

# Barriers and facilitators to healthy food



# Know How to Take Care +

The following contributors are listed in alphabetical order.

<b>Authors</b>	<i>Lya Cynthia Porto de Oliveira, Researcher and Project Manager, Montréal – Métropole en Santé</i> <i>Véronique Gosselin, Research Consultant, Montréal-Métropole en Santé</i>
<b>Steering Committee</b>	<i>Anne Marie Aubert, Co-Director, Montréal – Métropole en Santé and Coordinator, Conseil du Système Alimentaire (CSAM)</i> <i>Carine Thouveny, Co-Director, Montréal – Métropole en Santé and Coordinator, Montréal – Physiquement Active</i>
<b>Scientific Advisors</b>	<i>Rosanne Blanchet, Assistant Professor, School of Public Health, Université de Montréal (ESPUM); Researcher, Centre de recherche en santé publique (CReSP) Université de Montréal and CIUSSS du Centre-Sud-de-l'Île-de-Montréal</i> <i>Suzanne Laberge, Full Professor, Faculty of Kinesiology and Sport Science (EKSAP), Université de Montréal</i>
<b>Technical Support</b>	<i>Sophie Gadbois, Mobilization Agent, Montréal – Métropole en Santé</i> <i>Clémence Harter, Francophone data collection assistant, Consultant, Montréal – Métropole en Santé</i> <i>Valkiria Spring, Anglophone data collection assistant, Consultant, Montréal – Métropole en Santé</i>
<b>Advisory Committee</b>	<i>Aurélie Lebrun, Planning Advisor, Service de la diversité et de l'inclusion sociale, City of Montreal</i> <i>Barbara Poinaut, Director of Communications and Customer Experience, Sports Montréal</i> <i>Caroline Pujol, Executive Director, Sports Montréal</i> <i>Catherine Blanchette, Executive Director, Health, Fitness and Aquatics, The YMCAs of Québec</i> <i>Dafina Savic, Co-Founder and Senior Consultant, Agence UENA</i> <i>Frédérique Bergeron, Planning, Programming and Research Officer, Montreal Regional Public Health Directorate</i> <i>Maryse Caron, Scientific Advisor, Institut national de santé publique du Québec</i> <i>Rosanne Blanchet, Assistant Professor, School of Public Health, Université de Montréal (ESPUM); Researcher, Centre de recherche en santé publique (CReSP) Université de Montréal and CIUSSS du Centre-Sud-de-l'Île-de-Montréal</i> <i>Stéphanie Lessard, Scientific Advisor, Institut national de santé publique du Québec</i> <i>Stéphanie Tremblay, Director of Programs and Social Impact, Alima - Perinatal Social Nutrition Centre</i> <i>Suzanne Laberge, Professor, Centre d'éducation physique et des sports, Université de Montréal</i> <i>Sylvie Chamberland, Co-Director, Carrefour Solidaire Community Food Centre</i>
<b>Editors</b>	<i>Soraya Elbakkali, Consultant, La Forge</i>
<b>Suggested citation</b>	Porto de Oliveira, L. Gosselin, V. (2024). Barriers and facilitators to healthy food: 2SLGBTQ+. Know How to Take Care + project, Montréal – Métropole en Santé. <a href="https://www.montrealmetropoleensante.ca/">https://www.montrealmetropoleensante.ca/</a>



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

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

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

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

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

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

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

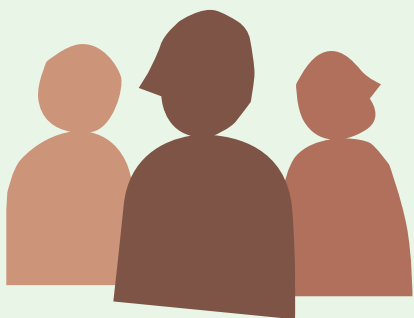
Various forms of data collection were used: interviews, focus groups, and a 40-question survey on health, eating habits, and physical activity.

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

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

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

## This research project involved 60 people from two targeted populations



Immigrant and/or racialized families<sup>3</sup> from disadvantaged neighbourhoods<sup>4</sup> (36)



2SLGBTQ+ communities (24)

# Highlights

The results presented in this document are based on the testimonies of 24 people from the 2SLGBTQ+ communities who participated in the research activities of the Know How to Take Care+ project. For these people, a healthy diet is a diversified, plant-based diet focused on pleasure and a relationship with body, mind, and nature. The project provided an opportunity for participants to identify barriers and facilitators to their access to healthy foods. They also proposed solutions to address the identified issues.

