



CUISR:

Community – University Institute for Social Research

*Collective Kitchens in
Three Canadian Cities:
Impacts on the Lives
of Participants*

by Rachel Engler-Stringer



Building Healthy Sustainable Communities

Community-University Institute for Social Research

CUISR is a partnership between a set of community-based organizations (including Saskatoon District Health, the City of Saskatoon, Quint Development Corporation, the Saskatoon Regional Intersectoral Committee on Human Services) and a large number of faculty and graduate students from the University of Saskatchewan. CUISR's mission is "to serve as a focal point for community-based research and to integrate the various social research needs and experiential knowledge of the community-based organizations with the technical expertise available at the University. It promotes, undertakes, and critically evaluates applied social research for community-based organizations, and serves as a data clearinghouse for applied and community-based social research. The overall goal of CUISR is to build the capacity of researchers, community-based organizations and citizenry to enhance community quality of life."

This mission is reflected in the following objectives: (1) to build capacity within CBOs to conduct their own applied social research and write grant proposals; (2) to serve as a conduit for the transfer of experientially-based knowledge from the community to the University classroom, and transfer technical expertise from the University to the community and CBOs; (3) to provide CBOs with assistance in the areas of survey sample design, estimation and data analysis, or, where necessary, to undertake survey research that is timely, accurate and reliable; (4) to serve as a central clearinghouse, or data warehouse, for community-based and applied social research findings; and (5) to allow members of the University and CBOs to access a broad range of data over a long time period.

As a starting point, CUISR has established three focused research modules in the areas of Community Health Determinants and Health Policy, Community Economic Development, and Quality of Life Indicators. The three-pronged research thrust underlying the proposed Institute is, in operational terms, highly integrated. The central questions in the three modules—community quality of life, health, and economy—are so interdependent that many of the projects and partners already span and work in more than one module. All of this research is focused on creating and maintaining healthy, sustainable communities.

Research is the driving force that cements the partnership between universities, CBOs, and government in acquiring, transferring, and applying knowledge in the form of policy and programs. Researchers within each of the modules examine these dimensions from their particular perspective, and the results are integrated at the level of the Institute, thus providing a rich, multi-faceted analysis of the common social and economic issues. The integrated results are then communicated to the Community and the University in a number of ways to ensure that research makes a difference in the development of services, implementation of policy, and lives of the people of Saskatoon and Saskatchewan.

CUISR gratefully acknowledges support from the Social Sciences and Humanities Research Council of Canada through their Community University Research Alliance program. CUISR also acknowledges the support of other funding partners, particularly the University of Saskatchewan, the City of Saskatoon, Saskatoon Health Region, Quint Development Corporation, and the Star Phoenix, as well as other community partners. The views expressed in this report, however, are solely those of the authors.

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CUISR acknowledges the following for their contributions to this publication:

Nazeem Muhajarine, Academic Co-Director, CUISR; and Academic Co-Leader;

Johnmark Opondo, Community Co-Leader,

Community Health Determinants and Health Policy Module, CUISR

Kate Waygood, Community Co-Director, CUISR

D & S Editing / Neil Soiseth, Editing, Interior Layout, and Design

Printed in Canada by Printing Services, University of Saskatchewan

ABSTRACT

Collective kitchens are small groups of people who pool their resources to cook large quantities of food. Over the last twenty years, hundreds of groups have been formed across Canada. However, collective kitchens vary considerably in structure, purpose, and format. This study of collective kitchens in three Canadian cities found that the social benefits are foremost for participants, particularly with regards to increasing social support and decreasing isolation. Impacts on food security and food and nutrition knowledge are also important. Participants also discussed how their involvement resulted in community building. Despite these important positive impacts, collective kitchens are not a solution to poverty and other social inequalities.

INTRODUCTION

A collective kitchen is a “small group of people who get together to cook in bulk for their families. These cooking groups pool their money, skills and energy to cook healthy and economical meals that they take home to share with their families” (Collective Kitchen Partnership, personal communication, 16 March 2004). There may be as many as two thousand of them across Canada. According to Tarasuk and Reynolds (1999: 13), community kitchens are “community-based cooking programs in which small groups of people meet regularly to prepare one or more meals together,” while collective kitchens are a sub-grouping “characterized by the pooling of resources and labour to produce large quantities of food.”

The extent of these groups’ formal organization varies across Canada. While the Collective Kitchen Partnership offers support in Saskatoon and the Quebec Collective Kitchens Association does the same in its region, there is no organization in the City of Toronto dedicated to the continuing support of collective kitchens.

Using the central concepts of food security and health promotion, this study’s purpose was to explore participants’ experiences with regards to collective kitchens’ social, nutritional, and other impacts.

