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Exploring food and healthy eating with newcomers in Winnipeg's North End

Amy Henderson, Stefan Epp-Koop and Joyce Slater

Abstract

Purpose – *The purpose of this paper is to explore the challenges and opportunities associated with attempting to maintain a healthy traditional diet for newcomers living in the North End neighbourhood of Winnipeg, Canada.*

Design/methodology/approach – *In this mixed-methods photovoice study the researcher used food photographs taken by participants to facilitate in-depth, semi-structured interviews with newcomers living in the area of interest. Community workers involved in food and newcomer programming were also interviewed. Qualitative data from the interviews were analysed using thematic analysis. Food security status of newcomer participants was also determined using The Household Food Security Survey Module.*

Findings – *Newcomer participants reported many struggles, including low incomes, gardening challenges and little access to culturally acceptable foods. Community worker interviews, field notes and an environmental scan of community resources also revealed a lack of social inclusion/support and few food and nutrition resources for newcomers.*

Originality/value – *Newcomers to Canada experience high rates of food insecurity and diminishing health status associated with length of time in Canada. This study demonstrates an imminent need for additional resources and programmes in this inner city community in order to decrease food security rates and help newcomers in Winnipeg to eat healthy traditional diets and avoid a decline in health.*

Keywords *Nutrition, Refugee, Food security, Immigrant, Traditional food, Newcomer*

Paper type *Research paper*

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Introduction

Food security is defined as: “when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life” (Food and Agriculture Organization of the United Nations, 2015). Unfortunately, for many Canadian families this is not the reality. This lack of food security results in more than 800,000 Canadians accessing food banks each month (Food Banks Canada, 2014), although research shows that only a small number of food insecure people actually use food banks (Kirkpatrick and Tarasuk, 2009).

Food security is an important determinant of health. The determinants of health are the conditions in which people live, beyond “lifestyle choices” and access to medical treatment (Mikkonen and Raphael, 2010), Food insecure individuals have uncertainty about their ability to acquire a healthy, social acceptable diet on a regular basis (Canadian facts). Food insecurity leads to reduced consumption of healthy foods such as fruits, vegetables and milk products as well as nutrient inadequacies (Kirkpatrick and Tarasuk, 2008). Living without food security increases risk of poor health outcomes, including chronic disease and mental health issues (Vozoris and Tarasuk, 2003). For this reason, many Canadian foundations are working towards ending hunger by addressing determinants of health, such as poverty reduction, rather than treating it as a problem to be addressed through charity, such as food bank donations (Community Foundations of Canada, 2013).

Although food insecurity affects many different types of households, there are certain households that are at greater risk; these include indigenous households, households where the main source of income is social assistance, and newcomer households (Health Canada, 2012).

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According to results from the Canadian Community Health Survey (2007-2008), recent newcomers, who have been in Canada for less than five years, are nearly twice as likely to be food insecure as Canadian-born citizens (12.6 vs 7.5 per cent) (Health Canada, 2012). It is likely that this is an underestimate however, as this survey is voluntary and is only conducted in English and French (Vahabi *et al.*, 2011).

When newcomers arrive in Canada, many are in search of a better life but still face numerous obstacles in their new living environments. Some newcomers, especially refugees, have limited opportunities to learn English before arrival in Canada and must do this while also learning new cultural norms and Canadian laws and navigating social services. All of these challenges can contribute to difficulties with housing, employment and food security (Community Foundations of Canada, 2013).

New arrivals in the country are typically healthier than the average Canadian, especially with regard to the chronic disease risk. This phenomenon is often referred to as the “healthy immigrant effect” (McDonald and Kennedy, 2004, 2005; Newbold, 2005). While food security status tends to improve for newcomers, who have been in Canada for more than five years (Health Canada, 2012), their health often begins to decline (Varghese and Moore-Orr, 2002; McDonald and Kennedy, 2005; Sanou *et al.*, 2014). This health decline is thought to be the result of many lifestyle changes, including diet acculturation, the process by which immigrants adopt the dietary practices of their new country (Satia-Abouta *et al.*, 2002). Immigration to western, affluent countries frequently brings a shift to a more “western” diet that includes higher consumption of processed and convenience foods (Sanou *et al.*, 2014). This can lead to a diet high in sodium, saturated fats and added sugars, putting newcomers at increased risk for many chronic diseases (McDonald and Kennedy, 2005; Sanou *et al.*, 2014; Regev-Tobias *et al.*, 2012; Varghese and Moore-Orr, 2002). However, dietary acculturation is not merely a straightforward linear process to new “local” foods; it is a complex, multidimensional and dynamic process involving psychological, lifestyle and environmental factors that can lead to both unhealthy and healthy eating patterns (Satia-Abouta *et al.*, 2002). There are often “tensions” between a desire for traditional foods and desire to integrate host country foods out of curiosity or necessity.