**"You have to prove you're poor. You have to justify it. This burden, you know, it prevents you from like getting out of your situation."**

Participant from the non-mixed group

**"In the facilitators I would also put cooking for several people, since otherwise I was eating bread and cheese [alone]."**

Participant from the women+ group

## Barriers

Food prices and inflation were identified as a major obstacles for the people we met, as well as their physical and mental health, and the fact that some of them are isolated which had a negative impact on their ability to incorporate a healthy diet.

Accessibility criteria, lack of inclusiveness, and the stigma surrounding the use of food services (food banks, collective gardens, kitchens, etc.) added an extra burden for people from 2SLGBTQ+ communities in accessing healthy food.

## Facilitating factors

Collaboration and exchange with others in the food purchasing and preparation process facilitates the practical aspects of eating, the desire to cook and eat, and the exchange of know-how.

The various tools and platforms for finding discounts and alternatives (for example, dumpster diving) and access to various food services (the Carte proximité program, free meals, and collective kitchens) are helpful for people belonging to 2SLGBTQ+ communities.

## Possible solutions

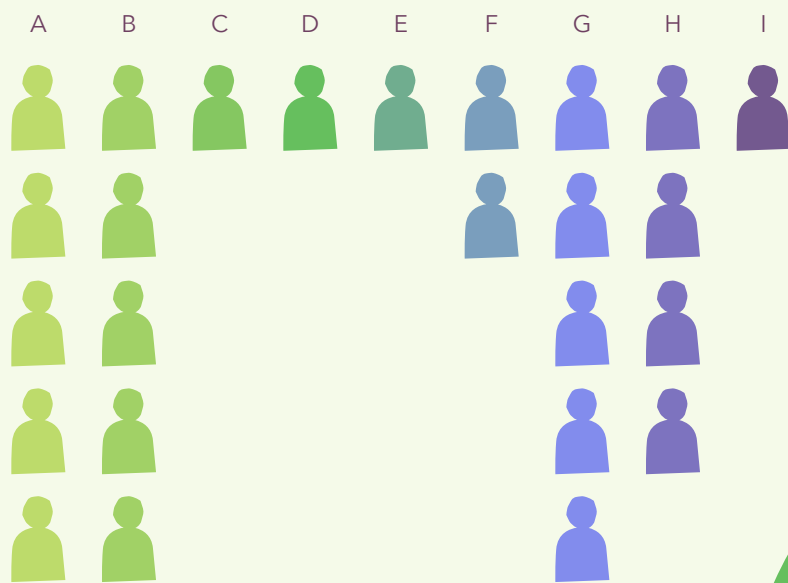
The people we met proposed several solutions to facilitate access to food services for people belonging to the 2SLGBTQ+ communities:

- ① **Reducing** bureaucracy (the number of documents required to access food services) and stigmatization by universalizing access to food services.
- ② **Promoting** food know-how in a way that is inclusive of 2SLGBTQ+ communities, notably by creating queer-friendly spaces.
- ③ **Increasing** awareness of food aid services and the Carte proximité.

# Participant characteristics

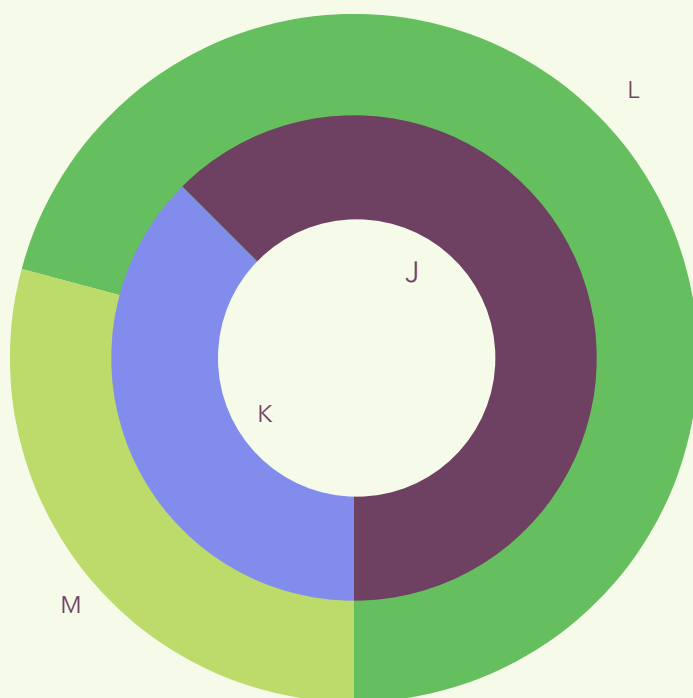
The research consulted 24 people, aged between 18 and 44, from 2SLGBTQ+ communities.

