may be health concerns associated with diet, people have a right to eat what they want. If they want to eat foods that may not be healthful that is their choice. This is true. However, for those struggling financially, there is little choice. This is especially true of those relying on community food banks. The problem, according to both the data and observations is that much of the food available at food banks and other emergency providers is the same processed food that is contributing to poor health among low income families with children. This can be attributed to the fact that food banks accept whatever donation they can get, and these are dominated by certain types of food. For example, Melanie Rock et al. (2009) observed that:

While food-secure Canadians associate Kraft Dinner with comfort and voluntary consumption, food-insecure Canadians associate it with discomfort and obligatory consumption... This disconnect between these two perspectives shows that food-secure Canadians are generally ignorant of what it is like to be food insecure in Canada. (Rock, 2009, p.167)

Three years earlier, Rock (2006) wrote an examination of a Montreal coalition's attempt to get that city's food banks to place tighter restrictions on what donations it would accept. Rock even suggests that donations of certain foodstuffs are made by corporate donors in the hope that recipients will get hooked on particular products. On a deeper level, Tarasuk (2001) says of systems of emergency food distribution, that they, "effectively frame household food insecurity as a food problem that can be addressed by giving food... This framing depoliticizes the issue, legitimizing hunger as a matter of charitable concern rather than social justice" (Tarasuk, 2001, p.489). Thus, there are two interconnected problems at work here. First, current patterns of food donation suggest that profit (in the case of corporations) or surplus (in the case of individuals)

determine the types of products donated to food banks and other forms of emergency assistance. More fundamentally, the system of food relief now in place downplays the systemic factors that lie at the root of food insecurity. It is easier to toss a can of soup we do not want into a hamper than to reflect on the inequities in our system that perpetuate need.

## Gender and Economics

When looking at poverty in relation to child hunger and diet, it is important to acknowledge the role gender plays in this dynamic because women are usually the primary caregivers in the family and, as stated earlier, often make up the majority of those living in low income environments (Appendix B). According to The Women's Legal Education and Action Fund's [LEAF] (2009) online report "Women and Poverty":

Poverty is a significant threat to women's equality in Canada. More women live in poverty than men, and women's experience of poverty can be harsher, deeper and more prolonged. Women increasingly bear more of the burden of poverty, leading some to talk about the 'feminization of poverty'. (p.1)

In this report, on their website, LEAF (2009) cite some sobering numbers taken from Statistics Canada and the Canadian Research Institute on the Advancement of Women [CRIAWE]:

- 51.6% of lone parent families headed by women live in poverty
- 35% of single women under 65 live in poverty
- 47% of Aboriginal women living on the reserve and 44% living off, live in poverty (LEAF, 2009)

This looks very much like the "feminization of poverty".



The term “feminization of poverty”, was first coined by Diana Pearce in a 1978 paper about women, work and welfare. Pearce declares:

The economic status of women has declined over the past several decades. At the same time, a number of important and relevant demographic changes (the increase in longevity, the increase in divorce, the increase in illegitimate births) have occurred. Perhaps the most striking of these trends is the increasing numbers of female-headed families. (p.28)

She later concludes:

The problem of women in poverty has many aspects that should be mentioned. First, many of the disadvantages suffered by poor women are exacerbated by racism and prejudice for minority women. Such effects, however, are complex and uneven. Second, many of the economic problems of women are reinforced or increased by the indirect effects of being female and/or a single mother; for example, housing discrimination forces many women to live in “ghettoes” which are far away from the better paying jobs in the new suburban industrial park. (Pearce, 1978, p. 34)

Today, almost forty years later, it would appear that many women who are single mothers still face the same stigma. Even the term “single mother” can be loaded with negative connotations. There seems to be a belief among many that to be female, a mother *and* poor is actually a choice (or a punishment). As one observer has put it, “Classist stereotypes of welfare recipients as ‘dependant takers’ and inferior mothers figure heavily in both political discourse and public perceptions of poor women” (Bullock, 2013, p.13).

If such a woman also belongs to an ethnic or racial minority, she is likely to face even greater stigmatization. Broussard, Joseph and Thompson (2012) suggest that stigmatization or the perception of it may actually prevent many women from seeking assistance even if they may

be in dire need of help (Broussard, Joseph & Thompson, 2012, p.193). Stigmatization hurts impoverished women in a variety of ways. Bullock (2013) asserts that the negative perceptions of poor women have “damaging consequences for the formation of interclass alliances and support for anti-poverty initiatives” (p.14). The scarcity of interclass alliances lies at the core of the analysis of the virtues of organic food advanced by Cairns et al. (2013). As each of these observers agree, inter-sectionality is critical to understanding poverty. Gender, race and other considerations intersect to create very specific difficulties for many women. This inter-sectionality is also explored in greater depth by Wallis and Kwon (2008), and Broussard et al. (2012).

In attempting to understand how all of these elements intermingle, it is important to consider broader social theories. Part of the theoretical lens I am looking through lies at the intersection of Marxism and feminism, as well as my own lived experience as the son of a single female parent, growing up in working class Brantford. As a young man, I could see that my mother was disadvantaged economically, as a female head of a household. However, I did not have the language to analyze the situation, or understand it in any sociological context. Social reproduction theory is one useful tool in understanding this state of affairs. In a 1999 article entitled “Building on the Strengths of the Socialist Feminist Tradition,” Sue Ferguson describes social reproduction theory as “...a functioning relationship between the formal economy and households that exist insofar as the latter ultimately supply the labourers on which the former rests” (Ferguson, 1999, p.6). She identifies social reproduction theory as a way of opening up possibilities for fruitful collaboration between Marxists and feminists. It also provides a means for explaining the feminization of poverty suggested by those statistics quoted previously in the literature review.

As Ferguson (1999) points out, the logic of capitalism can be such that women are treated simply as reproducers, valuable only insofar as they can create more workers for society. In the context of this study, meals are mere pit-stops, and the food consumed there little more than cheap fuel. This fuel serves only to keep people productive for so long. This underlines the Marxian assessment of people themselves being commodified. All that the system requires is that there be an uninterrupted supply of workers; the longevity of these workers is a secondary concern. This is why, as Bakker (1996) suggested, little progress has been made to address these systemic barriers to their advancement in society, most notably in wage inequity and poverty levels between genders (Bakker, 1996, p.127).

### **Nutritional Interventions: Introducing Change in Dietary Behaviours**

Clearly there is a pressing need for fundamental social change that will make access to healthy foods more equitable. In the meantime, interventions that aim to raise awareness and empower individuals are not without merit. There has been a considerable amount published on the subject of how these interventions are delivered in school systems (though the literature is dominated by American cases). Some of these include Townsend, Johns, Shilts and Farfan-Ramirez' (2006), study of a USDA approved education program for low-income youth and Lukas and Cunningham-Sabo's (2011) study of the Cooking with Kids program. Gibbs, Straiger, Johnson and Block's (2013) study of impacts of kitchen and garden programs for kids concluded that extensive hands-on education and exposure to new foods had greater effect than cognitive education (Gibbs et al., 2013, p.137). Freedman and Nickell (2010) suggested using the public library as a venue to host after-school nutrition workshops. Other studies take into account the importance of understanding community contexts to better deliver interventions (Bisset, Potvin & Daniel, 2012; Mahamoud, Roche & Horner, 2012). The difference in these approaches may

point to some of the “gaps” that exist in implementing interventions. For example, there are interventions that focus on introducing kids to more fruits and vegetables in school in the hope of training them to eat more healthily out of school. This sort of intervention may fail if a child’s household situation does not permit continuity. Without denying the utility of education, it is important to look at the big picture. Education alone may be futile if a family is poor and access to fresh fruit and vegetables is limited.

Alternately, there are other studies that take into account the importance of understanding community contexts in order to better deliver interventions (Bisset, Potvin & Daniel, 2012; Roche & Horner, 2012). Bisset, Potvin and Daniel cited that, “Nutrition interventions are therefore not invariably prescribed treatments of diagnosed health programs. Rather, they develop from a plurality of knowledge and utilize a collaborative approach” (Bisset, Potvin & Daniel, 2012, p.11) There is great potential here, as we will see later when applied to the uniqueness of the hubs in Brantford, but community efforts can be overly reliant on the theory that “If you build it, they will come”. Just because a program is available, it does not mean people will avail themselves of it.

From this literature, some trends begin to emerge. It is difficult to gauge the real efficacy of interventions for several reasons. First of all, most studies do not take a longitudinal approach to identify and evaluate long term outcomes. Howerton et al. (2007) and Matvienko (2007) are a couple of exceptions to this rule. Few of these studies seem to look at the importance of maintaining childhood participation in the home, along with in the school and community (Bisset et al., 2012; Woodruff & Kirby, 2013). Finally, fewer still examine the influence children actually have on household food purchases and household meal selection and preparation (Pettersson, Olssen & Fjellson, 2004; O’Dougherty, Story & Stang, 2006). Each of these studies

examines the phenomenon of what has even been called parent- child “co-shoppers” (O’Dougherty et al. 2006, p.185). This raises the question of how effective interventions *could* be if children were to use their influence to request healthier food alternatives over processed products. If so, family health outcomes might see dramatic improvements. Moreover as some would argue, environmental and social factors are also determinants in dietary change (Heuisug et al., 2003; Mahamoud et al, 2012; Carson, 2014), and these factors can make successes more difficult to quantify. Jacobson (2007) points out the importance of community initiatives like community gardens within the larger context of community hubs (Jacobson, 2007, p.39). The importance of community in the delivery of nutritional interventions needs to be explored in greater detail.

### **Community Collaboration: Models for Positive Change**

Community collaboration is essential to the success of interventions, as they require many stakeholders to come together for any lasting impact to be achieved. This is the focus of Lafreniere’s (2013) *Neighbourhood Hubs for Prosperity*. This report is an examination of the cooperation between community organizations and the City of Brantford within the Eagle Place neighbourhood, which is where both my study and my practicum are centred. The report emphasizes the centrality of collaboration to all efforts to improve the lives of those living in low income neighbourhoods and provides numerous recommendations.

Rossiter (2008) defines a neighbourhood hub as “A conveniently located public place that is recognized and valued in the local community as a gathering place for people, and an access point for a wide range of community activities, programs, services and events.” (cited by Lafreniere, 2013, p. 11). *Building Strong Communities*, a report by The Hamilton Community Foundation (2009) defines a hub as, “A local collaborative with a strong community voice. It is

an existing structure focused on centralized community work to reduce and prevent poverty.” Clearly, there is no fixed definition of the term, nor, is there a fixed means to properly evaluate a hub’s efficacy. Lafreniere (2013) points this out by stating, “In the literature there is consensus about one thing: hubs are inherently difficult to evaluate. The hub model is a strategy, not a program. There are many levels of complexity that make quality evaluation a significant challenge” (p.17). This is due mainly to the fact every neighbourhood is different, with its own social/economic/cultural complexion.

In the case of Eagle Place, the neighbourhood did, in the past, play a major role in Brantford’s industrial success. This was the site of many of Brantford’s major industries, owing to the fact that it straddles the Grand River and is close to the downtown core. With the collapse of many local industries over the years, the neighbourhood has lost much of its infrastructure. Brantford historian Gary Muir (2001) discusses some of the problems that have beset Eagle Place over the decades. These include: factory closures, prevalence of low income housing, pollution, and natural disasters most commonly flooding (Muir, 2001, pp. 115-145).

