Food Skills Programming for Newcomers to Ontario

November 2016
Food Skills Programming for Newcomers to Ontario: Background and Key Informant Interviews Summary

This report is produced as part of a series on the topic of food literacy in order to gain a better understanding of what works in community programs in Ontario.

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Background

According to the 2011 National Household Survey, newcomers represented 28.5% of the total population in Ontario, the highest proportion of all provinces. In Ontario, 68.3% of newcomers reside in Toronto. The other metropolitan areas in Ontario with the most newcomers include Gatineau, Ottawa, Hamilton, Kitchener, London, and Windsor. The majority of newcomers in Ontario were from Asia, Africa, and Europe.

The determinants of health that can affect food literacy in newcomers include the environment, income, social support and networks, access to health services, and culture. Environmental factors include greater availability of processed and fast-foods, difficulty accessing cultural foods or ingredients, adapting to different cooking methods and appliances, living in neighborhoods with few grocery stores, and unfamiliarity with large grocery stores. Lack of income can also affect food skills. For example, among Haitian immigrants living in Montreal, socioeconomic status (SES) was associated with a transition from a traditional Haitian diet to a Western diet. Newcomers may also have limited social support if they have left their friends and family from their home country, which may lead to social isolation for prolonged periods of time. Poor social support may also mean they lack assistance with childcare, food, and money. For many newcomers in Canada with limited ability to communicate in English or French, they experience lack of access to preventative health services. This is often due to challenges with service use, not being aware of which health services are available, seeking alternative health care providers that are more in line with their beliefs, such as herbalists, and limited options for culturally acceptable health services. Newcomers who try to maintain the values of their home culture while trying to adapt their customs of their new country have been found to experience stress, which has been shown to contribute to communication barriers, social isolation, and financial insecurity, which can affect eating patterns and health status.
Data from the Canadian Community Health Survey (2000/01) shows that newcomers self-reported as having fewer chronic health conditions compared to Canadian-born individuals. New Canadians who have immigrated to Canada within 0 to 4 years had the best health status data in comparison to Canadian-born individuals; however the health status data of newcomers is greatly affected by length of stay. Newcomers’ health status becomes similar to Canadian-born individuals with increased length of stay in Canada.8,9 Specifically in Ontario, long-term newcomers had worse cardiovascular risk profiles in comparison to recent newcomers based on Statistics Canada’s national health surveys between 1996 and 2007.10 It has been suggested that acculturation in newcomers can have an impact on diet, thus affecting their health status.8 “Dietary acculturation” refers to the process that occurs when members of a minority group adopt the eating patterns/food choices of the host country.7 Individuals who experience acculturation in Canada tend to adapt more “Western” habits, with an increase in convenience foods and dining out.7,11 Particularly, Chinese and South Asian newcomers reported eating out more and consuming more convenience foods in comparison to their dietary habits from their homeland.12,13 Therefore, it is evident that food skills programming targeting new Canadians, which are mindful of different cultural groups, are important to improve dietary intake.

The Canadian Diabetes Association and the British Columbia Healthy Living Alliance targets low-income, Aboriginal, Punjabi, and new immigrant families in British Columbia communities with cooking programs.14 Participants cook and share meals together and learn about nutrition, safe food handling, meal planning, and healthy snacks. The program also builds social support networks within groups. Evaluation results indicate that participants practice what they have learned, modifying their cooking and eating patterns after completing of the program. The participants also claimed to have greater confidence reading nutrition labels and trying new recipes.14
Key Informant Interviews

Purpose

- To learn more about food skills programming happening at the community level across Ontario with a focus on newcomers in Canada.
- To capture promising practices for food skills delivery, described by community facilitators, for their communities and target populations.
- To inform promising practices and guidelines for implementing community food skills programs.

Methods

Key informants for the interviews were identified through contacts at the Nutrition Resource Centre (NRC). Between July 12 and 29, 2016, invitations were sent individually to 20 food skills programs requesting a half hour interview with a Masters Practicum student (see Appendix A for email invitation). Seven interviews (see Appendix B for interview guide) were carried out with key informants in various roles across Ontario including:

- Four Registered Dietitians (Toronto, Elgin County)
- Food Skills Project Coordinator (Toronto)
- Newcomer Kitchen Founder (Toronto)
- Public Health Nurse (Hamilton)

The primary target populations of the food skills programs were newcomers, and the main regions of the cultural groups that the key informants work with include Central and South America, Middle East, Africa, Caribbean, Eastern and Central Europe, and Eastern and Southern Asia.