## Gender



A	5	Cisgender woman
B	5	Cisgender male
C	1	Agender
D	1	Trans woman, Non-binary
E	1	Fluid type
F	2	Trans man
G	4	Trans man, Non-binary
H	4	Non-binary
I	1	Prefer not to answer

## Ethnicity and Nationality



### Nationality

L	17	Canadian citizens
M	7	Non-Canadian citizens

### Ethnicity

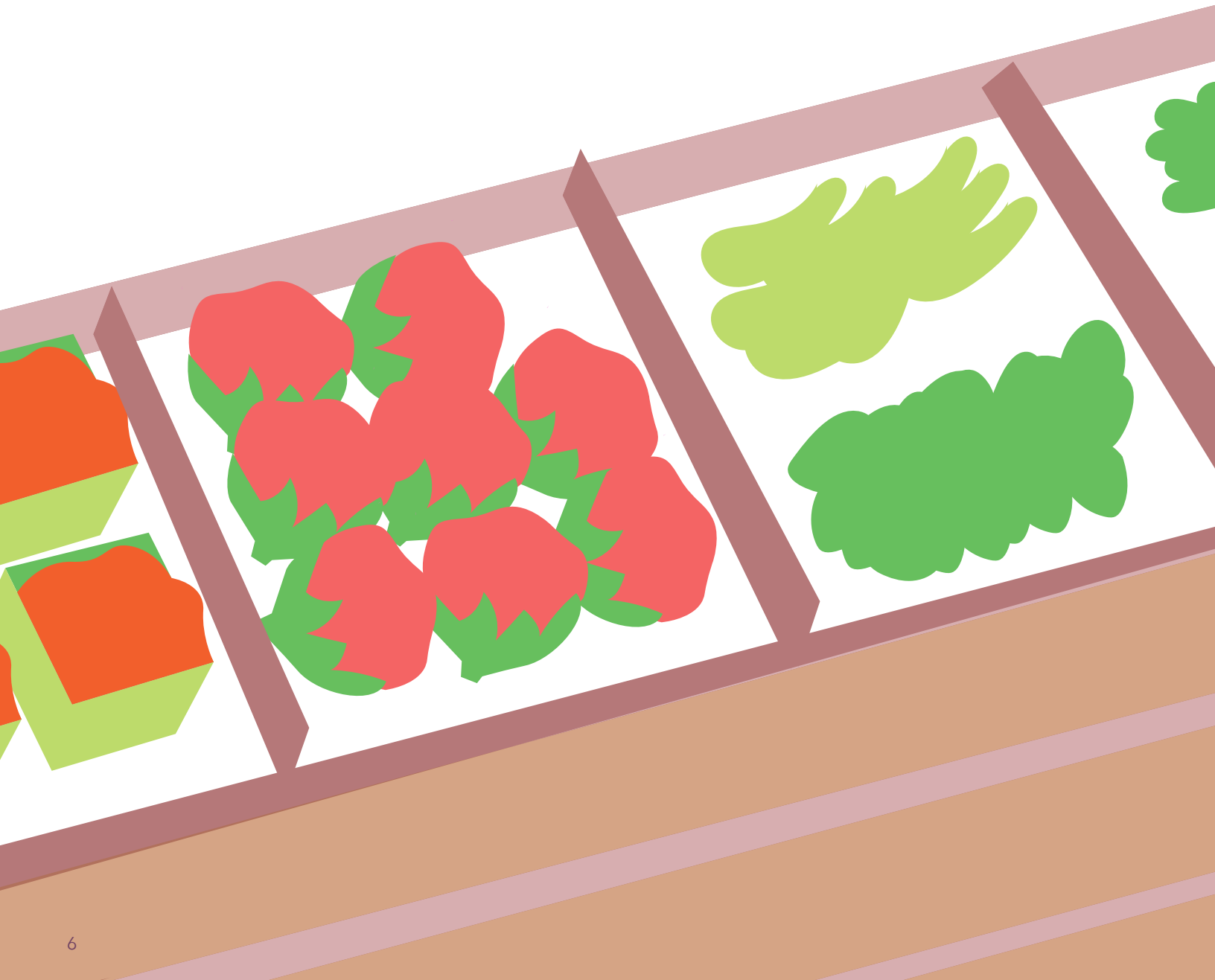
J	15	Caucasian
K	9	Non-Caucasian (one person self-identifies as Black, one as West Asian or North African, and one as Latin American or Caribbean. Two people say that they were born of a mixed union.)