While every place has a unique history, experience has shown that a vital element in any hub initiative is collaboration. As evidenced by the data, collaboration is certainly critical to the success of any kind of nutritional intervention; it needs to be expansive enough to bring in the City and social supports in the community, as Lafreniere notes in her report (p.32). But this is not as easy as it sounds. A major hurdle to be overcome is that the various organizations active in any area may not always work collaboratively, even if they are all committed to similar social justice objectives.

Another hurdle that sometimes affects community collaboration is cohesiveness. Different organizations have different structures, mission statements, and funding needs. A

number of researchers suggest how this sort of breakdown in effective communication can be prevented. Mario's (2013) "Strategic Community" (SC) approach to healthcare provides useful tips that could be applied more broadly in other areas of the community. His recommendations for success include:

- Breakdown the barriers between work silos in various institutions in order to jointly implement simultaneous changes and end the deadlock in situations initially perceived by the partners as unresolvable;
- Significantly improve collaboration between institutions and trust between frontline, second line and third line players, thereby reducing tensions between the partner organizations;
- Take action on concrete things to be changed, as defined by the managers and the caregivers who work with the same clients;
- Transfer lessons learned to other parts of the care continuum. (Mario, 2013,p.iii)

Meanwhile, Parrish, Harris and Pritzker (2013) point to the importance of including the community in decision making or policies. They maintain that: "Community based collaboration means developing relationships with the community whereby the community residents' knowledge and expertise are valued; such collaboration empowers residents to make decisions regarding service delivery and other related community efforts" (Parrish, Harris & Pritzker, 2013, p. 355).

Another challenge for many organizations is just getting their projects off the ground, especially if they are fledgling organizations like CHB. Smaller organizations often have to cope with limited staffing resources, and even more limited funding sources in order to implement the programs they want to introduce. Securing funding represents a major hurdle and can lead to

fierce competition between organizations, even those seeking to help the same sector(s). This can hinder collaboration which can affect both the implementation of an initiative, or its sustainability (Parrish et al., p.354). When there is true collaboration among those in a community, as opposed to competition, positive changes more readily occur. This is because organizations come to realize that they are all working to the same end.

Often, the nutritional interventions are centred on neighbourhood schools, which are the major focal points within any community (Jensen, 2013). In Eagle Place for example, three schools, Major Ballachey, Bellview, and Central, have been selected as the sites of nutritional interventions. They were chosen because of the lower income status of the majority of residents according to local and provincial statistics and because of the school's low ranking in Ministry of Education tables (Lafreniere, p.5). The selection of these schools makes sense for another reason as well. They offer an excellent opportunity to test the theory that nutritional interventions will provide children with positive creative outlets and enhance their cognitive potential (Brooks-Gunn & Duncan, 1997). If true, this could help mitigate the sense of despair that affects many children living in disadvantaged areas with reduced educational resources.

## **Methodology**

I have employed a grounded theory methodology for this study. I have sought to discover the answers to two significant questions: 1) Why do people eat the way they do? 2) Can implementing nutritional interventions (via children) lead to both parent and child working cooperatively to a healthier outcome for the family? This would hopefully occur under the aegis of community collaborations.



Although I have begun with a basic understanding of the issues associated with these questions, it will be through my encounters with this study's participants that a new theory may emerge. This will be one that is co-constructed by myself (the researcher) and the study's participants. As Charmaz (2006) points out:

As grounded theorists, we begin our analysis early to help us focus further data collection. In turn, we use these focused data to refine our emerging analysis... Grounded theory entails developing increasingly abstract ideas about research participants' actions and worlds, and seeking specific data to fill out, refine and check the emerging conceptual categories. (Charmaz, 2006, p. 509)

These conceptual categories, in the context of this study, may be those hitherto overlooked by the researcher (i.e. social barriers to better nutrition), which add new dimensions to the problem being studied.

There are two separate schools of grounded theory. One has been heavily influenced by social constructivism, which informs this study. Charmaz defines social constructivism as taking a reflexive stance on how we know and represent a subject. This is the opposite of a positivist approach, which focuses on empirical, quantitative data. This requires paying attention to the empirical realities and our impressions of them. Social constructivism which is the lens I have tried to utilize here, assists grounded theory because it involves research to understand how reality is manufactured, and how one locates oneself (the researcher) within that reality (p. 509). It affects how we choose data, how we analyze it; it informs our thinking. My own methodology has been constantly evolving. What (I thought) I knew then, and what (I think) I know now have changed considerably. Initially, I saw nutritional interventions as an obvious solution to hunger and inadequate nutrition. I imagined that the introduction of such programs or engaging the

public with them would be an easy enough undertaking. I have since come to appreciate the many nuances that have emerged in this study and which have altered my perspectives.

Armed with these insights, I have been attempting to assess the impact that community based interventions can have on at risk adolescents and families. This has required weighing both the positive and negative impacts that could arise from various intervention models. As well intentioned as some social programs may be, there is always a risk that they may stumble in their assessment and delivery, and quite possibly further alienate those they seek to help. It is crucial, therefore, to approach those involved with such programs not as subjects but as stakeholders in their own right. As stated previously, I have been working with Child Hunger Brantford (CHB) on both its school lunch program and its fledgling Community Kitchen/Garden initiatives. In the process, I have been able to observe the ways in which, gender, race and economic status have factored into poor nutrition among local youth.

## Research Design

This is a qualitative study that was conducted through semi-structured interviews to expand on, and in some cases, challenge the knowledge claims held about hunger and inequity by many researchers (myself included). The interviews were conducted with a basic questionnaire consisting of eight to ten questions, using a semi-structured approach. That is to say, the questionnaire sometimes varied between participants where appropriate. This structure was useful for a number of reasons. Firstly, it allowed for impromptu questions that often came in response to particular answers, and offered room for elaboration when needed. Secondly, it allowed the participants to speak more freely than they might have otherwise done had the process followed a more rigid script. With a more rigid script been followed, the answers might not have been as expansive, and the data risked being skewed due to the researcher, 'leading the

witness' so to speak. Finally, such an interrogative would have violated the Grounded Theory methodology in which prime importance is placed on identifying emergent concepts.

Often I found that the answers I was seeking emerged organically without me explicitly asking a question. This was especially so when certain themes emerged (albeit obliquely) where asking the relevant question may have been awkward. Additionally, many themes came forward that were not anticipated; these were the emergent ideas that were not fully understood at the outset of this study. Overall, the result was a collection of very informative (and at times, disillusioning) conversations. The overall number of participants was projected to be between eight and twenty. The actual number of participants in this study was eleven in total.

My qualitative work was informed by a number of scholarly articles that acted as evaluations of various nutritional interventions such as that of Townsend et al. (2006), and Bisset et al. (2013). The insights derived from the literature helped in assessing the effectiveness of efforts underway in Eagle Place to improve adolescent nutrition.

## Site Selection

The location of this study is the neighbourhoods of Eagle Place and East Ward in Brantford, Ontario. These sites were selected because they are designated neighbourhood hubs, and in the case of the former, the locus of Child Hunger Brantford's primary initiatives as well as those of other community organizations. The nutritional initiatives are centered on the three schools identified earlier: Major Ballachey, Bellview, and Central schools. These schools were chosen as their students have been identified as the most in need of nutritional interventions.

## Participant Selection

The participants chosen for this study belong to two groups of interviewees. The first eight generally include community support workers, and staff from the participating schools. They were chosen because of their expertise in delivering programming specific to this neighbourhood, and their ability to identify and discuss the socio-economic problems that affect the people they are seeking to help. The hope was that the specialized knowledge they have could help this researcher to better understand the key issues relevant to implementing and delivering nutritional programs in question. Those key issues include:

- How is need for these programs identified and assessed?
- How are the programs designed?
- What are the key factors that shape program implementation?
- What are the barriers to residents' access to food and services?
- What have been the successes these programs have yielded, and where is there still need for improvement in their delivery?
- How do these interventions form part of a larger, more comprehensive program of community development, moreover, can they lead to the final goal of better community nutrition?

In addressing these issues with these participants, the goal is to assess how interventions get started, what the obstacles are to achieving their sustainability, and which strategies for overcoming these obstacles offer the best chance for promoting change.

The second pool of interviewees consisted of parents of the children who utilize kitchen/garden programs. These participants might themselves be candidates for the same sort of

programs if offered to adults. The majority of this pool was expected to be largely single female parents. Though the intent was not to recruit this demographic specifically, they are statistically likely to be the primary respondents to take part in this study. They were either recruited by program volunteers, or took part as a result of the “snowball” effect, in which one person who volunteers refers the researcher to another (i.e. friend, parent of another child, etc.)

The intent in interviewing these participants was to hear their side of the story. This is important because no discussion about community programs or interventions can honestly take place without the input of those who are the biggest stakeholders in these programs. It is the daily experiences and struggles of these participants that should ultimately guide the design and delivery of any community initiative. In short, the question of, “What do *you* want?” must be paramount. The key issues that I have sought to address among this group include:

- What are the socio-economic barriers to achieving better nutrition?
- How are these community programs and interventions addressing the needs of the people in your neighbourhood?
- How are those programs succeeding in their delivery/how are they falling short?  
How are the needs of the people in this community going to be addressed most effectively in the future?

## Ethics

This study has received approval by the Research and Ethics Board [REB] - reference number 4065. This study followed the required protocol in working with those identified as belonging to a “vulnerable population”. This vulnerability may be based on age, gender,

race/ethnicity, class, or disability. In order to conduct research in the most ethical way possible, a researcher must always be acutely aware of these vulnerabilities, and tailor the research design accordingly. In the case of this study, sensitivity is required as some of the participants may be described as economically disadvantaged. To mitigate any misunderstanding, there was full transparency in the way these interviews are conducted. I was also careful to use language that would not cause a participant to become uncomfortable (for example, avoiding overly academic jargon, or adjectives that may carry different meanings to the participants).

Another important ethical consideration when approaching any vulnerable persons is to acknowledge the perceived power dynamic that may exist between researcher and participant. In this instance I am a graduate student with a questionnaire, forms to be signed, and a digital recorder. This could give the impression that my title carries with it some authority. Though this would seem unlikely to me, for someone who is marginalized and accustomed to not having authority, they may perceive things much differently. Cresswell (2013) states that the “Ethical practices of the researchers recognize the powerful position they have in the research, and admit that the participants or the co-construction of the account between the researchers and the participants are the true owners of information collected” (p.34-35). Therefore, participants are not only treated with respect but are also assured of their anonymity and privacy at all times. They also retain the right to have any part (or all) of their responses removed from this study. The same condition will apply to those participants working in the community who may feel that their participation could pose professional difficulties.