The secondary populations the various program targeted include:

- Youth males aged 13 to 18
- Parents/caregivers of children 6 years old and under
- Children aged 8 to 12
- At-risk adults

Please note that this is not an exhaustive list, but rather examples of some of the food skills programs offered throughout Ontario targeted to newcomers to Ontario.
**Types of Programs**

Key informants were asked to describe the type of programming offered in their community to address food skill development, which included:

- Cooking classes (5)
- Community kitchens (2)
- Nutrition education (6)
- Community garden (1)

Out of the seven programs that were interviewed, five had cooking classes, while two hosted community kitchens to teach food skills. One of the community kitchens was not a traditional community kitchen program, but was where Syrian refugee women had access to a commercial kitchen to cook cultural dishes and sell their meals to the public. The key informant explained that many of these women do not have access to a kitchen at home, thereby providing kitchen access the women were able to preserve their cooking skills, as well as teach less experienced chefs how to cook traditional meals. A separate program for parents and caregivers of children, 6 years and under, offer community gardens for participants, although it is not a primary focus of the food skills program.

Six of the programs also had nutrition education components which discussed healthy eating. Two programs integrated nutrition education within the cooking class, one of the programs provides the nutrition education while participants are eating their meals, and the other three provide it at a separate time. A food skills program that is targeted to children (aged 8-12) had a short 15 minute education session, and a game or activity afterwards to support the lesson. A program that targets youth boys (aged 13-18) and a program that targets parents with children 6 years and under had interactive and hands-on nutrition education.

In addition to food skills activities, one key informant described how their youth food skills program offers a session on employment skills to teach their participants how to search for jobs. This program also offers a subsidy to participants to obtain their Food Handlers Certificate. A community kitchen for Syrian refugees encourages their participants to obtain their certification, although the key informant described that for some women, their families do not encourage them to work outside of the home.
Program Logistics

The length of the programs range from 5-10 sessions, 1.5 – 3 hours each. Two of the programs were drop-in programs that were offered weekly and monthly. Programs are offered at community health centres, community centres, recreation centres, libraries, literacy centres, schools, and a commercial kitchen. All key informants stated that preferred locations include kitchen access. A key informant for a kids cooking program that provides a cooking class in elementary schools reported that some schools do not have access to a kitchen, thus 1-2 groups prepare recipes in the staff lounge that has a stove and oven, while the other groups prepare simple recipes that do not require heating in classrooms. One cooking program states that locations for cooking programs must include at minimum a room with a cooking surface (table/desk/counter), two sinks, and a minimum of four electrical outlets.

Most cooking programs had one to two primary instructors with assistants or volunteers, and one program was based on peer-to-peer learning and did not have a facilitator instructing the program. Cooking and nutrition education components were taught by separate instructors for three of the programs. For these programs, cooking instructors included a chef, registered dietitian or a dietetic intern. The nutrition education components were facilitated by registered dietitian or an undergraduate nutrition student. The other programs were led by paid community workers or volunteer community leaders. The two programs that had paid community workers were required to be able to speak fluently in a second language. Some programs also featured education sessions by public health nurses to discuss other health topics or youth social workers to teach employment skills. Most program instructors received training that was about one hour, however one program trained instructors for three full days. If the nutrition educator was not a registered dietitian, they would be trained by a registered dietitian.

Program Content

When asked how their programs were developed, five of the key informants developed their programs “in-house” based on the needs of their communities and limitations. Two of these programs reported that they first implemented a pilot program, which was further developed. A food skills program that targeted newcomer children adapted their recipes from Kids in the Kitchen and a program that targeted Chinese newcomers adapted their recipes from Diabetes Eating Wisdom Chinese Recipes & Health Tips. The other two programs that did not build their programs “in-house” looked at food skills programs in other communities and adapted the program to their own communities. These programs include:

- Newcomers Cooking Together (Access Alliance)
- You’re the Chef (Niagara Region Public Health)
Program Content (cont’d)

The topics covered throughout the different programs widely ranged based on the target audience, such as parents of young children under six, low-income, primary-school children, adolescent males, and specific cultural groups. These topics include:

- Food preparation/ cooking skills
- Canada’s Food Guide
- Nutrition facts table/ food labels
- Food safety
- Budgeting
- Dishes from different cultures
- Grocery shopping
- Healthy methods of cooking
- Specific nutrients: fibre, calcium, fat
- Eating out
- Healthy eating environments
- Healthy eating across the lifespan
- Introducing solids/making baby food
- Food allergies in infants

Most key informants also stated that a large focus of their program is providing the opportunity to socialize with others, as they find this is especially important in the newcomers population.