RESEARCH METHODS

A qualitative study was undertaken to examine the effects of collective kitchen involvement. The study was initiated in fall 2000 after obtaining ethical approval from the University Advisory Committee on Ethics in Human Experimentation for the Behavioural

Sciences at the University of Saskatchewan. It used a combination of semi-participant observation—where the observer has some interaction with study participants (Glesne, 1999)—and conducted in-depth individual interviews with collective kitchen participants and leaders/facilitators in Saskatoon, Toronto, and Montreal. Additional data was collected from key informants in the three cities to gain an understanding of the history and development of, and support available to, collective kitchens in those communities.

This study was conducted with the assistance of the Collective Kitchen Partnership in Saskatoon, Toronto FoodShare, and the Quebec Collective Kitchens' Association in Montreal. Eight collective kitchens were sampled for participation in Saskatoon, six in Toronto, and seven in Montreal. Maximum variation sampling (Patton, 2002) was chosen because it was important to seek out both groups and individual participants who could share a variety of perceptions of how collective kitchen involvement influenced their lives. In Saskatoon, the sampled groups' planning and cooking sessions were observed over a period of three to six months. In Toronto and Montreal, collective kitchen observation was conducted over six weeks. Participants from those groups were recruited for subsequent individual interviews.

The second data collection method was one-on-one, in-depth phenomenological-based interviews (Seidman, 1998) with kitchen members. Seven collective kitchen participants and leaders in Saskatoon were interviewed twice (i.e. fourteen interviews), ten participants and leaders in Toronto, and thirteen in Montreal (a total of thirty interview participants and thirty-seven individual interviews in the three cities). Nine key informants were also interviewed (five in Saskatoon, three in Toronto, and one in Montreal) to gain insight into the history and support for collective kitchens in each community. All interview participants were asked a series of open-ended questions; all but one agreed to be tape-recorded.

The analysis process was inductive. It began with the writing of observation notes and transcription of interview data. Preliminary coding of the observation and interview data was done with the aid of a computer program, QSR-Nud.ist 4 (later with the updated QSR-N6) (QSR International Pty, 2000, 2002). This coding was then refined into a manageable number of codes for each project. Saskatoon, Toronto, and Montreal observation and interview data were divided into six separate projects within the data analysis program and initially analyzed separately. The codes were compared and contrasted, which led to further coding refinement. The major categories were then used to systematically integrate data from each city to identify central concepts relating to participants' experiences, such as social support, learning, and food security.

RESULTS AND DISCUSSION

Collective kitchens have been described as enhancing self-help and social support, and enabling participants to manage more effectively within existing social and economic

structures. They do this by emphasizing food skills and alternative means of food acquisition. Their goals are extremely diverse—social support, community organizing, nutrition education, food security, or a combination of the above (Crawford and Kalina, 1997; Rouffignat et al, 2001; Tarasuk, 2001; Tarasuk and Reynolds, 1999).

A pictorial framework was developed to provide a simplified presentation of the research findings. **Figure 1** shows an inner circle containing the words “collective kitchens.” Surrounding that inner circle are five outer circles, each containing a major category of data that emerged. Using point form, each major category and the main tendencies within that category are presented. It is important to note that the five major category circles intersect so as to show the inter-relations in the data, and to acknowledge the somewhat artificial nature of category division.

Figure 1. Collective Kitchens' Impacts.



PERSONAL IMPACTS

The following results and discussion present the impacts of collective kitchens that occurred largely at the individual and household levels. The major category divisions of these personal impacts include those related to general personal change, household food security, and food, nutrition, and other learning.

Personal change

Participants were asked whether they felt that they had changed since becoming a member of a collective kitchen. Their answers were mixed. While several felt that they had not changed at all, a somewhat larger number felt that they were different after their experience. Certain descriptions were frequently used: “more assertive”; “feeling better about myself”; and “feeling more positive.” Quite often participants felt that belonging to a collective kitchen influenced their feelings of personal change. Increased self-esteem and other aspects of improved self-concept, however, cannot be attributed specifically to collective kitchens because of the difficulty involved in separating their participation from other community involvement. Racine and St-Onge (2000) also found that a majority of their study’s participants reported increased self-confidence and self-esteem resulting from their involvement with collective kitchens.

Household food security

The data in this project suggest a variety of issues relevant to the study of food security and collective kitchen participants. Food security is “a condition in which all people at all times can acquire safe, nutritionally adequate and personally acceptable foods that are accessible in a manner that maintains human dignity” (Canadian Dietetic Association, 1991: 139). The quantity of food produced varies dramatically from group to group. In some, only a small number of meals are produced on a monthly basis, while in others more than a third of participants’ monthly meals are cooked in the collective kitchen. Impacts on other components of food security are often difficult to discern. Many collective kitchen participants were once food bank users. They felt better about participating in a collective kitchen because it was humiliating to use the food bank. Participants generally perceived the quality of the food produced as high or higher than other food that they could afford to cook at home or that they received from charitable sources. Some participants felt less anxiety about whether they would be able to feed themselves in the future. Others, on the other hand, thought that the collective kitchen would not adequately compensate for their worsening financial situations.