Understanding the state of food security in Canadian newcomers should be a priority concern for public health and government agencies, as there are more than 250,000 new immigrants and refugees moving to Canada permanently each year (Government of Canada, 2013). The city of Winnipeg is no exception, and has been experiencing a large influx of newcomers over the past few years – many of whom are settling in the inner city. Nearly one-third of inner city Winnipeg residents were born outside of Canada (compared with 18.7 per cent in the city as a whole) (Social Planning Council of Winnipeg, 2011). Increasingly, newcomers are settling in the inner city neighbourhood known as the North End, which has a population of approximately 39,000 (Statistics Canada, 2013). This neighbourhood is appealing for many newcomers due to its lower cost and subsidized housing, and in many cases, newcomers can find other community members from their country of origin. Over a five-year period between 2006 and 2011, the recent newcomer population in the North End more than doubled (Statistics Canada, 2013). This growth has occurred throughout the neighbourhood, with some census tracts now reporting recent immigrant populations higher than 15 per cent. While more recent data are not available, community workers interviewed in this project indicated that immigration numbers in the North End have remained high and it is possible that the newcomer population is even larger than reported in the 2011 National Household Survey.

Given the food security challenges facing newcomers and the demographic shifts happening in the North End, this study was conducted in order to develop a greater understanding of the food and nutrition challenges facing newcomers in this community, as well as identify any gaps in community resources and programming.

Methods

Study design

This mixed-methods study was conducted in Winnipeg’s North End in partnership with two community-based organizations; one that engages in food security programming, and one that

assists newcomers with settlement issues. Concurrent, mixed methods were chosen to provide a more comprehensive understanding of the research question:

RQ1. What food and nutrition challenges face newcomers?

The use of a valid quantitative questionnaire to assess food security levels was enhanced through the use of qualitative data on individuals' lived experiences of food (Creswell, 2003). This was also important due to the small sample.

Qualitative data were collected using in-depth cultural interviews (Rubin, 2012) conducted with newcomers from the community of interest, as well as community workers involved in food and newcomer programming. Photovoice, a participatory research method, was used to enhance the newcomer interviews, in order to fully capture their food environment and experiences (Palibroda *et al.*, 2009). Quantitative data were obtained from administration of two questionnaires to newcomer participants, The Household Food Security Survey Module (HFSSM) (Health Canada, 2007) and a socio-demographic questionnaire.

Ethics approval for this study was granted by the University of Manitoba Joint Faculty Research Ethics Board.

Recruitment and participants

The researcher embedded herself within the newcomer community in Winnipeg's North End prior to the study, in order to develop trust and build relationships with possible participants. Participants in this study were purposively recruited through partner organizations, community workers and word of mouth. A diverse group of participants from a variety of countries were intentionally sought out in order to explore many perspectives on the issue. Inclusion criteria for newcomer participants included: length of time in Canada of at least six months, a predominant role in food procurement and preparation in the household, 18 years of age or older and interest in participating in a photovoice study. Newcomers who had arrived in Canada in the six months prior to the study were excluded, as they likely had not solidified their food procurement methods, or had sufficient time to become fully aware of resources available to them. They may have also had a greater amount of assistance from resettlement agencies in these early months. Newcomers who had a family member participating in the study were also excluded. There was no limit on the number of years that they had lived in Canada, although the longest residency in Canada was six years. As well, four community workers were recruited for the study. Inclusion criteria consisted of involvement with relevant programmes for North End community members, including nutrition education, cooking classes and gardening programmes, as well as a desire to participate in the study.

Eight newcomers (two men and six women) and four community workers participated in the study. Informed consent was obtained by all participants and they were offered a \$25 honorarium for their time. Newcomer participants originated from Afghanistan, Bhutan, Burma, Congo, Iraq and the Philippines and lived in Winnipeg's North End for four months to four years, while length of time living in Canada ranged from six months to six years. Seven out of eight newcomer participants arrived in Canada with refugee status.

Data collection

Semi-structured, in-depth interviews were conducted with all participants. Interviews averaged approximately 40 minutes, and were digitally recorded. Interpreters were present for five of the newcomer interviews, and the remaining interviews were conducted in English.