One final issue of note is that because of Brantford’s proximity to the Six Nations Reservation, there was an expectation that some participants may be Aboriginal persons. Though there did not end up being participants from this group, future study on nutrition in this area

would be better served by acknowledging the potentiality for this participation. Using statistics from the 2006 census The Brantford/Brant Community Profile (2009) lists Aboriginal People as making up 20.5% of the combined Eagle Place/Echo Place Neighbourhoods. Engaging Aboriginal participants requires very specific considerations. First of all, as a researcher one must appreciate that there may exist an inherent sense of wariness among Aboriginal peoples toward representatives of Non-Aboriginal institutions. Neufeld (2006) points to the importance of acknowledging that much harm has been done by research involving Aboriginal communities. He notes, “The practice of public history with Aboriginal peoples in North America over the past century and a half has generally been destructive of their communities and identities (Neufeld, 2006, p.117). Neufeld goes on to state that “...Even when contemporary social justice practices have demanded ethical review of research, the models drew heavily upon the western medical research idea of informed consent by the individual subject” (p.118)

This would suggest that, even with the best of intentions and solid oversight, researchers may still be reinforcing their own westernized epistemologies in their research approach, which may limit any attempts at sensitivity. To provide one example of this process at work, Deloria (1969) takes a dim view of the anthropologists that study Aboriginal people; they come to research the people, write long reports, then pass those reports on to others less qualified to summarize them for future government reports or academic conferences, resulting in studies that have only superficial value (Deloria, 1969, p.78). The problem with this is that the community itself doesn't really gain from its participation. One of the vital steps in this research process will be to identify - with the help of community members themselves - the problems and the strategies to overcome them.

Neufeld has laid out three principles to guide researchers, based on his own experiences working in the field with Aboriginal peoples:

- The recognition of an alternate cultural context for the analysis of past and identity;
- The equalization of the power balance between the researcher and the researched;
- Advocacy for change in the professional discourse (p.118)

These principles serve as a reiteration of how researchers must not overestimate their knowledge. In fact, they may have to admit that their knowledge and perhaps prescribed methodologies have limitations within cross-cultural contexts. While this is true, being a researcher from an established institution, be it academic or governmental, does confer a position of power that may be the source of discomfort.

Finally, the researcher must not blur the lines between qualitative inquiry and qualitative research. Participants are not “subjects” from whom one can simply form a hypothesis, collect data on and then move on. Another important consideration is the acknowledgement that the methods I am employing are based on a Western mindset. To ask the question: ‘what are the hurdles to good nutrition’, may be far less generalized a question for Aboriginal persons than for non-Aboriginal persons; it involves a consideration of centuries of history. Whereas a non-Aboriginal person might answer that question with something along the lines of, ‘prices are too high’ or ‘people are falling through the cracks due to social policies’, an Aboriginal person might respond, ‘this was never a problem originally; this is the result of generations of marginalization and oppression for which there is no simple ‘solution’; we need to address that issue first!’ While these specific examples are conjecture, they point to how different cultural contexts may shape responses to the same problem.



Researchers must be cognizant of those differences. It is also very important to recognize that not every problem has a solution. A researcher must be careful about assuming that any problem can be “fixed” through (Western) empirical reasoning. This goes for research with any marginalized population, Aboriginal or otherwise. As Corntassel, Chaw-win-is and T’lakwadzi. (2009), point out in their paper on reconciliation, “Such a convenient framing of the issue allows political and settler populations to deal with residual guilt on their own terms, which often follows all too familiar scripts of ‘forgiving and forgetting’” (Corntassel, Chaw-win-is & T’lakwadzi, 2009. p.144).

Another important consideration is that my own reflexivity has limited value in this instance. I must therefore acknowledge that “I do not know as much as I think” and come to the table with no preconceived notions. This is where the importance of epistemology comes into play in this type of study. Murphy (2011) describes epistemology as, “The theory of knowledge that helps delimit the boundary and scope of knowledge in different cultures. This includes defining what counts as knowledge, how knowledge is acquired, and understanding what knowledge people actually have” (Murphy, 2011, p.492). Though her paper looks at the incorporation of Indigenous Knowledge (IK) in relation to perspectives on climate change, the themes within it are relevant to other studies that may involve cross-cultural contexts.

It is important to not only know that my knowledge is limited but also to understand how I know what I know; the researcher must also, as stated earlier, be aware of the limitations of her position (i.e. *I know this because of my own experiences, therefore knowledge is limited*). This does not just pertain to indigenous people but, to any group of participants such as those with less “formal education”, or those living in poverty. For this reason, it is important, as Murphy (2011) suggests understanding the importance of epistemological differences. Being outside of

those circumstances, the researcher cannot take his or her own scholarship for granted. Even when the researcher's reflexivity makes participants sympathetic, or empathetic, the researcher is still on the outside, and should be careful of overstepping (i.e. *I understand you, but that doesn't make us the same!*)

For my own part, even if I may identify with the struggles of a single female parent on a low income because I grew up in such a situation, I am still a single, unattached (male) researcher with a university education. That, in itself has changed my perspective and may distance me from many participants. In short, a researcher must be careful not to confuse identifying the problem with fully understanding the problem. Nor, should the researcher overestimate her/his connection to the participant. This can be very problematic when it comes to policymaking. Generalizations based on theory cannot suffice. Research on people must recognize individuality, and to do that it must be conducted at ground level if it is to have any validity. All too often scholarship and theory is substituted for real understanding, and can undo any attempts at making positive change.

## Data Collection

I digitally recorded all interview data. Each interview was designed to last no more than one hour. The average lasted between thirty to forty five minutes, and the transcripts were between six to eight pages in length. The recordings were transcribed verbatim, for the purpose of record keeping. However, it was the themes and subthemes within hunger and nutrition that I was most interested in identifying. For example, what are the barriers to achieving better nutrition, and what is the role of community hub models in overcoming these barriers?

In addition to the digital recordings, I also used written observations made throughout this process, including field notes made during my initial practicum work with CHB. These observations were used to offer additional texture to the interviews, which allowed for more a more nuanced analysis. A hard copy of those recordings and the accompanying transcriptions and personal notes were kept by myself, and access to them limited to myself and my academic advisor, Dr. Peter Farrugia. All participants in this study were guaranteed the same level of privacy, anonymity, and control as to where the interviews took place. They were also assured that all data collected would be safely stored, and that they had the right to view all data pertaining to them, as well as any published material at the end of this study.

## Data Analysis

My analysis of the data involved dividing key terms into categories or *codes* which are the formation of the grounded theory. These were the themes that emerged through the interview process. These are laid out according to Cresswell (2013), as *open*, *axial*, and *selective coding* (p.195-196). The first phase, the open, consists of exploring the texts and identifying key categories, such as, childhood nutrition, and nutritional interventions. From this first phase a central theme was developed, (for example, juvenile health especially within lower income environments is a point of concern and strategies need to be developed to produce more positive outcomes). The next step in this methodology, the axial, is to analyze the underlying factors which contribute to this health issue. In the context of this study, these factors include socio-economic and cultural factors (i.e. limited time for food prep, limited access to fresh food). This coding also helped in gaining insight into how these factors could be challenged through various strategies. In the context of this study, this stage involved deciphering what appeared to be working or where there are gaps in current strategies. From this analysis came the selective

coding, in which the accumulated data provided a fuller understanding of the conditions around hunger and program development, which was different from the hypothesis held at the outset of the study.

My overall analysis followed a sequence of events based on my initial research question of: *can engaging youth in these nutritional interventions have a wider ranging effect on greater community health?* This sequence goes as follows:

- Engage children in cooking and gardening via community programs;
- Bring parents into programs as well;
- Motivate children to become co-agents in family nutrition;
- Observe neighbor to neighbour cooperation as it begins to take shape;
- Assess the extent to which greater agency takes place, both with respect to individuals' wellness, and community development;
- Consider the potential long term positive outcomes that may arise from this model.

The following people were located and interviewed over a three month period between June and September 2014.

- An employee with one of the three elementary schools in the Eagle Place Neighbourhood designated as “in need”. This person is henceforth identified as “ED1”
- Four employees of the City of Brantford working in the Eagle Place/East Ward Hubs. They are henceforth identified as CB1-4
- Three program directors that oversee the delivery of key services to the city but who are not municipal employees. They are henceforth identified as BC1-3

For the second pool of interviews, the participants were:

- “Anne”, a 34 year old mother of two. She is university educated, with two children with special needs, and also suffers herself with a chronic illness.
- “Mary”, a 37 year old mother, also university educated who is unemployed.
- “Susan”, a 53 year old grandmother on a disability pension, who is the custodial guardian of two adolescents

None of these women are meant to stand as a general representative of those who utilize community services, nor are they a general representative of those struggling with issues of food insecurity. They are rather examples of the various people in this community who are faced with these issues on a daily basis, and who arrived at those situations for various reasons. They were sought out to provide a broader context for the struggles many face in this community.

The first pool of interviews was conducted with the following baseline questions:

1. Describe your title within (insert organization name)
2. How long have you been working with...and in what capacities have you served?
3. Can you describe a “typical” day in your position?
4. What in your opinion are the most significant barriers to good nutrition among the youth/people you work among/with?
5. How does (insert program name) attempt to address these factors?
6. What in your opinion are the challenges to the effective delivery of these services?
7. What is the goal of (insert program) in the long term? (alternatively ‘What would an ideal nutrition program look like to you?’)

These questions were designed to be open ended so that the participants could offer the most nuanced responses. Questions 6 & 7 were especially useful in unearthing why programming can be difficult to implement and sustain.

For the second pool of interviews, a different set of baseline questions were used. They were as follows:

1. What is your age (optional)?
2. Are you a parent of school age children?
3. What is your assessment of the programs being offered by (insert program/place name)?
4. What in your opinion are the biggest challenges to maintaining sufficient nutrition for you and your family?
5. How do you feel current community based programs serve to address these issues?
6. Are you familiar with the Neighbourhood Hubs initiative; what is your opinion of it?
7. Could you tell me how you feel community resources can best be utilized to help families in need?
8. Do you believe that programs like community kitchens/gardens can produce positive long term results for community health and wellness?
9. What outcomes would you like to see come from this study you volunteered to participate in?

Questions 7 & 8 were intended to be open ended so that participants could say as much or as little as they wanted. It was also hoped that they could be free to be as critical as they wished.

Question 9 was added to give the participant a greater sense of investment in this process, and to enhance the feeling that participants were collaborating with the researcher in the discovery of

information. Strengthening the sense of partnership is all the more important among those who are marginalized and may be wary of others claiming to represent their interests. Ultimately, if a study is to be perceived as useful and not destined to be simply shelved upon completion.

Creating a connection in this manner is essential according to Deloria (1969).

## **Results and Analysis: Section i: Barriers to Good Nutrition Program Development**

### **Themes**

During the course of this study, many themes were identified as contributing to the need for nutrition programs in the community. These themes are not listed in order of significance. Rather, they represent key elements of the complex mosaic of hunger.

### **Poverty/Food insecurity**

Each of the participants in the second pool of interviewees (those currently making use of existing programs) described the challenges they face in maintaining a healthy diet. According to many of the participants in both pools, there are many individuals and families in this community that are food insecure. This is due to numerous factors. Unemployment, disability, homelessness (or being precariously housed), this is what is collectively referred to in the literature as the social determinants of health. All of these stand as barriers to attaining fresh, nutritious food on a regular basis. Some of the subthemes identified in this area are:

### **Access**

The women asserted that, with limited financial means, people will rely on whatever foodstuffs that cheapest to buy. Often, this means prepackaged processed foods. For those relying on donated foods (i.e. food banks, food closets) all too often, options are limited to

heavy, carbohydrate rich foods that are the most frequently donated. Each of these participants mentioned the overabundance of these foodstuffs in these places. The prevalence of these sorts of food is based on an assumption that, as long as a person's belly is full, his hunger is being sated. This assumption recalls Rock's characterization of food as little more than fuel for a body, which is also found in Ferguson's (1999) elaboration of Social Reproduction Theory. In this sense, food is privilege, and those without privilege (in this instance, disadvantaged women and their children) have to make do with the bare essentials to keep themselves going.