Tarasuk and Reynolds (1999) suggested that because collective kitchens only produced a few meals per month, it would not significantly impact food security. They concluded that the economic benefits, whether due from subsidies or the economies

of scale associated with bulk food purchasing, were severely limited because groups generally produced only a maximum of five percent of their monthly meals. Therefore, the impact of the additional food was unlikely to be significant. In this study, however, such conclusions cannot be made for several reasons. First, the vast majority of groups included in the study cooked larger quantities of food (between three and twenty-four meals per person/family each month), which is considerably more than those in the Tarasuk and Reynolds study. Indeed, three collective kitchens produced as many as a third of their participants' monthly meals. Second, in groups that cooked at least five meals per family each month, participants generally perceived a cost savings associated with participation, which again differed from the perceptions of those studied by Tarasuk and Reynolds. Perhaps a more suitable conclusion in the context of this research is that when groups cook in large quantities (i.e. upwards of five to eight family meals per month), especially when there is some subsidy involved, collective kitchen participation may indeed have an impact on the food resources available to participants.

Food knowledge, skills, and other learning

The limited research in the area of food knowledge and skills is consistent in establishing skill-building as a central tenet of collective kitchens (Crawford and Kalina, 1997; Edward and Evers, 2001; Fernandez, 1996; Ripat, 1998; Tarasuk, 2001; Tarasuk and Reynolds, 1999). As stated in the Ottawa Charter, the development of personal skills is a major strategy for health promotion (World Health Organization, 1986), and having good health practices and coping skills is an important determinant of health (Federal Provincial and Territorial Advisory Committee on Population Health for the Meeting of the Ministers of Health, 1994). Overall, this study follows from previous research in concluding that participants and leaders perceived the collective kitchen as a venue for learning about food, cooking, and other aspects of nutrition.

Some aspects of healthy eating are most commonly noted in and associated with collective kitchens. Other studies have concluded that increased variety of foods in the diet has resulted from collective kitchen involvement (Crawford and Kalina, 1997; Edward and Evers, 2001; Tarasuk and Reynolds, 1999), something that was also mentioned by participants in this study. Other specific aspects of healthy eating described by participants were not explicitly listed in previous studies. For example, this study's participants mentioned increased vegetable consumption and the learning of particular techniques to decrease fat intake. In general, most participants felt that they had learned enough about food and cooking to enable them to make healthier food choices.

While important food-related knowledge and skills were acquired, individual collective kitchens were less helpful in developing a broader analysis of the roots of nutrition problems. According to Riches (1997) and Travers (1995, 1996), when nutrition education programs focus only on food, participants, many of whom are already marginalized

by society, can all too easily become trapped in a cycle of self-blame where they do not recognize the societal factors that contribute to their living circumstances.

In a systematic review of over two hundred nutrition education interventions, social support, including peer education and an “empowerment approach” that enhanced personal control, was important to program success (Contento, Balch, Bronner, and Maloney, 1995). In contrast, those programs that were oriented mainly to disseminating information and teaching skills in isolation of social support were not very effective at behavioral change. The nutrition education conducted in collective kitchens in this study was often informal and occurred in sharing between peers. It was hands-on, and seemed to be incorporated into the context of everyday life. Food skills learning, such as how to “stretch” meat by incorporating more vegetables or other non-meat, high-fibre substitutes and how to decrease the fat content in food, was done in the company of peers and while making food to take home. These are examples of food skill learning that could be taught using an “empowerment approach.” While collective kitchen groups were diverse, most groups used an informal, peer learning, social support approach. As such, collective kitchens fit into the model of successful nutrition education programming.

COMMUNITY IMPACTS

Collective kitchen participation also impacts the communities in which participants live by affecting social relationships, community participation, and community organizing as a whole. Collective kitchens have been described as a community development initiative within health promotion practice to benefit participants’ food security (Ripat, 1998).

Social relationships

Interview participants described the social benefits of participation as central to the cooking process. Many expressed satisfaction with their new feelings of social support, particularly from group members whom they perceived as similar to themselves—women (and sometimes men) who had experienced poverty and the isolation that often comes with it. Mothers spoke about the pleasure that they gained from spending time with other adults, and all participants (particularly older people) spoke of the joy of eating with others. Participants were unequivocal in declaring that the social benefits were the most important outcome of participation.