Key informants were also asked to describe the types of resources they developed, as well as external resources required to run their program. Some of these resources varied based on target population. One community produces a cookbook that everyone receives at the end of each session with the recipes used and shared by participants during the program.
Internal Resources Developed | External Resources Required
--- | ---
Recipes/Cookbook* | Food*
Games and activities* | Kitchen access*
Handouts/factsheets for participants* | Kitchen storage*
Videos of cooking demonstrations | Cooking equipment*
Website resources for the public/other programs | Basic cooking appliances and utensils
Evaluation tools | Chef’s knives
Waiver forms | Blenders
Advertising flyer | Grinders
Discussion questions | Funding*

*Identified by majority of key informants

Most key informants stated that for recipes to be included in the program, they must be analyzed by nutrition software or approved by a registered dietitian. One key informant’s program has specific recipe criteria which includes being a simple recipe, using basic kitchen equipment, using ingredients available at any major grocery store, having a reasonable cost, requiring minimal kitchen experience, can be completed in less than one hour, and is based on Canada’s Food Guide.

**Evaluation**

When asked whether they evaluate their programs, six out of seven key informants reported that they evaluate their program. Five programs included pre- and post-evaluations to monitor change in participants. The most common outcomes that were evaluated were nutrition/food safety knowledge and participant satisfaction. Other outcomes include intake of vegetables and fruit, readiness to change, self-assessment of cooking skills, and whether the participants prepared the recipes they learned at home.
Barriers and Facilitators

The most commonly reported barrier to running the program was kitchen access, budget, and meeting the demand of interested individuals. Other barriers included finding partners, kitchen storage, and scheduling staff. Key informants were also asked to describe common barriers among their participants. Among the newcomer participants, the most commonly reported barrier was language. Although most programs encourage participants to practice their English, it can be a barrier for participants that know very little English. Two programs that did not find that language was a barrier had sessions that were targeting a specific cultural group, thus a facilitator was hired that spoke fluently in the participants’ language. A key informant that targets primary school children also noted that language is not a common barrier since the participants are enrolled in the English curriculum and are fast learners. Several key informants occasionally allow interpreters to come to the sessions to translate. However, it was also noted that this can also be a barrier since it takes double the amount of time to deliver education or instructions, thus program content is shortened as a result. Other barriers that participants may experience include transportation and childcare, thus many programs offer transportation tokens and child-minding if they have the capacity within their budget. Getting enough participants to attend was cited as a barrier for one program but they were unsure if this is marketing or interest related. Cultural recipes do not always meet the nutritional guidelines of the program, so it is important to find ways to adapt them to make them healthier. In some of the programs, recipes had to have a nutrient analysis done on them before being used in the program.

Key informants were asked if they developed any partnerships to develop or run their program. All key informants reported having partnerships that provided funding, kitchen access, cooking staff, or volunteers. Those that reported only one to two partners within the community stated this was a barrier and that they are looking to build more partnerships. Examples of partners included:

- Community Health Centres
- Local public health agencies
- Employment services
- Social services
- Libraries
- Local school board
- Parks, Forestry, and Recreation
- Ontario Early Years Centres
- Ethno-cultural agencies
- Churches
- Housing complexes
- Community kitchens
- ESL centres
Recommendations

The key informants described the different aspects of food skills programming that work better for newcomers as well as the secondary target population. These recommendations include:

• Interactive cooking classes work better than cooking demonstrations.

• Create a social environment and build a sense of community so participants feel supported and integrated within the community.

• When working with newcomer populations, it is easier to have the program facilitator speak the language of participants. Having interpreters can be useful when there are many different cultural groups in one program, however having interpreters means the information needs to be repeated twice and takes extra time.

• Provide the opportunity for peer-to-peer learning by choosing program leaders that can act as role models and mentors. It is also useful to make participants leaders and rotate every week.

• Use resources and recipes that are culturally appropriate and relate to their cooking culture. Avoid translating Canadian resources, because they may not be relatable to their cultures.

• Recipes should be simple, however, it is important to identify the cooking skill levels of participants before or during the first session, and materials can be adjusted accordingly.

• Use ingredients that can be found at any major grocery store and are reasonably priced.

• Provide participants with the opportunity to sample the recipes.

• It is helpful for participants to bring in their own cultural recipes, however, it can be challenging since most like to share their celebration dishes, which tend to be less healthy. Recipes can be adjusted by a registered dietitian to make them healthier, or they can be framed as a “sometimes food”, or paired with a healthy dish.

• Community gardens work well since they teach participants about where the food comes from.

• Reinforce the nutrition message from the education component throughout the whole session.