Cairns, Johnson and McKendrick's (2013) article touches on some of these themes. The expectation that a mother should provide the best, healthiest food for her children is often at odds with what is within some mothers' means. In both interviews and observations, it became obvious that many mothers struggle emotionally with not being able to provide as much as they wish they could for their children. To then impose an unattainable standard of motherhood only produces additional strain for those already struggling with self-worth. Though they did not explicitly state that they suffered from this, each of the three female participants in this study suggested that they were overwhelmed by the gap between what they want to provide and what they can provide.

While at the grocery store recently, I observed members of a community organization encouraging customers to purchase packaged collections of foodstuffs, which would be donated to the food bank. These packages contained the following items:

- One package of dry spaghetti
- One can of spaghetti sauce
- One box of instant macaroni and cheese



- One can of chicken noodle soup
- One tin of processed ham

Certainly, these foods will provide sustenance for someone who is starving. However, the problem is when they become the norm in what one must rely on several times a week. This is not only an example of poor nutrition, but also represents a problem with how the greater community tries to alleviate hunger.

### Practicality

Even with access to food, one needs the means to prepare it. As CS1 pointed out, ‘there is no point teaching someone to prepare coq au vin if they are struggling to meet their most basic needs of food and shelter!’ She went on to reference “Maslow’s Hierarchy of Needs” (Appendix B2): “You have to take care of your basic needs before you can self-actualize”. This participant went on to add, “When one is so focused on just keeping a roof over their head, other things like growing one’s own food, following complex recipes, and eating healthy are not an immediate concern.” This reiterates Tarasuk’s (2001) point that ‘nutritional interventions often frame food insecurity as only a food problem, and do not address the underlying issues of poverty’. This is especially true of those who are precariously housed, who are living in shelters, or are in constant transit, and have little shelter stability. For those in such a situation, any healthy meal may seem a luxury, and training to cook regularly may seem futile. It is for this reason, that programming must not, as CB2 suggested, come with a middle-class bias.

Each of the participants mentioned that it is counter-productive to assume all people have baseline knowledge and the basic tools to prepare meals. For anyone who is living on the margins of society, it may be too great an expectation for them to unlearn the nutritional habits

they have acquired in a lifetime. Food knowledge is one thing but learning cooking techniques is another thing entirely. As CS1 pointed out, in order to prepare a meal one requires pots, pans, utensils and appliances. For those who face a daily choice between food or shelter (or power), cooking utensils are far down the hierarchy of needs. A personal observation, working closely with people with special needs, this may be especially so for those living with a disability, who live on a modest assistance and may have physical or cognitive impediments that complicate meal preparation. An analogy for this disconnect may be the old maxim of: *“Give a man a fish and he eats for a day, teach man to fish and he will always eat!”* A counter argument might be: *“What if I have no pole to fish with?”* It is counter-intuitive to offer people the knowledge, if they cannot be provided with the means.

### Transportation

According to participants in both groups, transportation is one of the biggest hurdles to food access. Getting to the services offered in the community represents a major challenge for many. In addition, expanding the region of their shopping can be difficult; they will often go where food is most conveniently located. If a person is relying on public transit, she may not have the option of hopping from store to store to find the best deals, especially with grocery bags and children in tow. This contradicts the “If you build it, they will come” philosophy. This, in fact, has been a major consideration in the development of the hubs in Eagle Place and East Ward. The centrality of services is essential for those in the greatest need and with fewest resources.

Lack of mobility also is often a contributing factor to the concept of a “food desert”. Though this concept seems to be broadly applied more frequently urban centers, it can be applied to any locale in which choice is very limited. In the case of the neighbourhoods described in this

study, there are two grocery stores. One is situated centrally in Eagle Place; the other is at the edge of East Ward. Both of these grocery stores could be designated as “discount” stores. Those living nearest to each store would likely need transport to get to the other if compelled to go, as the distance would be difficult to traverse with groceries (and children in tow).

### **Food knowledge**

One issue that came up numerous times in my interviews is lack of food knowledge. Many people simply have forgotten or have never really learned what healthy eating is. In several of these discussions, the subject of home economics came up. Many interviewees fondly remembered how much a part it played in the public school curriculum in the past. This classroom teaching gave many students a rudimentary understanding of food prep, kitchen safety, and household budgeting. Since that sort of programming is no longer offered in schools, many have been forced to learn these skills at home. Given the partial acquisition of this ability that was common, communities have been looking to open up new community-based pathways for learning these skills.

Each of the participants indicated that limited food knowledge is a major barrier to effective nutritional programs. Each in some way cited the Good Food Box program (Appendix B3). This is a program that is run in the community in which residents can purchase a box of fresh local produce each month. The contents of these boxes vary from month to month based on what was available from farmers. Though this food box is helpful for many, it is often impractical for others. First of all, there may be items in the box that recipients have never previously eaten. Similarly, they may have no idea how to prepare these items. In my interview with CB2, she showed me the flier for the Get Cooking program, which bases its instruction around each month’s food box. The flier depicts a variety of fresh vegetables arrayed on a table

including eggplant. CB2 pointed out that: “There are vegetables that they may never have had. For some, an eggplant may be totally foreign to them...a turnip, which may seem quite common to many, for others they have no idea what to do with!” This problem sometimes has an ethno-cultural dimension. According to one respondent, for newcomers to this country, the limited availability of familiar ingredients makes it difficult to maintain a nutritional regimen they may be accustomed to. Instead, they may have to settle on Westernized foodstuffs which can be difficult to adapt to, and might even affect their bodies’ absorption of nutrients. This was also suggested by a study by Jonnalagadda and Diwan (2002) that looked at the dietary habits of Asian-Indian immigrants:

A widely recognized risk factor for poor health is BMI, which among immigrants is influenced by adaptation to new environments, dietary intake, physical activity, and demographic characteristics...Immigrants tend to gain weight as they assimilate into their new environments...The results of this study suggest that there is a need to educate Asian-Indian immigrants about the western diet (Jonnalagadda & Diwan, 2002, p. 1287)

Another issue which was brought up by CB2 also ties into the concern regarding practicality. These food boxes are ordered a week ahead. CB2 stated that, “For those who are short on dollars (or dimes), it’s hard to plan a week in advance”. The possession of this fresh produce does not always coincide with the accessories one may require to produce a certain dish. As Jonnalagadda and Diwan (2002) point out, an individual might have a vegetable which she knows how to prepare, but may not have access to the other ingredients or the utensils for the dish desired.

## Habit

According to several of the participants, a factor in the healthy eating equation is habit. Many people become habituated to their nutritional behaviours. This is a fact of all people along the socio-economic spectrum. A person is going to eat what she has become accustomed to; challenging that routine is difficult. CB1 pointed out, a child who is not used to having an apple for lunch, is not likely going to find it an important element in a lunch as they get older and start buying groceries and preparing lunches. It may be especially difficult in the case of a family with limited resources where grocery choice is based primarily on what is affordable. In those cases where poverty is inter-generational and food options are dictated by what's cheapest and accessible, habits are especially hard to change. At the same time, both participants CB2 and CS1 mentioned that economics alone is not always the reason for unhealthy diet. For many, it is the pace of life; where both parents and children are overcommitted outside the home. This can drive people to seek out convenience foods.

Additionally, as one participant noted, people seek comfort from food as a panacea; it sublimates many issues, most commonly depression, which is a major aspect of poverty. While a person may know that something is bad for her, she may not see a healthy alternative as making that dramatic a difference in her life; thus, 'why bother'! As one interviewee noted, "We use food to mask other things...for some, eating a cucumber is not going to be as satisfying as eating a bag of chips!" (CB2).

As we have now established some of the structural problems around food insecurity in the community, there is another challenge in the development of community programming. This is the perceptual problems that affect those who attempt to deliver community programs. There

seems to be (at times) an adversarial relationship between those who utilize community services and those who provide them. Most notable among these subthemes is:

### Pride

Participant CS2 suggested that many avoid cooking and nutrition programs out of feelings of inadequacy. First of all, it is incredibly humbling just to admit one is in need; people may fear being seen by someone they know while seeking out any relief services. Some also feel a sense of shame at not having the knowledge of cooking and nutrition that others might take for granted. The fear of judgement can be a powerful incentive to simply stay away. One participant pointed out that part of this resistance may also be defiance in the face of community “do-gooders”. This is the sense that community service providers are out of touch with the realities of their clients’ lives. They may believe that these providers are approaching them from a middle class (biased) perspective, which may presume, ‘if you need something, just go out and get it’, or, ‘here are the tools, now off you go’!

Both the literature and the interviews (as well as field observation) have pointed to a hurdle in overcoming problems of perception from both sides of the social services divide- the providers, and the recipients. For many who are living at or below LICO, a strong sensitivity can develop due to the characterizations ascribed to them by others. People living on some form of assistance can be portrayed as abusers of community resources; as Bullock (2013) stated, “Classist stereotypes of welfare recipients as ‘dependant takers’ and inferior mothers, figure heavily in both political discourse and public perceptions of poor women with damaging consequences for the formation of anti-poverty initiatives and inter-class alliances (p.13). Other perceptions (particularly aimed at women) might be that it is their own fault if they are poor, or that they are lacking in morality, or the intelligence to care for themselves and their children.

CS1 also noted this, that there are those in the community who have difficulty believing that poverty may be anything other than a choice. Being food secure themselves, it is a reality they cannot comprehend. Conversations with several of the participants in the first pool suggested that even if the aforementioned notions are not explicitly said, they may be implicitly perceived by those in receipt of services. This suggests that there may be a byway of perception issues along the economic divide.

These misperceptions can result in many not availing themselves of services just to avoid the looks or comments they *expect* from social service providers. As CB4 pointed out, there are many who might not avail themselves of services because of an inherent self-consciousness; they may already have feelings of inadequacy about their ability to provide for their families, and do not want to face someone who may appear to be telling them what they *should* be doing! Furthermore, she suggested there is a perception among some that healthcare professionals who may be present at community programs, are “food police” and are there to lecture people about what to eat). In addition to perceived condescension, there may be some who are so accustomed to living off the cast-offs of others (thrift shops, rummage sales and food banks), that the prospect of accepting anymore of other people’s *help* becomes unwelcome.

This also gets to the notion of people being inured to this existence. If one is undereducated, unemployed, and perhaps temporarily housed, the hurdles to “pulling up one’s bootstraps” can seem insurmountable. This may also cause many to find the navigation of community services too challenging. This is what leads to the stereotype of people being “deadbeats”, that Bullock (2013) hinted at. Again, this may only be perceived, but those perceptions are strong disincentives to utilize services. This was also suggested one participant, who mentioned the presence of a public health nurse at one of the community kitchen programs..

She opined that the presence of a nurse gives some the impression that they will be “lectured”, or talked down to. For that reason, she stated, “It is important to regard people with respect”. One thing “Anne” stated she appreciated about the kitchen she attends is the lack of judgement. She stated that, unlike many programs, people are not required to present ID to receive services. It is that need to identify oneself that can lead to people feeling that they are in some way considered criminal, or beneath those offering the services in question.