At an initial meeting, newcomers were given single-use cameras and instructions to take ten to 15 photographs of various aspects of their food environment, such as food purchases, food preparation and gardening activities. Written instructions were also provided. Sample pictures were shown to participants. Cameras were picked up by the researcher six to 14 days later for photo developing. Participants' food photographs were brought to the interviews for discussion. Sample interview questions from newcomer and community worker interviews are in the following lists, respectively. Analytical memos were also kept throughout the study and were used to evaluate the effectiveness of the interview questions, as well as document aspects of the interview that would not be captured in the interview transcriptions.

Sample guiding questions for newcomer participants:

1. How did you feel about taking these pictures?
2. Did it make you think more about what you and your family eat?
3. Tell me about these/this photo?
 - Who did you eat it with?
 - Did you prepare it?
 - Is this a typical meal/food?
 - Do you eat this as often as you would like?
 - Do you think these foods are good for you and your family? Why or why not?
 - Do you think the foods you eat affect your health in any way?
4. Do you always eat the kinds of foods you would like to?
5. What type of foods do you like to serve your family?
6. Where do you get these foods?
 - Are you able to find these foods at grocery stores? Convenience stores?
7. Do some family members want to eat different foods from the rest of the family?

Sample guiding questions for community worker participants:

1. What do you think are the major challenges being faced by newcomers in the North End, with respect to food and nutrition?
 - Do you think this is different for immigrants vs refugees?
 - Why do you think that is such a challenge?
2. What strengths do you think newcomers in the North End have with respect to food, eating and nutrition?
3. Do you think newcomers are accessing food security programmes/services in the North End?
 - If yes, what do you think facilitates this?
 - If no, what do you think are the barriers/challenges?
4. What do you think could be done in the community to improve food access for newcomers?

Data analysis

Qualitative data in this study were analysed using thematic analysis to facilitate an in-depth examination of the barriers and opportunities for healthy eating in this newcomer population. Data analysis began during the in-depth interviews and during time spent in the community. Field notes were kept throughout the study. General themes began to emerge during the interviews and the researcher recorded analytic notes in order to compare these themes to others that emerged during future interviews. Interviews were then transcribed by the researcher and a trained transcriber. Transcriptions were analysed in order to identify further emerging themes (first level codes), which were used to create inductive codes – codes that emerged from the data itself, as opposed to pre-conceived codes (Boyatzis, 1998). Codes were constantly compared to each other and collapsed into broader codes (second-level codes), where necessary. Thematic analysis of the newcomer and community worker interviews, together with the analytic and field notes, allowed for various perspectives to be obtained, and ultimately, a detailed understanding of the food-related issues facing these newcomers.

Trustworthiness and validity of data

Data were transcribed verbatim and detailed analytic memos were kept throughout the research process. A sample of transcripts and coding were reviewed by another researcher for comparison and review. Interpreters were used whose mother tongue was the same as the participants, and who knew the participants from their community.

Data were collected until no new themes emerged and theoretical saturation was reached.

Results

Newcomer and community worker participants described a range of struggles experienced by newcomers living in Winnipeg's North End community with regard to healthy eating and food access. These barriers ranged from limited access to fresh, culturally acceptable food, to income and affordability of traditional foods and the lack of nutrition knowledge. Community worker participants felt that, although both immigrants and refugees experience these barriers, refugees are more likely to experience them due to their vulnerable socioeconomic status. It was evident, however, that newcomers also possess assets, such as cooking and gardening skills, which serve as opportunities for healthy eating and could be cultivated in ways that improve food security and nutrition for themselves and their community.

Challenges to healthy eating

Cultural differences. Many of the challenges described by participants stemmed from their limited access to traditional foods. Availability, affordability and quality of these foods here in Canada were the most commonly reported themes. Many participants demonstrated a deep longing for their foods from home and described many types of food that were not available here, such as varieties of leafy green vegetables, types of sweet potato, fruits and fish. A Congolese woman described a type of red sweet potato that was her favourite back home in the Congo:

I don't find my really sweet potato here. From my country, it's different. I have red, yellow, white.

The Karen people from Burma, historically a foraging people, explained the importance that food gathering played in their survival in refugee camps prior to their arrival in Canada. They would often pick bamboo to eat and to build their homes. A Karen participant stated:

[...] one foreigner went there and he said the Karen people just sleep on the bamboo and eat the bamboo. We use the bamboo shoot and also build our house with the bamboo.

In Canada, however, bamboo is inaccessible to most. According to this same participant, a small piece of bamboo purchased at a Winnipeg Asian grocery store, cost approximately seven dollars.