# Healthy eating: representations and practices

The majority of people we met defined healthy eating as a diversified diet that encourages the consumption of fruit, vegetables and natural foods. The relational and subjective aspects of eating were also essential for the people we met, especially women, trans and non-binary people. They were referring to social sharing, the balance between the pleasure of eating and health, the spiritual connection with food, and respect for the environment.

**In summary, for the participants, a healthy diet is a diversified, plant-based diet focused on pleasure and a relationship with body, mind, and nature.**



# Fundamental barriers to accessing healthy food

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## Economic barriers



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## Psychosocial barriers



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## Institutional barriers



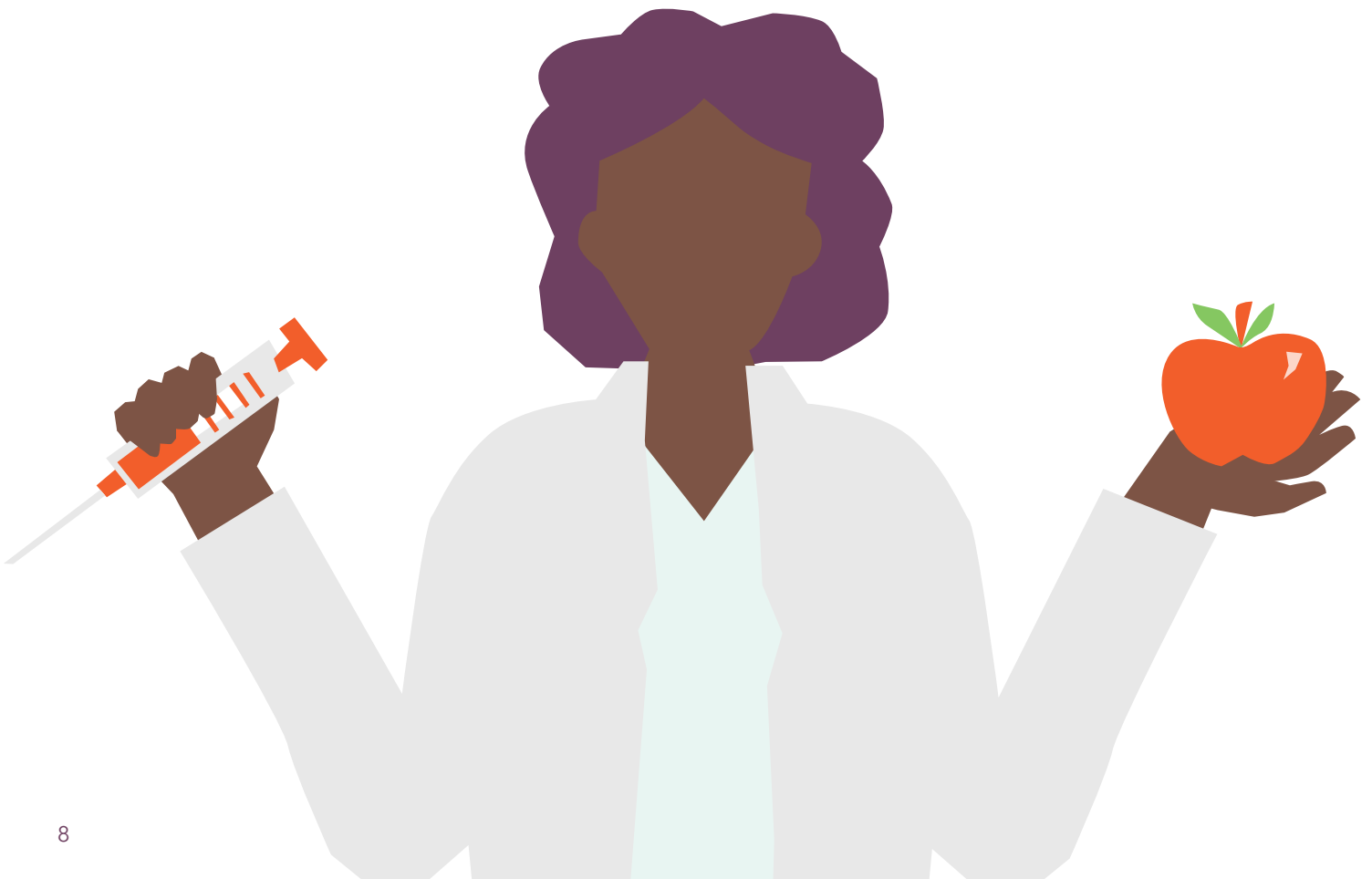
# Economic barriers

Food prices and inflation were identified as major obstacles for the people we met.

Trans and non-binary people stressed that their difficulty in accessing the job market kept them in a precarious financial situation. As a result, they have less purchasing power. Therefore, fresh food is no longer accessible to them as its price has risen sharply. Some people said they no longer have the financial means to buy basic foodstuffs.

**"We have to take into account the cost of our medication and our transition in general. We're a community, whether we're more precarious financially or professionally. (...) I spend about a hundred dollars of medication a month, and that's a lot. Then you know, do you skip one or two weeks of purchases, or do you eat? I need to eat."**

Participant from the non-mixed group





# Psychosocial barriers

Poor physical health, mental health, and social isolation have a negative impact on the integration of healthy eating into daily life. Mental health and eating disorders were issues raised by trans people, non-binary people and women. Certain behaviours such as lack of appetite or compulsive eating were mentioned throughout the focus groups.