In my discussion with CB2, the subject of the Good Food Box, the participant referenced an instance in which fifty families were on the list of recipients. The boxes were purchased, there was someone at the pick-up location to greet recipients and buggies (sometimes taxis) were provided to transport them home and they still didn’t get one hundred percent turnout.” (CB2, 12/09/14).

## **Section ii- Strategies/Keys to Success**

### **Community Collaboration is the Key!**

In trying to address these many challenges identified, the community has implemented several strategies. One of them is The Brantford/County of Brant Food Continuum (Appendix B4) which was established in 2010(Appendix B4). This continuum is a three stage strategy for addressing the issues of food insecurity. The process involves:

- Stage 1: Emergency food provision. This takes the form of the Food Bank, subsidized meal programs for both youth and adults, after school nutrition programs, and provision of emergency food vouchers;



- Stage 2: This includes programs that focus on ongoing education which include kitchen garden programs, nutritional education workshops, and programs providing access to local fresh food;
- Stage 3: This stage is essentially the establishment of community groups to develop food system strategies.

In addition to the continuum, which establishes services, there are also the Neighbourhood Hub initiatives that have been established in Eagle Place and East Ward. According to Participant CB1, a healthy neighbourhood is based on “Six Pillars” (Appendix B5). These pillars are: “Networks of Support, Involvement, Healthy People, Pride of Place, Economic Opportunity, and Learners for Life”. The participant was quite passionate in describing how these pillars could help build a neighbourhood toward a healthier community. The respondent also referred to Asset Based Community Development (ABCD), part of this includes skill building. The respondent mentioned one program in the community, which is The Adult Literacy Centre. This centre offers various resources to assist adults in developing skills. One example mentioned, was how a parent who wishes to learn how to cook healthily and economically can access this type of instruction. This is also where the local schools can play a part in bringing kids and adults together to this end.

At the test run of CHB’s cooking program, several observations were made reinforcing the notion that cooking instruction can yield positive outcomes for children. In this instance, twelve children were gathered at a local church and took part in the preparation of a spaghetti dinner, which was later consumed parents and children together. To begin, each child was issued a green apron, which was later to be embroidered with a CHB logo. The intention was to give the children the sense of being a part of a team. The kids were divided into groups, each at a

different station. One group chopped vegetables, one prepared meatballs, one prepared the sauce, and one grated cheese. Each group had its own instructor and also had the opportunity to see what others was doing. The dinner was then brought to the dining area with much formality by the children and the instructors.

Several observations can be made. First of all, the children learned how a process works, how constituent ingredients are transformed into a full, healthy meal. This is useful in teaching children that a meal does not have to come pre-packaged. It also helps to de-mystify the process of cooking, particularly important for those who do not usually cook at home. Another incentive in this process is that it provides immediate gratification. Kids can eat what they prepared, which can lead to self- sufficiency later in life. A further significant aspect of this process was that the children worked as a team to accomplish this feat. These were children from different backgrounds who worked together to complete a task, and benefitted equally. It also pointed to the egalitarian nature of cooking and dining together, which can break down the barriers between people.

Another phenomenon observed during this exercise was the sense of pride these children exhibited when they presented the meal to their parents. This sense of pride, coupled with the positive reinforcement of their parents, increased the likelihood that these children would be enthusiastic about repeating the experience, which could drive future programming. Moreover, parents, seeing what their children are capable of (and take pride in), might encourage further participation in the programs. They might even help foster these skills at home. “Mary” remarked that a child also learns a sense of independence when they can learn to cook, stating that, “When I am sick, my daughter will make me breakfast in bed.” Finally, as a number of educators told me, cooking can enhance a child’s cognitive development. Skills such as problem solving,

reading comprehension and numeracy can all be developed in a kitchen setting. The Gibbs, Straiger, Johnson and Block (2013) study, which looked at the benefits of “experiential learning” via cooking and gardening, also suggested that, in addition to food knowledge, the ability to articulate food experiences can be enhanced. It should be noted, however, that this study (like others) lacked quantifiable data to substantiate these claims. Much of the literature that was examined in this study seems to focus on change in diet and food attitudes as a result of cooking and gardening instruction. A study that examines improved cognitive behaviour behaviour (outside of what a healthier diet in itself can yield) as a result of this instruction would be most valuable.

According to several of the participants, bringing the schools into anti-hunger strategies is essential to developing healthier children. Both ED1 and CS1 commented on the negative effects on children suffering from poor nutrition. ED1 remarked that they have observed that children who come to school under-nourished tend to have difficulty concentrating in school and exhibit signs of irritability, which lead to lower performance. CS1 added that for both children and adults, this poor nutrition contributes to chronic health issues later in life. Participant CS2 also spoke about the benefits of school involvement. That person’s program is offered to elementary students in the area. These students are offered a week’s worth of cooking instruction where they learn to prepare breakfast, lunch and supper. The instruction is based on four components: affordability, foods that they like, healthfulness, and ease of preparation. To overcome transportation issues, the program also partners with local churches in the hubs. Essentially the program is being brought to the kids. CS2 also spoke enthusiastically about how much the kids enjoy these classes and continue to come back. One of the important aspects of this program model is that it gives kids grounding in these skills, which will serve them as they

may have to prepare meals for themselves as they grow. They also mentioned how kids with parents who do shift work, play a role in household meal prep, which assists the parent. In this case, we can see how collaboration between organizations can really yield positive results. It also demonstrates that programs aimed at kids can yield results in the household. One interesting discovery that came up was how the three schools examined in this study were remarkably average, meaning that they defied the impression that the statistics form about them. My impression was that they are three healthy schools with dedicated staff. The low ranking that the province has given them is not entirely accurate. As ED1 suggested, those rankings are more reflective of prejudices about the neighbourhood than they are reflective of the quality of the schools or the students themselves.

CB1 & CB2 displayed considerable passion for the hub models, and the philosophy that guides them. Although both participants stressed the importance of reaching and asking the people what they want out of their community, one observation that came up in the course of this study; it was how this philosophy may not be trickling down to community residents in the way it had been hoped it would.

Among service users that were interviewed, there were several critiques of community programs. Though the programs within the Continuum attempt to provide the needed assistance and education, there still seems to be gaps in how the people collectively come on board. Both Anne and Susan lauded the cooking programs they participate in, and they both became volunteers as a result of utilizing those programs. Just as they came to these programs when they were in need, they now try to bring others in to “pay it forward”, as Anne put it. She even commented on how useful cooking instruction for kids has been. She observed that her kids find it “miraculous” that they can make mashed potatoes from scratch when they previously assumed

this was something that always came from a box. Both women commented that this is the problem with having to rely on donated food; prepackaged food is generally all you can find.

“Mary” meanwhile, stated that the program she takes part in, though very helpful, is only offered once a week. Thus, she is not able to take meals to her children-who live with her ex-partner as often as she would like. Another program, Get Cooking, is only offered once a month, and as Mary notes, “people need these services more than just occasionally!” Mary also questioned the emergency meal vouchers that get handed out to people. She offered a unique suggestion regarding how those might be better utilized. In the kitchen program she attends each week, the attendees are given the ingredients to prepare a particular meal (say, lasagna) which they then get to take home. She suggested that the vouchers be distributed in accordance with those particular meals. This would encourage people to procure specific ingredients around specific meals. Otherwise, many people, she observes, just spend those vouchers on more of the cheap processed foods that they are accustomed to. Certainly, people do have the choice to shop however they wish, but, for those whose food knowledge may be limited such a plan may help in the transition from cooking under supervision, to cooking at home.

Another disturbing revelation came as a result of talking to each of these women, but also by speaking to others off the record. Shockingly few knew what the Neighbourhood Hubs even were! This was very interesting. Despite the efforts of community program developers to promote this concept of community, despite the organization of round tables to discuss them, those who are the most in need, seem to be the least aware of the efforts aimed at supporting them. They appear to only know about key services, but have little idea of the philosophy that underlies them. This can be due to several factors that have been observed in this process. Though the people I have observed who work in community development are concerned people,

dedicated to building a sustainable community, there may be those that ask, “*whose* community?” Some residents feel they are not a part of the decision-making that goes into development, or, that they reside in a different ‘community’ that the former cannot relate to. Secondly, we may be returning to the problem of practicality. For those who are living on society’s margins, immediate needs are what they seek to confront; broader concepts of community may seem too abstract, or far down on their list of priorities. That said, I have observed a sense of community just in the way those who struggle the most do in fact help one another.

While visiting one community kitchen, I observed a number of people, who mostly reside in the Downtown, making their regular trip to this kitchen. They all commute by bus and enjoy their time for social interaction as well as for picking up fresh produce that is distributed there. When they left the building, I observed how they were trading the produce with each other. If one had more potatoes than he needed, he traded them for carrots with the one who had more of those than she needed. This exchange, coupled with the testimonies of Anne and Susan, demonstrate that there is in fact a trickle down of community-mindedness that is occurring. It is this social aspect that both respondents, CB1 and CB2 side was vital for many. CB1 suggested that this was especially so for single people who may not cook for themselves, and seek out the comfort that comes from eating with others.

### **Section iii: Considerations of Sustainability**

Through both the interview process, and observations made in both the field and my practicum, many challenges come with implementing community programs and sustaining them, especially those that operate independent of the City. These challenges are based on financing, volunteer recruitment, and inter-organizational collaboration.

Both participants CS2, and CS3 whose organizations are independent of the City, stated that the real challenge in maintaining food programs is one of financing. In order to sustain an intervention or similar programming, a stable source of funding is required. First of all, there is the challenge of writing the grants. This in itself requires a great deal of expertise and time, both of which are often in short supply. Participant CS2 quipped, “I wish we had ten thousand dollars just to hire someone to write grant proposals!” This issue has come up in numerous conversations. A small organization that is just getting started already faces staffing issues. As CS3 pointed out, “When an organization is made up entirely of volunteers, each of whom is assuming multiple responsibilities, the challenge of just chasing funding is enormous.” They went on to remark that there are organizations that they know of that go years existing from grant to grant with no stable funding source.

The next challenge is the criteria by which granting bodies evaluate an application. Most require quantifiable data- real numbers. Once again we return to the ‘outcomes versus output’ argument or, ‘how many people did you serve?’ CS3 stated that these are misleading and faulty means of evaluation. They fail to take into account lasting effects of programs in favour of numbers. As participants stated, numbers do not indicate change. As CS3 suggested, a report that states ‘X number of children received lunches’ does not take into account how many of those kids were regularly served, or what lasting outcomes came of their improved nutrition, and overall health. This point was also made by CS1, when asked about the level of retention among participants in nutritional programs. The participant regretted that such data was unavailable, and agreed that numbers alone were a contentious basis for granting funding. They stated that as much as they wished they could provide data on measurable outcomes, such data though more valuable is difficult to obtain. The participant then went on to use the analogy of a classroom, “A

classroom may have thirty kids in it, but without testing to gauge outcomes, all you have is thirty kids in a classroom...it does not prove anything.”

According to the participants, another problem is that accumulating data on people is difficult. It requires surveys to be taken among the families who utilize the programs (and may be difficult to locate), as well as school administrators who may act as intermediaries for those families. Having the staff and time to administer these surveys presents a challenge. To then format sufficient data from them to a grantor’s liking is still another challenge. Without that data, the numbers that may be offered might seem underwhelming to a granting agency. All in all, whether or not the people are being helped in a meaningful way seems to be a secondary consideration.