Many participants reported shopping at Asian and other specialty grocery stores, for their traditional vegetables, despite frequently being expensive and of less than-desirable quality. A Karen woman described her experiences attempting to purchase fresh produce from one of these stores:

[...] back home we eat the same thing but here sometime when they ship it, it take a little bit longer so some vegetable are not so good.

Cultural differences also resulted in difficulties with navigation of the food system in Canada. Many participants had traditionally procured their food from their own farms or gardens or from "wet markets"; fresh-food markets where local producers sold their food items. Upon arrival in Canada, participants were faced with an immediate abundance of processed "Canadian" food. They also frequently lack the nutrition knowledge to identify "healthy" food from "unhealthy" food, in terms of their traditional diets, but most notably with regards to Canadian food. When participants were asked what they considered to be "Canadian" food, they described fast food and what nutrition professionals would consider other unhealthy foods, such as pizza and fried chicken.

Many participants, although committed to their traditional diets themselves, reported that their children are enticed by the "Canadian" food that they are exposed to at school. As a result, they are less interested in bringing lunches to school consisting of their traditional foods. They prefer

or pressure parents to provide pizza, and other common school lunch items, which can be costly. One young mother from Afghanistan discussed her struggle to meet her children's dietary requests:

Yeah he likes to eat like chicken, like Halal chicken from the restaurant, pizza and other stuff. It's expensive!

The strong odours and different appearances of traditional foods, as well as the need to reheat them, are barriers to eating this food in public, for both parents and their children. As one community worker described, these issues become a motivation to adapt their diet to meet cultural norms in the Canadian context:

[Newcomers will say] "show me how to make a lasagna, a vegetarian lasagna, show me how to do, you know, more Canadian stuff." You know, because if they take it to work, you know it doesn't smell as much, right?

Culture shock, language barriers and the process of adapting to their new environments were also reported to be barriers to healthy eating for participants. When they arrived in Canada, they were in survival mode – attempting to learn a new language, and find housing and employment. This often left healthy eating as a lower priority. One community worker described the many pressures that newcomers face:

[...] they have all this stress coming on them that [...] from the society's expectations of them to learn English, to access [...] to get jobs and um, have their children in school and take good care of them. There's a lot of, like, pressure on the families that's kind of goes on top of everything that has to do with the food.

The inability to speak English hinders finding employment, learning about community resources and programmes, as well as reading nutrition labels – let alone attending nutrition programmes that are meant for the general Canadian population. One community worker described her experience conducting nutrition education with newcomers:

[...] language barriers are huge of course for clients that speak little English, and who also don't speak and read French [...] I do see a few clients from Western African countries, so they are coming here actually with an advantage when it comes to being able to um, once they learn about the or acquire some nutrition knowledge, it would be easier for them to read the labels of course, since they know French.

Most newcomers reported attending settlement orientation programmes, supported by Citizenship and Immigration Canada, when they arrive in Canada. This is where they learn about Canadian society, including laws, norms and available social services. Unfortunately, food and nutrition are small components of the curriculum in these newcomer programmes, so they receive little support in these crucial areas. The educators lack the expertise to include a comprehensive nutrition component in the programme and the small number of Public Health Dietitians in Winnipeg means there is little support available from nutrition professionals.

Social exclusion. Social exclusion of newcomers was both reported by community workers and observed throughout the study and appears to greatly affect participation in food-related programmes. Many existing programmes in the North End of Winnipeg that address food insecurity and poor nutrition are meant to be inclusive; however they are not designed or advertised in ways that meet the unique needs of the newcomer population. One programme coordinator stated that she was unaware of appropriate ways to communicate with newcomers about programme offerings. She stated that her organization normally relied on mass e-mails to community members and organizations with this type of information, but was unaware of whether or not newcomers commonly used the internet, or if they were able to read the English e-mails that were sent out.

Many of the existing programmes are designed to teach basic cooking skills, and meal preparation – which are skills that all newcomer participants reported having. The programmes meant to increase access to healthy food, such as the Good Food Box Programme[1], provide affordable access to staple foods that Canadians are familiar with, but these are not foods that most newcomers consume. Furthermore, they do not provide large enough quantities of food to

meet the needs of the often-large newcomer families. As one community worker explained, even the food received from the food bank is often culturally inappropriate:

[...] clients might receive a nice big package of food but they're foreign ingredients and the food maybe ends up going to waste [...].

The only programmes, food-related or otherwise, that newcomer participants reported attending, were programmes designed strictly for newcomers, such as newcomer gardening programmes. This was confirmed by community worker participants, who reported that newcomers often felt unwelcome at other programmes and events, and in one case had experienced racism through being asked to leave a community garden.