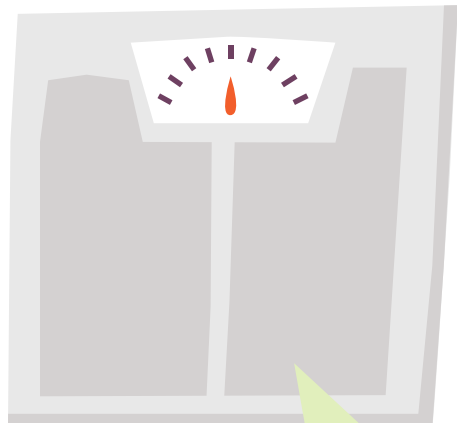
The participants also shared their difficulty in obtaining dietary advice in certain health services. They mentioned that they did not receive enough dietary guidance when they were sick, in a process of gender transition, or dealing with food intolerances. In their view, healthcare staff tend to replicate the same dietary guidelines for everyone, without taking into account their individual needs.

**"I live alone and it's so boring [to cook]. Then often I'd arrive in the evening and say to myself, well I'm going to take a break with an egg because I don't feel like cooking for 1 hour just for myself."**

Participant from the women+ group

**"You could say that in general, there is a lack of services and advice that are more tailored to each person's needs, and not based on a guide that does not apply to our own body."**

Participant from the non-mixed group



**"Gender dysphoria creates a lot of eating disorders. For me, I was obsessed before I started taking hormones. I was completely obsessed that I shouldn't gain weight and I was always looking at my plate and becoming obsessive with it."**

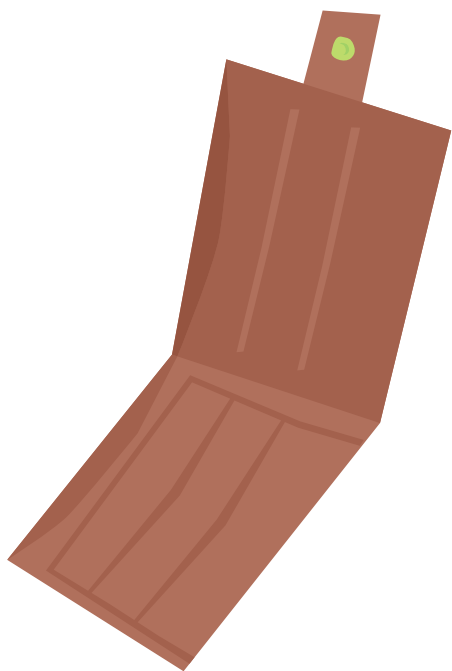
Participant from the non-mixed group

**"I have ADHD and that really puts up a lot of barriers when it comes to my diet. [This is ] why all my life I've been eating like a 5-year-old. In more depressive episodes, [it's] harder to eat and then even harder to eat healthily."**

Participant from the women+ group

# Institutional barriers

Accessibility criteria for food services (food banks, collective gardens, kitchens, etc.) and the stigma that is often attached to the use of these services add an extra burden for people from 2SLGBTQ+ communities accessing healthy food services. Many of the people we met also deplored the lack of welcoming spaces for the 2SLGBTQ+ community.