According to participants spoken to, and the literature, one of the other problematic criterion by which grant seekers are judged is an organization’s level of partnership with other organizations in the community. Though all participants recognized the importance of this, some did indicate the difficulty in maintaining relations, especially when these different organizations may all be competing for the same funding. This can lead to an organization being wary of ceding any control of assets or authority on projects, as identified in Mario’s (2013) study. This was also stated in Parrish et al. study (2013):

Despite growing demand for collaboration, many agencies struggle to develop successful collaborative relationships. This may be because collaboration is a learned behaviour, or due to deeply entrenched human services organizational thinking tied to dominant deficit-based thought structures (p.355).

Though proof of inter-organizational tension did not come up directly in this study, some evidence of it was apparent. Personal observations of casual conversations suggested that friction



did exist. However, it should be noted that staffing levels played a big part in this. Often what is lacking is an individual tasked with maintaining inter-organizational ties. An organization with limited staff may run into difficulties developing partnership databases on top of all the other aims they are trying to meet. These organizational problems can also lead to a loss of credibility in the public's eyes. If a project is created but runs at limited capacity, or for a limited time, then it runs the risk of failing to meet people's needs in any meaningful way. This was suggested by the interview with "Mary". This creates trust issues with new programs and those behind them and exacerbates the many problems around implementation. This sentiment was shared by many of the participants that stated the importance for effective programming to last if it is to really make any impact in the community. It also reinforces the importance of community asset building as suggested by CB1 and illustrated by both "The Six Pillars" and "ABCD" concepts.

Collectively, these interviews suggested that education is invaluable, I have also come to realize just how complex and nuanced the problems of food insecurity and the strategies to fight it are. I too may have fallen victim to certain assumptions about how best to deliver programming in the community. The data so far has shown that just putting a program together and waiting for the benefits is not always effective. Many factors have to be considered about the nature of the program, and, indeed, those that are to be helped by them in order for programs to work. Some of these considerations are:

- Addressing the basic needs of people by including them in the development process;
- Acknowledging that the access to information about community programs and resources may be more limited than is assumed;
- Providing services that are centralized, reducing transportation anxieties;
- Being able to provide services that are consistent and frequent;

- Developing a means to measure actual outcomes to determine program efficacy.

Dealing with these issues is the only way that real change can be effected, and the only way that programs will gain respect and legitimacy among those they seek to help.

## Discussion/Conclusion

This study was admittedly limited in scope. Much of this is owing to the amount of time available to conduct the study, which prevented a longitudinal approach (a shortcoming of other studies discussed earlier). Many of the studies consulted for this research produced results that were inconclusive for several reasons including. These included: 1) Limited parameters of study; 2) prohibitive costs; 3) restricted access to participants. It would appear that the studies in the literature face the same challenges as organizations do in their funding attempts. With more time to complete this project it would be possible to see if the gains of a uniquely implemented intervention might yield the broad results that have been hypothesized. Additionally, more time could have afforded a far larger number of participants drawn from different environments. For example, it might have been beneficial to create a dual study, looking at both an emerging hub like Eagle Place, and another neighbourhood with a more established infrastructure, to see how each could develop an intervention. Such a comparison would be valuable because there are other intangibles besides income that have led to reduced nutrition among young people and their families. These include the cultural factors indicated in the literature that point to dietary behaviours based on convenience. Such a comparative study might also yield some significant insights into the philosophical assumption that, if an intervention can work among a community with more limited resources, it should work more easily in one endowed with greater resources. These are questions that will have to be addressed in a much broader study than the present one.

At the outset of this study I had a vision that the health of a community could be improved through education in nutrition via cooking and gardening programs, and the best way to accomplish this end was by reaching children first. I observed that the rates of diet related ailments among children and adults were much higher than ever before. Moreover, the tradition of families having regular meals together seemed to be waning. That said, we also live in an exciting time when food and cookery are a greater part of our discourse due to TV channels and websites dedicated to food. This suggested to me that there are people willing to expand their food knowledge for whom educational programs might be helpful.

Based on my own formative experiences with cooking and gardening from a young age, I believed that the passion I developed from learning these skills could net the same results for others. It was then presumed that, when a child becomes actively engaged in these pursuits, her newly found passion would be infectious. It followed that if you got the kids involved, they would encourage their families. This could be repeated in family after family, eventually leading to healthier communities.

I based this theory on the survival strategies of those living amid the War Years between 1939 and 1945. This was a case where men were at the front while most women were at home, working in factories, raising children and maintaining households. This was not unlike, I thought, the situation where many women today are struggling as single parents to work and provide healthy meals. This was a period of great privation but people survived by coming together as a community through community gardens, food sharing, and group cooking so that everybody could survive in this difficult time.

Though we live in a different era, the situations, I felt, had some similarities. All that was needed was a good program for kids to catalyze this change. As I delved deeper and deeper into this study, I came to realize how much more complicated and acute hunger is in this community and each question begat new questions. Simply starting a program, no matter how thoughtful the intent or how logical the plan, is much trickier than I first assumed. Moreover, as I came to discover, the idea of these nutritional interventions was not quite as novel a concept as first assumed. Numerous programs of this nature have been implemented in many communities to varying levels of success. Several studies were examined in the course of this research. Gibbs et al. (2013) study looked at the impact of school based kitchen/garden programs, and Woodruff et al (2013) examined the association between children's involvement in meal prep with family meal frequency. Both studies yielded initial positive results, but overall results proved inconclusive owing to an inability to access quantifiable data.

Based on the results of this study, I am steadfast in the belief that education is the key and that developing skills in the areas of growing and preparing food is integral to childhood development and wellbeing, providing that programs are created with a true understanding of those participating. This, I have come to believe, is the real crux of the issue when discussion of community collaboration comes up. Who is this "community"? While concepts like the Food Continuum and the Neighbourhood Hubs are vital, there are clearly some disconnects between how collaboration is imagined and how it is realized.

This disconnect I discovered through both phases of the interview process and through my observation of many people in the community who are most in need of anti-hunger initiatives. There are many people in the community who feel they do not have a voice, or that programs that are delivered may not fully appreciate the needs of recipients. The solution begins

in the planning stages. In the case of the Food Continuum, the third phase consists of focus groups and councils that discuss the issues of poverty and hunger in the community. These are important to the process and the work they do is laudable. The difficulty is that those involved, like social workers, academics, and community leaders, may be approaching their initiatives using a top-down theoretical framework. This may come from the ability to take an aerial view of the problem, while those living the realities of poverty and hunger see as far as their resources permit. Moreover, it is questionable how far those concepts really trickle down to those who are most in need. It may well be that those who are living on the margins of society are very much removed from the planning and decision making process around such social policies. This fosters a sense that decisions about their livelihoods are in the hands of people who do not know the realities of poverty and hunger first hand. Some of this was illustrated in articles by Tarasuk (2001), Jacobson (2007), and Rock et al. (2006, 2009), all of whom looked at how people see nutritional needs differently across an economic divide. This is certainly a factor in the lack of trust previously mentioned that keeps people from utilizing services. This is not meant to suggest that program designers are completely out of touch. However, there may still exist tension between those utilizing services on the basis of how they perceive those who are developing programs.

The same may be true of the hub initiatives. Through my secondary interviews and observations and conversations with community residents, I found that there are many who have never even heard the term “Neighbourhood Hub”, even though they reside in Eagle Place or East Ward. These are the people who are not homeowners in these neighbourhoods, whose days are spent going from one community kitchen to the next, who are permanently unemployed, and may or may not be politically active. This begs the question of whether or not these community

initiatives become inadvertently restricted in their reach. To determine if this may be the case, a more in depth study would be helpful. This study would include the use of focus groups which would include a broader cross section of community residents.

Inevitably in a study of this length, another issue is missing demographics. It would have been helpful to speak to children for the purposes of this study. Understanding their perceptions about food and food attitudes in the home would have been very useful. Unfortunately, the timeline of this study would not permit this. Besides, as I came to discover, the ethical dimensions of this are vast and there is very real potential of doing emotional harm. Asking a child to speak about her home life and possible lack of food access might alienate her. Additionally, asking a young person to speak about topics like monthly food budgets, or scheduling of meals may be beyond the child's ability. Reaching parents of children proved enough of a challenge. This was due to the many gatekeepers in place. To speak to a parent of a school age child, one must be vetted by school administrators. The same goes for speaking to residents who use community services; those participants must first be vetted through the community workers. Just as the researchers have ethical guidelines to follow, so too do the various gatekeepers in the community organizations. And even if potential participants are identified, many do not respond within the timeframe required. This may be a result of a fear of judgement on the part of the researcher.

To really get a better understanding of this subject and to obtain the most detailed data, I would recommend setting up a series of focus groups. These focus groups would involve three key demographics:

- The community program developers

- Residents who are already actively engaged in community development within the hubs
- Residents who are living among the lower levels of the economic and social spectrum and may not be engaged in community development

The second two groups might themselves have very different impressions about nutrition and even the idea of what community collaboration really means. Moreover, focus groups might be more easily arranged than individual interviews. One difficulty in locating individual participants may be that individuals could feel that they are being singled out. This gets back to notions of institutional researchers having an intimidating aura about them. A focus group might provide a certain ‘safety in numbers’; people might feel more at ease among their peers.

Another recommendation I would make concerns where these focus groups might be conducted. I would suggest regular town hall style meetings in the places where people congregate. Instead of inviting people to attend meetings, go where the people already are. This would include churches and venues hosting community dinners and kitchens. Another key place would be the public library. Freedman’s (2010) article suggested libraries as a locale for nutritional workshops. Based on my observations and conversations with librarians, it would seem that libraries are ideal places to reach people. This is due to their centrality and the availability of the internet there, which draws in many people who may not have a computer at home and require the use of one. I have also observed that many of those who make regular rounds to the various community food providers utilize the library as an interim place to congregate with friends, and in some cases find shelter in inclement weather.

The collection of data at such town hall meetings could have some important uses. As previously discussed, community organizations rely on funding to survive. Much of that funding

can depend on data that measures outcomes. If organizations were to engage the people where they are, they could find willing participants who can provide precisely the data needed. The sequence might go as follows:

- Collect impressions from people;
- Develop a survey;
- Incorporate that survey into a grant proposal;
- Grantor has reliable data to go on;
- Applicant Organization may increase its funding;
- More funding leads to expansion of programming.

It is also important to underline to these potential participants that the data collected in surveys could lead to expansion of services, which means that their voices and opinions could have tremendous impact. Hopefully, by explaining it in these terms, people may be more enthusiastic about participating. This could give those with the least a sense that they have some agency in the communities in which they live, that they are stake-holders in their own right. In this way, a truly participatory democracy might emerge in time. Just as many come to programs as recipients and then become volunteers, it might follow that they could also become de-facto program designers.

In the interim, it would also be useful to create a campaign aimed at the general public regarding food donations. The purpose would be to encourage people to give greater thought to the nature of the food they consider donating. This, I believe, could be done respectfully without sounding accusatory. Though the Food Bank does try to ask people to donate those foods that are most needed, there can be a more concerted effort in other sectors to improve the level and



quality of donated food. I would even suggest framing this around public health rather than hunger, perhaps illustrating the diet-health link and the benefits of having a community in which the majority enjoys good health and wellness.