Income and transportation. The majority of newcomer participants lived in subsidized or low-rental housing and were living on low incomes. Living in low-income households was another barrier to healthy eating and food security for participants. Most reported working low-paying jobs, in food service or manufacturing or being unable to work due to language barriers. Others were on social assistance, which limited their ability to purchase sufficient amounts of nutritious, culturally appropriate food for their families. One newcomer reported that social assistance payments sometimes come late, resulting in running out of money before their next payment arrives. Another participant explained her struggle to budget her social assistance income in order to feed her family:

My money, my income is small [...] not enough money. I try, I try to do budget but not enough. Yeah, because I am social assistance. All my kid is student.

Because her social assistance income is not sufficient, she must use one of the local food banks.

During the administration of the HFSSM survey, another participant who was also living on social assistance indicated that their social assistance payments would sometime arrive late. The translator stated:

They are on EIA [Employment Income Assistance], sometimes they do not receive the money on time
(Translated from Karen).

They indicated that this had resulted in the participant's family running out of money to purchase groceries, on more than one occasion.

Low incomes also affected newcomer participants' ability to buy personal vehicles. Many of the specialty food stores that carry traditional food items are located in different neighbourhoods, and require newcomers to either walk a long distance to get there or to take multiple city transit buses. Newcomers expressed that this was especially difficult for them in the harsh winter months, when temperatures can reach below -40°C and large amounts of snow can impede their ability to walk outdoors. Many programmes and services for newcomers are also located in downtown Winnipeg and consequently, access to these services was limited. One participant from Bhutan described her struggle to shop for groceries:

Not too easy because I live in North End and we have to go shopping downtown and Superstore a little bit far, got to take bus, not easy.

Nutrition knowledge. Although most participants in the study were attempting to eat healthy traditional diets, not all were aware that their diets were, in fact, healthy. The Karen participants reported eating an abundance of leafy vegetables, fish and fruit, not because they are "healthy", but because these are their favourite foods. When queried about their favourite foods, they often pointed to the photographs of green vegetables. In response to being asked if they believed that their diets were healthy, some reported being unsure. One participant responded:

I don't know, I cannot say that I am eat healthy food but I mean, it's just the way that I like to eat, so I'm not sure it's healthy or not. But I know that we eat fresh food, we eat green vegetables and we eat [...] so [...] what we make, so [...] what's healthy [...].

The food photographs taken by newcomers demonstrated the significant diversity in traditional diets among participants. Most participants, however, consistently reported eating a variety of vegetables, relatively small amounts of animal products and when refined grains were consumed, they were usually in the form of a homemade flatbread or ugali – a porridge-like food, usually

made with maize flour, which is a staple food in many parts of Africa. Many participants took pictures of rice, which they reported eating on a daily basis, some at every meal.

Participants also identified certain foods as having health benefits, based on their traditional knowledge. Multiple participants described the health benefits of bitter melon, which was a commonly eaten traditional food of participants from various countries. A woman from Afghanistan stated:

Keralas, this one (pointing to a photo of bitter melon), this is for [blood] sugar is good.

The translator explained that many people from Afghanistan believe that bitter melon can be used to treat diabetes.

Some of these foods, however, are considered less healthy by Canadian nutrition standards. Participants from the Middle East reported consuming a larger quantity of meat than other participants and believed that ground beef was a very healthy food choice. One participant from Afghanistan stated that it had been very expensive in her home country, which resulted in rarely eating it. According to her, her consumption of beef had increased since immigrating to Canada.

While participants were often eating healthy foods based on their traditional diets, community workers identified nutrition knowledge as a concern, particularly as newcomers begin consuming larger amounts of packaged and processed foods. As stated previously, almost all newcomer participants were accustomed to eating primarily fresh, unprocessed foods, therefore labels were not present on these food items. This was reinforced by the fact that very few of the newcomers' food photographs contained packaged foods containing a label. Because of this, reading labels is not common practice or, many times, even possible in many of the participants' home countries. This is a barrier to selecting healthy foods in the Canadian food environment, especially for those with limited English abilities.

Community workers and some newcomer participants indicated that there is a great deal of interest from the newcomer community in gaining nutrition knowledge – both in regards to their traditional diet, as well as about more “Canadian” food choices.