• Short education sessions and games work well for programs with children.

• Cooking sessions with children require small groups with facilitators for each group to monitor.
“The program contributes a sense of belonging, where participants feel like it’s family time.”

“A few months ago they were living in hotels with no kitchen at all, but now they have access to a kitchen and have accomplished so much.” - key informant at Newcomer Kitchen for Syrian refugee women

“They say they liked meeting new people and trying new foods.”

“I learned which foods belong to which food group.” - participant from a children’s food skills program

“At the last session everyone in the group brought in something that was low sodium.”

“One parent reported that the program helped their sons develop their English skills and make new friends.”

“The women in the program counter public misconception that they don’t have valuable things to offer. They are dispelling certain myths and stereotypes that are associated.” – key informant at Newcomer Kitchen for Syrian refugee women

“I learned the claw and the tunnel grips for cutting the food.” - participant from a children’s food skills program

“The skill that I learned was making a tunnel when cutting something.” – participant from a children’s food skills program

“I learned to curl my fingers when cutting and to cut starting with the tip on the board.” - participant from a children’s food skills program
Acknowledgements

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Christina Tran - Sherbourne Health Centre

Cathy Macpherson - Elgin St. Thomas Public Health

Kendra Link - Kingston Community Health Centre
References


References (cont’d)


Appendix A: Invitation to Participate in Key Informant Interview

Hi_____________

My name is Joanna Stochla and I am a master’s student from the University of Guelph completing a placement at the Nutrition Resource Centre at the Ontario Public Health Association. During my time here I am working on a Community Food Skills toolkit to include guidelines and promising practices for communities to implement food skills programming.

The intent of the toolkit is to address promising practices in different priority populations. But during my placement I will focus on food skill programming in Ontario for new Canadians.

Would you be willing to speak to me for about ½ hour at your convenience?

Thank you in advance,
Appendix B: Food Skills Programming Interview Guide

Purpose
To learn more about food skills programming happening at the community level across Ontario. To capture promising practices for food skills delivery, described by community facilitators, for their communities and target populations.
To submit a copy via email: intern@opha.on.ca

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<th>CONTACT DETAILS</th>
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<tr>
<td>Contact Name</td>
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<td>Position</td>
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<td>Email &amp; Phone</td>
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<tr>
<td>Health Unit/Community</td>
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<td>Program Name</td>
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<td>Main Target Population</td>
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SECTION 1: PROGRAM LOGISTICS
1. What type of program is your food skills program?
   (e.g. cooking class, cooking demonstration, presentation, shopping tour, community garden, community kitchen )
   Also gather how long it’s offered, age group

2. Who instructs the program?
   (e.g. dietitian, volunteer, trained facilitator)
### Appendix B: Food Skills Programming Interview Guide (cont’d)

#### SECTION 1: PROGRAM LOGISTICS

<table>
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<th>3. How do you train your program instructors? (e.g. train the trainer, professional, how long and often is the training?)</th>
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<th>4. Where is the program delivered? (e.g. community kitchen, school, church)</th>
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#### SECTION 2: PROGRAM CONTENT

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<th>5. How was your program content developed? (e.g. by staff, adapted from other programming, references to support the content?)</th>
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<th>6. What is the main focus/topic of your program? (e.g. teach shopping skills, menu planning, cooking skills, food prep, nutrition labelling, gardening)</th>
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<th>7. What resources did you develop to run your program? (e.g. teacher guides, recipe books, factsheets)</th>
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<th>8. What other resources do you need to run your program? (food, equipment, budget for instructors, promotions)</th>
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<th>9. Do you evaluate your program? If yes, what are you measuring? Do you have an evaluation tool and can you share it?</th>
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### SECTION 3: BARRIERS & FACILITATORS

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<td><strong>10.</strong></td>
<td>Have you developed any partnerships in your community to deliver your food skills program? (e.g. NGO, grocery store, health unit, food council)</td>
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</table>
| **11.** | Have you experienced any barriers to delivering your food skills program? (e.g. funding, political support, space, kitchens)  
If yes, were you able to overcome the barrier(s)? |
| **12.** | Have your participants expressed any barriers to participating in your food skills program? (e.g. time, transportation, child minding)  
If yes, were you able to find solutions to remove the barrier(s)? |
| **13.** | Have you discovered aspects of food skill programming that work better for your target audience? (e.g. hands on, simple recipes) |
| **14.** | Do you have any success stories you would like to share?  
Do you have any champions in your community? |
| **15.** | Do you have any resources that you can share for a best practices toolkit on food skills programs?  
Do you have any pictures that you can share? |