One demographic which was absent in this study, were Aboriginal participants. This was due to my decision to not seek out a specific demographic. Additionally, such a demographic specific study requires considerable familiarity and trust building, which again, due to the timeline, was not permitted here. It would have been very informative to get a better understanding how poverty and food insecurity affect this group of people who have a strong presence in this community. Moreover, these participants may have provided unique insights into the ethno-cultural dimensions of food insecurity and diet that were discussed with respondent CB4 and studied by Jonnalagadda & Diwan (2002).

One strategy that would be very helpful, and would be a perfect illustration of the hub concept, would be an extension of the community garden model. In addition to centrally located gardens, local government could provide the resources for people to build small plots in their backyards. Each family could produce a single crop. This is a model that has been employed in Europe. An example would be: one family grows tomatoes, one grows peppers, another grows beans. As crops ripen, people could trade with their neighbours or perhaps set up an independent market at a community centre. Just as I witnessed people trading their donated produce according to need and preference, the same could occur here but with an added sense of pride and ownership. This process could also be incorporated into another cooking program, which might be held more regularly, as the operational costs might be lowered by produce from the community lots. Just as in the historical example discussed earlier (wartime community gardens), people would be helping each other.

Another potentially useful strategy, which was actually intended at the outset of this study, might be to track the evolution of a kitchen garden program, from planning to delivery. It was hoped that my involvement with Child Hunger Brantford would provide this. As CHB is still moving forward, continuing monitoring their evolution would be very useful. Even the hurdles they continue to face are of importance. These challenges could provide good information for other emergent organizations unaware of how much really goes into developing a similar program.

Despite the many challenges inherent in this study, the overall results have been quite positive and do confirm the overall theory that nutritional education is beneficial and can yield far ranging results. This assessment is based on the positivity of the interviews conducted. It is also suggested by the extent to which the subject of food and healthier outcomes has become a part of public discourse. This discourse ranges, quite literally, from the ground up, from the importance of growing one's own produce to the importance of sharing a meal with family and friends. It remains true that food is life!

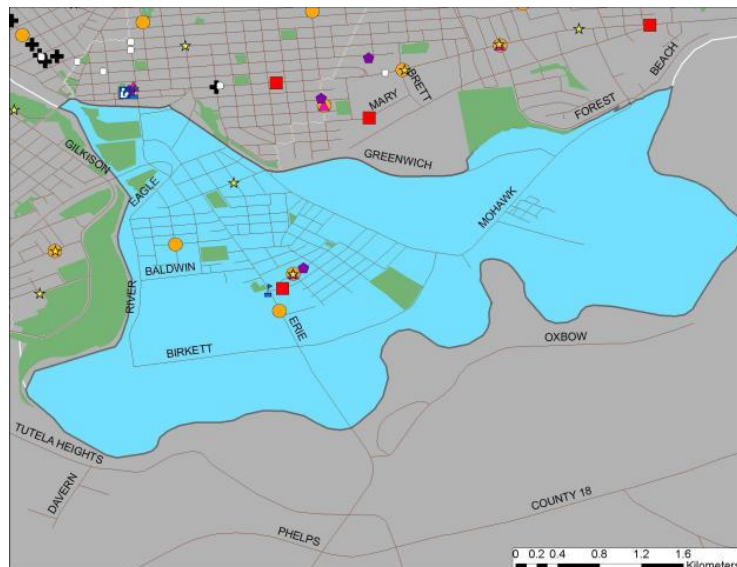
More importantly, however, are the emergent concepts that have come up with the help of the various participants. This was the sense that it truly is people who will drive the success of the programs geared to them. This was well illustrated by Lafreniere (2013), and expanded upon by the data. When setting up community programs, there may still be a lot of bridge building required in order to fully appreciate food insecurity, poor nutrition, and most of all, the psychology of those who are affected. When these issues are properly addressed, program developers may have greater success in delivering their programs. There is no plan that will help everyone; there will always be those who are difficult to reach, but with better understanding

comes better planning, and that is the cornerstone of real change, and, I believe, of real social justice.

## Appendix A-

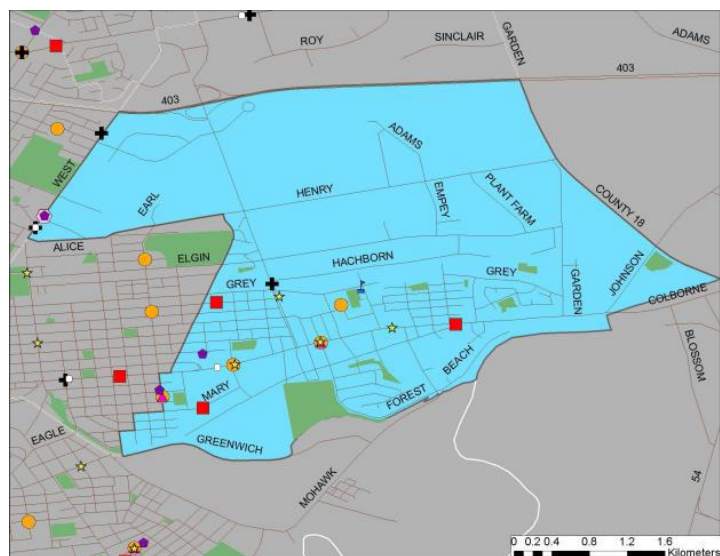
### Eagle Place and East Ward Neighbourhood Maps

Map of Eagle Place



Source: <http://www.ourneighbourhoods.ca/eagleplace>

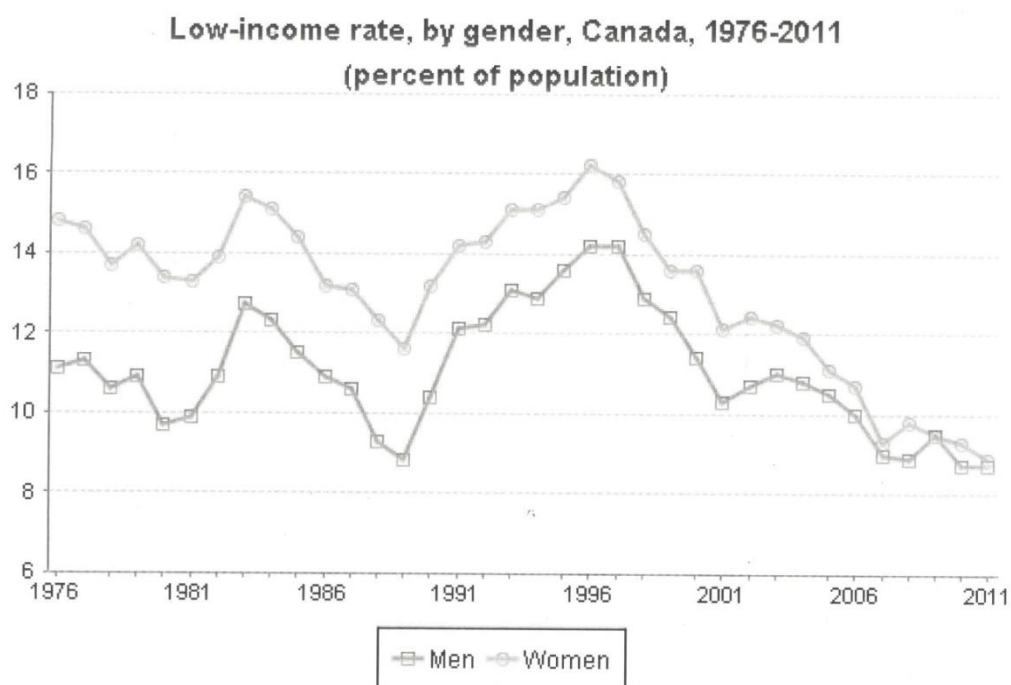
Map of East Ward



Source: <http://www.ourneighbourhoods.ca/eastward>

## Appendix B

### Women and Poverty



Source: <https://www.policyalternatives.ca/publications/reports/womens-poverty-and-recession>

## Appendix B2

### Maslow's Hierarchy of Needs



Source: <http://www.simplypsychology.org/maslow.html>

## Appendix B3

### The Good Food Box

#### How Can I Get a Good Food Box?

**How to Order**  
The Good Food Box MUST be paid for at the time of ordering. Place your order and pay the Good Food Box by 4:00 pm on the Thursday before the pick-up date at:

**Community Resource Service**  
1100 Clarence St., Brantford, ON  
Tue/Wed/Thur - 9:00 am - 4:00 pm  
519-751-4357 ext. 241

You can also pre-order ahead of time for future months.








**How to Pick Up**  
Boxes are available for pick up on the 3rd Wednesday of each month (with some exceptions) at:

**Civic Centre Auditorium**  
69 Market Street South  
From 2:00 pm to 6:00 pm


**Please bring your own bags or boxes to the pick-up site to transport your produce.** The Brantford Good Food Box program cannot provide boxes or bags for you.

**Please Note**  
If you do not pick up your Good Food Box on the specified day by 6:00 pm your box will automatically be donated to the Brantford Food Bank. Your money is not refundable or exchangeable.