Education and literacy. All but one newcomer participant had less than post-secondary education, and most had less than secondary education when they arrived in Canada. Most had spent a significant amount of time in refugee camps, where educational opportunities were scarce. One Karen participant had lived in a refugee camp in Thailand for 20 years. Even prior to living in the camps, many were living in poverty and had to work rather than attend school. One newcomer described what it was like to grow up as an orphan in her native country of the Congo:

I lost my parents before and I grow up some people help to take care of me. She said we don't have enough money, we can't afford to keep in school.

For this Congolese widow, the inability to attend school resulted in illiteracy, and since arriving in Canada has struggled to learn English. Without the ability to speak English, she has been unable to find employment, but dreams of attaining post-secondary education in business. Low levels of education and literacy have resulted in the participants having difficulty finding employment, learning English and obtaining higher incomes.

Gardening challenges. The majority of newcomer participants had either been farmers in their home countries or were engaged in some form of their own food production. All but one reported a desire to garden in Winnipeg. However, they experience challenges including a lack of space to grow a garden, unfamiliarity with, and issues surrounding Canadian climate and growing conditions, as well as a lack of access to seeds of foods from their home countries. Many newcomer participants were living in rented apartments and houses which lacked physical space and/or support from the landlord. One Congolese man, who had been a farmer in his country, expressed his desire to have a garden to help feed his eight children:

He said, he would like to plant it, but because of they are renting house they can't have the opportunity to put the box in front of house or behind. But he wish to have it – Interpreter (Translated from Swahili).

Manitoba Housing, the provincial housing authority, often allows renters to have gardens in front of their units, but unless planted in garden boxes, plants may be inadvertently destroyed.

One participant, a Kurdish woman from Iraq, reported that the garden she had planted in her front yard had been mowed over with a lawn mower by maintenance staff. Newcomers who reported being able to garden, reported that many of their traditional foods will not grow in the Canadian climate, and many have had issues with unfamiliar pests.

Time constraints. Newcomers reported that, upon arrival in Canada, they were faced with a multitude of demands, limiting the amount of time that could be spent on food procurement and preparation. Some community workers described it as being in “survival mode”. As mentioned previously, when newcomers arrive, they must immediately find housing, and for many, begin learning English. Most attend classes to aid in the settlement process. Once they are able to speak English, they begin looking for work, and often find themselves working long hours, including shift-work, which leaves little time for food-related work. One community worker stated:

[...] they are in survival mode and, you know, taking a nutrition program is last on their checklist. The first thing is finding work, well actually finding housing, then finding work, improving their English in order to maybe advance at work or find a better job from their entry level position, you know, they're often just forced to take, which are often not easy jobs. They often have to work long hours. They are not around as often as they would like to be for their children. Like, there's so many struggles that newcomers have to overcome first and those are the first priorities and unfortunately nutrition and cooking complete meals for their families every day definitely falls on the back burner.

In some cases, males in newcomer households have to transition to a more active role in household food-related activities, activities they may not have traditionally participated in. While the females in the household might normally have performed these duties in their home country, they now must enter the workforce to generate family income, leaving far less time for meal preparation. A Karen participant described the busy lifestyle in her household:

In the weekend always I cook a good meal but in the week day [...] cause we all work at my house we all work and my son go to school so we meet just in the evening so we don't actually cook a good meal.

One community worker explained that some male newcomers struggle with their new roles in the household and lack the food preparation skills needed to cook healthy meals for their families.

Lack of community resources. Despite a desire for nutrition knowledge, an environmental scan of community food-related resources and programmes, as well as newcomer and community worker interviews, revealed that there is a paucity of newcomer resources in Winnipeg's North End to facilitate the acquisition of this knowledge. At the time of this study, there was only one newcomer nutrition education programme in Winnipeg, which was located a significant distance away from the North End neighbourhood. Moreover, this programme had a wait list of more than 150 newcomers. Most other newcomer programmes were also located in the Downtown neighbourhood, including cooking classes.

The only newcomer-focussed food programme in the North End is a gardening programme facilitated by a neighbourhood settlement programme, but they lack the resources to meet the demand for gardening supplies and support for gardeners. A community worker from this settlement programme described her difficulties in providing adequate support to all the newcomer families who want to garden:

Supervision of having 50 families growing all around the North End everywhere, it's just really hard to make sure that everybody's ok unless they come to me.

Although there are other food-related programmes designed to improve health and food access for all North End residents, newcomers rarely attend these programmes.

Food security status of participants. The Household Food Security Questionnaire (Health Canada, 2007) was administered during the newcomer interviews. Results showed that five of eight newcomer participants lived in food insecure households at the time of the study.