**"It's crazy, now you know, how you have to prove you're poor. You have to justify it. This burden, you know, it prevents you from like getting out of your situation too."**

Participant from the non-mixed group

**"It would be nice if there were more food banks accessible because some of them seem to be reserved for a specific clientele.... As you mentioned stigma, not many people are willing to go to a food bank, they feel they don't deserve it or their situation isn't dramatic enough."**

Participant from the non-mixed group, free translation from English

**"I can't go to all these things and they're not all universally accessible or inclusive towards neurodivergent people. Community kitchens are something I'm interested in, but it's not accessible to me at the moment because it's not inclusive for people from LGBTQ communities."**

Participant from the non-mixed group, free translation from English

**"Everyone should have access to the community garden, but it takes more than two years on the waiting list. It's crazy, we have one next to our house, but we're waiting, waiting, waiting."**

Participant from the non-mixed group

# Facilitators to healthy eating



# Pooling resources

Collaboration and exchange in the food purchasing and preparation processes facilitate the practical aspects of eating, and encourage people to cook, eat and exchange know-how.

"In the facilitators I would also put cooking for several people, since otherwise I was eating bread and cheese."

Participant from the women+ group+

"When the cooking is collective or with friends, for me it's super important because that's when it really motivates me."

Participant from the men+ group

"[...] cooking for someone is going to be my motivator, because it's really my love language."

Participant from the non-mixed group

# Searching for discounts and food alternatives



"I was on an application called Too Good to Go, [...] it's really great."

Participant from the women+ group

"We look at grocery store flyers."

Participant from the men+ group

"Well, I do dumpster diving and then recover the food that has been thrown out. And I find that yeah, it gives me some good, cheap items. And it's good for the planet too [...]"

Participant from the non-mixed group

# Accessibility to food services

Access to food services such as the Carte proximité, free meals, and community kitchens

**"The grocery store [linked to the Carte proximité] is more done at the level of food dignity, that it's not just a grocery store if like you're poor."**

Participant from the non-mixed group

**"I know that community kitchens would be helpful because I know the example of Midnight Kitchen at McGill, or People's Potato at Concordia. Anyone can go, you just have to bring a container and they give you a free vegan meal. This type of initiative would be interesting in the neighbourhoods, but they should also be projects where you don't need to show an ID card. You can go there for a meal and you'll get it, no matter who you are."**

Testimonial, Non-mixed chosen, free translation from English

**"I've realized that I'm also trying to find opportunities to eat for free."**

Participant from the non-mixed group



# Possible solutions

The people we met raised a number of possible solutions to overcoming these difficulties in accessing healthy food:

- ① **Reducing** bureaucracy and stigmatization by universalizing access to food services and ensuring 2SLGBTQ+ representation among staff.
- ② **Promoting** food know-how in a way that is inclusive of 2SLGBTQ+ communities, notably by creating queer-friendly spaces.
- ③ **Better promoting** food services and the Carte proximité program. The people we met suggested improving how information is communicated regarding the criteria for accessing these services, and centralizing all local food services (informal and formal) on a single platform to make access easier.

# Glossary

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## 2SLGBTQ+

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

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## ADHD

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

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## Agender

A person who identifies as neither female nor male.

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## Carte proximité

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

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## Cisgender (cis woman or cis man)

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

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## Dumpster diving

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

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## Eating disorders

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

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## Equity

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

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## Food stamps

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

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## GBA+

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

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## Gender dysphoria

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

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## Gender fluid

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

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## Gender identity

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

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## Healthy eating

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

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## Immigrant and/or racialized families

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

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## Inclusion

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

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## Intersectionality

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

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## Mutualisation

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

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## Non-binary (person)

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

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## Non-mixed groups

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

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**Queer**

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

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**Queer-friendly (or LGBTQ-friendly)**

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

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**Racialized person**

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

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**Sociocultural**

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

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**Sport and physical activity (SPA)**

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

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**Trans (or transgender)**

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



# Know How to Take Care +

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## Acknowledgements

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

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

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

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## Graphics and Layout

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