**Special Thanks To:**

#### Brantford's Good Food Box



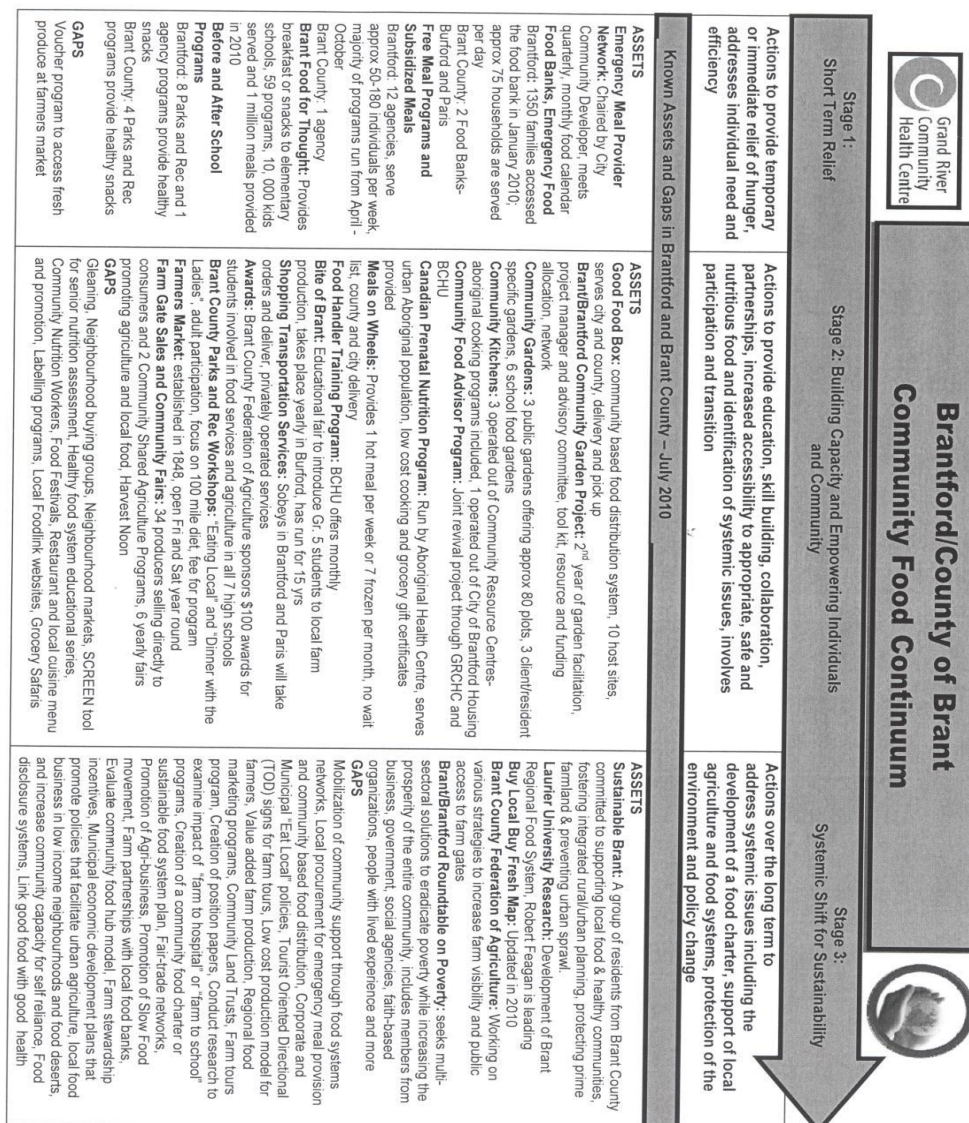
**Eat Well  
Spend Less**

Source: <http://www.bchu.org/content/view/1580/954/>



## Appendix B4

## Brantford/County of Brant Community Food Continuum

Source:<http://nourishingontario.ca/grand-river-community-health-centre/>



## Appendix B5

### The Six Pillars



Source: <http://www.ourneighbourhoods.ca>

## References

- Akon, A. & Agyeman, H.J. (2011). *Cultivating food justice: Race, class and sustainability*. Cambridge, Mass.: MIT Press.
- Bakker, I. (1996). *Rethinking restructuring: Gender and change in Canada*. Toronto, ON.: University of Toronto Press Inc.
- Bisset, S., Potvin, L., Daniel, M. (2003). The adaptive nature of implementation practice case study of a school based nutrition education intervention. *Evaluation and Program Planning*. 39. 10-18.
- Retrieved from: <http://dx.doi.org/10.1016/j.evalprogplan.2012.12.004>
- Brantford/Brant Community Profile. Found at: <http://Brantford.ca/AboutBrantford/Community>
- Brantford/County of Brant Community Food Continuum. Retrieved from: <http://nourishingontario.ca/grand-river-community-health-centre/>
- Brooks-Gunn, J. & G.T. Duncan (1997). The effects of poverty on children. *The future of children*. 7(2), 55-71.
- Bullock, H. E. (2013) *Women and poverty: Psychology, public policy and social justice*. Malden, MA. John Wiley & Sons Ltd.
- Cairns, K., Johnson, J., & MacKendrick, N. Feeding the organic child. *Journal of Consumer Culture*. DOI: 10.1177/1469540513480162 2013 13(2). 97-118
- Charmaz, K. (2006). Grounded theory in the 21<sup>st</sup> century: Applications for advancing social justice studies. *The Sage handbook for qualitative research*. Denzin, N.K. & Lincoln, Y.S. eds. Thousand Oaks. Sage Publications. 507-535.
- Child Hunger Brantford. Found at: [www.childhungerbrantford.org](http://www.childhungerbrantford.org)

- Contento, I. R., Randall, J.S., Basch, C.E. (2002) Review and analysis of evaluation measures used in nutrition education intervention research. *Journal of Nutrition Education and Behavior*, 34(1), 2-25.
- Cooper, A. & Holmes, L.M. (2006). *Lunch lessons: Changing the way we feed our children*. Harper Collins. New York, NY
- Corntassel, J., Chaw-win-is & T'lakwadzi (2009). Indigenous storytelling, truth-telling and community approaches to reconciliation. *English Studies in Canada*, 35(1), 137-159.
- Cresswell, J.W. (2013). *Qualitative inquiry & research design*. Sage. Los Angeles, CA
- Eagle Place and East Ward Neighbourhood Maps. Retrieved from: <http://www.ourneighbourhoods.ca>
- Ferguson, S. (1999). Building on the strengths of the socialist feminist tradition. *New Politics*, 7(2), 1-15.
- Freedman, M. R., Nickell, A. (2010) Impact of after-school nutrition workshops in a public library setting. *Journal of Nutrition Education and Behavior*, 42(3), 192-196.
- Gibbs, L., Staiger, P.K., Johnson, B. & Block, K. (2013). Expanding children's food experiences: The impact of a school-based kitchen garden program. *Journal of Nutrition Education and Behavior*, 45(2), 137-146.
- The Good Food Box Brochure. Retrieved from: <http://www.bchu.org/content/view/1580/954/>
- Gunderson, C., Hosmer, D., Perloff, J., Scott, R., Weireb, L. & Wehler, C. (2002). Hunger: It's Effects on Children's Health and Mental Health. *Pediatrics*, 110(4), 816.
- Guthman, J. (2011). *Weighing in: food justice and the limits of capitalism*. U. of Cal. Press. Berkley, CA.
- Hunger Count 2013. Retrieved from: [www.foodbanks.ca/HungerCount2013-eng.aspx](http://www.foodbanks.ca/HungerCount2013-eng.aspx)
- Hunger Reality Report. Retrieved from: <http://Brantford.ca/residents/supportservices>

- Jacobson, M. (2007). Food Matters: Community Food Assessment as a Tool for Change. *Journal of Community Practice*, 15 (3), 37-55.
- Jonnalagadda, S.S., Diwan, S. (2002). Regional variations in dietary intake and body mass index of first generation Asian-Indian immigrants in the United States. *Journal of the American Dietetic Association*, 102 (9), 1286-1289.
- Juvenile Diabetes Research Foundation. Found at: [www.diabetes.ca/getinvolved/news/more](http://www.diabetes.ca/getinvolved/news/more)
- Lafreniere, G. (2013) *Brantford neighbourhood hub for prosperity: Report on community conversations and literature review*.
- Lukas, C. V. & Cunningham-Sabo, L. (2011). Qualitative investigation of the *Cooking with Kids* program: Focus group interviews with fourth-grade students, teachers, and food educators. *Journal of Nutrition Education and Behavior*, 43(6), 517-524.
- Mario, R. (2013). Strategic community: An approach for inter-organizational collaboration. *Canadian Healthcare Improvement*, 1-21. Retrieved from:  
<http://books.scholarsportal.info/viewdoc.html?id=578354>
- Maslow's Hierarchy of Needs. Retrieved from: <http://www.simplypsychology.org/maslow.html>
- Matvienko, O. (2007). Impact of a nutrition education system of children ages six and seven years. *Journal of Nutrition Education & Behaviour*, 39, 281-285.
- McIntyre, L. et al (2003) Do low income mothers compromise their nutrition to feed their children. *Canadian Medical Association Journal*, 168(6), 686-91.
- Morestin, F., Gauvin, F.P., Hogue, M.C., & Benoit, F. (2010). *Method for synthesizing knowledge about public policies*. Montreal: National Collaborating Centre for Healthy Public Policy. Retrieved from:  
[http://www.ncchpp.ca/172/Publications.ccnpps?id\\_article=536](http://www.ncchpp.ca/172/Publications.ccnpps?id_article=536)

Moss, M. (2013). *Salt sugar fat: How the food giants hooked us*. Signal- McClelland-Stewart.

Toronto, CA

Moubarac, J., Martins, A.P.B., Claro, R., Levi, R., Cannon, G. & Monteiro, C. (2012).

Consumption of ultra-processed foods and likely impact on human health. Evidence from Canada. *Public Health and Nutrition*, 16(2), 2240-2248.

DOI: 10.1017/51368980012005009

Murphy, B. (2011). From interdisciplinary approaches to inter-epistemological approaches:

Confronting the challenges of integrated climate change research. *The Canadian Geographer*, 55(4), 490-509.

Neufeld, D. (2006). Ethics in the practice of public history with aboriginal communities. *The*

*Public Historian*, 28(1) 117-121.

O' Dougherty, M., Story, M., & Stang, J. (2006). Observations of parent-child co-shoppers in

supermarkets: Children's involvements in food selections, parental yielding and refusal strategies. *Journal of Nutrition Education and Behaviour*, 38, 183-188.

Jamie Oliver's Food Revolution. Retrieved from:

<http://www.jamieoliver.com/us/foundation/jamies-food-revolution/school-food>

Parrish, D., Harris, D. & Pritzker, S. (2013). Assessment of a Service Provider Self Study

Method to Promote Inter-organizational and Community Collaboration. *Social Work*, 58(4), 354-364.

Pearce, D. (1978). The feminization of poverty: Women, work and welfare. *The Urban and*

*Social Change Review*, 11(1,2), 28-36.

- Perakyla, A. (2006). Analyzing talk and text. *The sage book of qualitative research*. Denzin, N.K. & Y.S. Lincoln Eds. Thousand Oaks. Sage Publications. 869-886
- Pollan M. (2013). *Cooked: A natural history of transformation*. Penguin Press. New York.
- Raphael, D. (Ed.) (2009). *Social Determinants of Health*. Toronto, ON. Canadian Scholars Press Inc.
- Rock, M. (2006). We don't want to manage poverty: Community groups politicise food insecurity and charitable food donations. *Promotion & Education*, 13(1), 36-41.
- Rock, M., McIntyre, L & Rondeau, K. (2009). Discomforting comfort foods: Stirring the pot on Kraft Dinner and social inequality in Canada. *Agriculture and Human Values*, 26, 167-176. DOI: 10.1007/s10460-008-9153-x
- Roy, M., Audet, M., Gosselin, A., Lortie, P.B. & Fortier, L. (2013). *Strategic community: An approach for developing inter-organizational collaboration: Final research report*. Ottawa: Canadian Foundation for Healthcare Improvement.
- Simpson, S., Raumbenheimer, D. (2014, April 17). Tricks of the trade: Processed foods that dilute protein content subvert our appetite control systems. *Nature*, 508, S66.
- Six Pillars. Retrieved from: <http://nourishingontario.ca/grand-river-community-health-centre/>
- Statistics Canada. (2013). Body mass index of Canadian children and youth 2009 to 2011. Retrieved from <http://www.statcan.gc.ca/pub/82-625-x/2012001/article/11712-eng.htm>
- Tarasuk, V. (2001). A critical examination of community based responses to household food insecurity in Canada. *Health Education & Behaviour*, 28 (4), 487-499.

Thompson, C., S. Cummins, T. Brown & R. Kyle (2012). Understanding Interactions with the Food Environment: An Exploration of Supermarket Food Shopping Routines in Deprived Neighbourhoods. *Health & Place*, 19, 116-123.

Townson, M. (2009). *Women's poverty and the recession*. Canadian Centre for Policy Alternatives. Retrieved from <https://www.policyalternatives.ca/publications/reports/womens-poverty-and-recession>

Tu, Andrew, L. Masse. (2012). The Relationship Between Income and Weight Controls Strategies Among Canadian Adults. *Canadian Journal of Public Health*. 102.6. E 438-442

Women and Poverty Graph. Retrieved from:

<https://www.policyalternatives.ca/publications/reports/womens-poverty-and-recession>

Woodruff, Sarah J., A.R. Kirby (2013). The Associations among family meal frequency, Food preparation frequency, Self-efficacy for Cooking, and Food Preparation Techniques in Children and Adolescents. *Journal of Nutrition Education and Behavior*, 45(4), 296-303.