Health concerns. Some newcomer participants expressed concern about their health or the health of their family, in relation to their new diet. Some areas of concern were cultivation methods used in Canada, including use of chemicals and soil quality, high sodium and fat composition of

western foods and an overall lack of control over their foodways. Community workers stated that they had witnessed a decline in the health status of some of their newcomer clients, which they attributed to their changing diets. When newcomers were asked if they felt that their diet was healthy, many were not sure, or they believed that their diet did not affect their health in any way.

Opportunities

Cultural food practices. Newcomer participants arrived in Canada with substantial food-related skills and knowledge, which inevitably enhanced their ability to eat healthy in their new home. All newcomer participants did the majority of the food preparation in their respective households and all described maintaining their traditional food preparation methods as much as possible.

The majority of newcomer participants described wanting to maintain a healthy traditional diet abundant in cruciferous vegetables, fruits and fish. They expressed commitment to maintaining this diet in their new surroundings, despite the many challenges they face. Their children, however, do not share this commitment and are often enticed by the less-healthy western foods of their friends and classmates who were Canadian-born or have resided in Canada for a long time.

Cultivating and preparing their traditional foods remains an important part of the cultural identity for participants, as well as a source of pride. Community worker participants observed these healthy eating practices at community gatherings and events:

I see newcomers as almost like food role models. Like, they have a better understanding [of food] than a lot of Canadians do.

Culinary and gardening skills. Participants demonstrated a strong interest in applying their knowledge related to gardening, food preservation, and cooking in Canada. Most participants reported playing a role in food production in their countries of origin, with the two Congolese participants describing farming as their previous way of life and source of income. These participants expressed a deep desire to continue farming in Canada but were dismayed that they lacked the resources to do so.

The Karen participants from Burma described their passion for horticulture and the important role that these practices have historically played in their culture and lives. Although they were not able to continue these practices during their many years in refugee camps prior to coming to Canada, it remains a high priority for them and provides them with joy and economic benefits:

The pumpkin, ground melon, and bok choy, cilantro, we plant all by ourselves so we don't spend money to go shopping for vegetables.

Some participants report learning food preservation skills in their home countries, such as dehydrating and pickling, whereas some saw no need to do this due to their ability to cultivate food year-round.

Increasing availability of traditional food. Numerous specialty grocery stores have emerged over recent years, which participants describe as being where they are commonly able to find their traditional foods. Newcomer participants from Afghanistan and Iraq reported more often that they were able to find their traditional foods in grocery stores, when compared to participants from Asian and African countries, such as Burma and the Congo. This is likely because they consume staple foods that are more commonly found in Canada, such as tomatoes, various meats and rice. However, one participant from the Karen community also described her increasing success in finding some of their staple foods:

[...] in the beginning when we first came here we struggle with pumpkin leaves because everybody eats pumpkin leaves and flowers but we cannot find anywhere until now.

The results of this study show that newcomers living in Winnipeg's North End neighbourhood are faced with numerous challenges while attempting to eat a healthy traditional diet. They do, however, have strengths and opportunities that can help to facilitate a healthy diet, including knowledge and skills related to food, as well as specialty grocery stores. Community workers reported observing these challenges and opportunities frequently while working with newcomers from many different countries and of all ages and genders.

Discussion

Food is central to the newcomer experience in Winnipeg's North End neighbourhood. While there are numerous challenges with respect to accessing culturally appropriate food, study participants also had many food-related assets.

For the newcomer participants interviewed in this study, maintaining their traditional diet was extremely important. This is consistent with newcomer food experiences across Canada, as documented by other researchers (Sanou *et al.*, 2014). According to D'Sylva and Beagan (2011), food traditions can take on an especially important role in a context where language, dress and other aspects of one's culture are not well understood. Food becomes a way of passing on traditions and maintaining cultural identity, both within the family and as a community.

Maintenance of these cultural food practices, however becomes difficult, and newcomers' new Canadian social, economic and food environments begins to influence their food choices and preferences, beginning a dietary acculturation (Satia-Abouta *et al.*, 2002). While dietary acculturation is a complicated process and not easily measured (Sanou *et al.*, 2014), the research shows that this phenomena is typically associated with a decrease in health status for many newcomers (Newbold, 2009; McDonald and Kennedy, 2005; Sanou *et al.*, 2014). Dietary acculturation is the result of many factors, however paradoxically, as food security improves for newcomers, the degree of dietary acculturation appears to increase. Although this seems to be a positive transition, it may not result in better health status for newcomers (Rush *et al.*, 2007). The research shows that newcomers, especially refugees, show significant declines in self-reported health status within two years of arrival in Canada (Newbold, 2009). As their diet and lifestyle become increasingly similar to that of their Canadian counterparts, newcomers' risk for chronic disease follows, sometimes even leaving them at a greater risk than the average Canadian (Lear *et al.*, 2009; McDonald and Kennedy, 2005). This leaves many newcomers concerned for their health and the health of their children, as many newcomers report that their children prefer non-traditional, more "western" food (Hassan and Hekmat, 2012).

Despite a strong desire to maintain their traditional food practices, the study participants faced many challenges, similar to those faced by newcomers in other parts of Canada (Varghese and Moore-Orr, 2002; Sanou *et al.*, 2014). One major barrier often reported is that newcomers are frequently living in households with low-socioeconomic status, making it difficult for them to access these culturally acceptable foods (Sanou *et al.*, 2014). This can have further impacts on transportation, housing and food consumption patterns, fast-tracking them to dietary acculturation. Food insecurity was identified as an issue for the majority of participants through the HFSSM survey, as well as through their interviews. Despite the small sample size, these results suggest food insecurity may be a concern for other newcomers in this community. A 2010 report found high rates of food insecurity in the North End population (Malabar and Grant, 2010). Other studies have found higher rates of food insecurity in newcomer populations in Canada compared with the rest of the population (Health Canada, 2012; Vahabi *et al.*, 2011), leaving North End newcomers at considerably high risk for food insecurity.

The dietary changes associated with immigration pose significant implications for the future health and cultural identity of the of the Canadian newcomer population. With this in mind, it becomes increasingly important to determine what barriers are preventing newcomers from obtaining food security, while also finding ways to support traditional food practices. Dietary acculturation, while inevitable to some degree, should not be seen as the solution.

This study further demonstrates the need to provide additional support for new refugees and immigrants immediately upon their arrival in Canada. Effective programmes are needed in order to ensure that immigrants and refugees have the knowledge, skills and resources to navigate their new food environment, protect their traditional dietary patterns, and mitigate the adverse health effects that result from food insecurity and dietary acculturation.

It is well established that the sizable indigenous population in the North End neighbourhood also suffers with many of the same food-related struggles as their newcomer neighbours. High rates of poverty and food insecurity, as well as a loss of traditional food practices have been documented in communities across Canada (Brown *et al.*, 2008; Damman *et al.*, 2008; Power, 2008). A lack of

culturally appropriate programmes and resources has also been cited (Power, 2008). This emphasizes the importance of sensitivity and cultural awareness on the part of nutrition and health professionals. Culturally appropriate educational resources must be developed for newcomers and indigenous people that encourage maintenance of a healthy traditional diet, while equipping them to access other non-traditional healthy foods where appropriate and desired. Empowering them in such a way is crucial for the health and well-being of these populations, as well as the sustainability of Canada's healthcare system.

Further research is needed to examine the transition from food insecurity to food security that many newcomers experience and determine the role that dietary acculturation plays in this transition. It is also crucial to not conflate increased access to food with better nutrition; therefore as newcomers gain food security they should also have access to educational opportunities that emphasize nutritious eating in a Canadian context. Finally, it is essential to thoroughly evaluate newcomer food and nutrition programmes to ensure that they are promoting a healthy transition to food and nutrition security.

A limitation of this study was the small sample size resulting in the inability to generalize the results to the wider newcomer population. Nevertheless, the results yielded important areas of further research to determine the prevalence of food insecurity for newcomers living in the North End community of Winnipeg.

Conclusion

The participants in this study revealed the significant challenges experienced by refugees in their countries of origin and during their resettlement in Canada. The process of integration into a new culture and society exposes both refugees and immigrants to many obstacles that must be overcome in order to lead the safe and healthy life that they deserve. While adapting food habits is part of the transition to their new life, it can be difficult for them to spend the time and money that is required in order to maintain their traditional diet as much as they desire. This process can be especially difficult for refugees, who come to Canada with little-to-no financial resources.

This study demonstrates that more culturally appropriate programmes and resources are needed in Winnipeg's North End to improve food security status of newcomers and support the maintenance of healthy traditional diets. Programmes focussing on food literacy, cultural awareness and capacity building have the potential to benefit all residents of this inner city community – including both newcomer and indigenous residents. In the development of these programmes, the important role of newcomer community members, as participants, as teachers, and as facilitators, cannot be overstated.

Note

1. The Good Food Box program is a community buying club that provides affordable fruits and vegetables to families in Winnipeg (Winnipeg Foodshare Coop., n.d.).

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