Social support

When asked what they enjoyed about their group, participants often said that it was the sense of support. More particularly in the context of health promotion interventions, nutrition education research has shown that healthy eating messages are more eas-

ily incorporated into daily life in the context of programs that also use social support (Contento et al, 1995; Hackman and Wagner, 1990). Previous research identified social support as central to collective kitchen groups (Crawford and Kalina, 1997; Fernandez, 1996; Ripat, 1998; Tarasuk, 2001; Tarasuk and Reynolds, 1999).

A common thread in the interviews was the building of friendships through collective kitchen involvement. Participants emphasized their appreciation of the friends that they had made in the collective kitchen, and how these friendships would continue both outside and beyond the duration of the group. The words “friend” and “ami” appeared in the vast majority of interviews when participants spoke about others in their collective kitchen groups. Racine and St-Onge (2000) also found that participants in their study reported building friendships within their collective kitchen groups.

In many groups, participants had begun spending time with each other away from their cooking group. Participants often chatted about what they had done since the last group meeting. These often included activities done together. They telephoned each other, visited one another’s homes, went out for coffee or meals, took classes offered in the community together, and even went on day-trips as a group.

The theme of breaking isolation emerged strongly for those in particularly socially isolating circumstances. Interview participants described decreased social isolation associated with collective kitchen participation as “someone I can talk to” and “getting out of the house.” This is similar to results from focus groups with low-income participants who felt that collective kitchen participation helped combat social isolation (Hargrove, Dewolfe, and Thomson, 1994) and from a study of collective kitchens in Quebec (Racine and St-Onge, 2000). Single mothers were the largest group experiencing less isolation. This group of women spoke about being single and having young children at home. Most also had added the pressures of poverty. Participants, especially single mothers with small children, emphasized having a chance to spend time with other adults as central to the positive social experience of a collective kitchen.

Seniors were a second group of participants who spoke about reducing their isolation through collective kitchen involvement. Women who had taken care of families throughout most of their lives and were living alone for the first time felt especially isolated and appreciated the collective kitchen for its fun social atmosphere.

A third group of participants for whom reduced isolation was a major theme was new immigrants. According to group leaders, sharing with others experiencing similar stresses related to adapting to a new country was important. The goal of reducing isolation was emphasized the most by groups for new immigrants. Integration into the community was also a benefit emphasized by those working with collective kitchen groups for new immigrants to Canada. They also saw the collective kitchen as a place to learn about Canada and its customs.

There were other ways in which participants felt that some of their needs for support were being met through collective kitchen involvement. They discussed many

life events with one another and shared both their frustrations and joys while planning and cooking. Participants stated that when they had difficulties in their lives, they felt comfortable asking for help from other collective kitchen participants and leaders. In the context of cooking and eating, participants talked about problems with their children, financial troubles, and even difficult personal interactions. Some of these problems were very personal, including family members' drug addictions or intimate health troubles. Racine and St-Onge (2000) also found that their study participants reported increased emotional support as a result of collective kitchen involvement.

Many interview participants explained how additional informational support was shared through the collective kitchen. Both participants and leaders explained that information was shared about programs, activities, and other opportunities. Many took particular note of information about activities and places where participants could get needed help and brought it to the attention of other collective kitchen members.

Building communities

Group leaders in the three cities also explained how collective kitchens brought communities together. Some felt that by gathering people who might not otherwise get a chance to meet, collective kitchens helped "build a stronger community." A group of leaders who worked with people living with mental illness and with new immigrants discussed their collective kitchens as a means for changing attitudes towards these populations. They felt that collective kitchens helped change negative stereotypes about particular communities and, as such, lead to healthier communities. Another interesting impact of collective kitchens was that a few participants described them as "safe spaces" for participants who lived in rough neighbourhoods.

Participation in community activities

Interview participants were asked to describe their involvement in community activities other than the collective kitchen. They were also asked to compare their involvement before joining a collective kitchen and since becoming involved. A small number explained that they had been deeply involved in community issues before joining their collective kitchen and that the group was just one among many, while for others collective kitchen membership was a first step to becoming more involved in community activities. Still others had not altered their participation in community activities because they had not participated previously and continued not to do so. Crawford and Kalina (1997) and Ripat (1998) also reported an increased interest in public involvement among participants in their studies. A large group of collective kitchen participants explained that they had become more interested in engaging with their communities in a variety of church, recreation, and volunteer settings. When asked why they were more engaged,

participants explained that once they had experienced what it felt like to be involved, they felt compelled to increase that involvement. Some also described feeling more self-confident in group settings.

Community development initiatives

The key informants were asked about impacts that collective kitchens had on their communities. Several key informants from supporting organizations spoke of collective kitchens' "potential" to impact their communities. Many key informants in Saskatoon and Toronto felt that the potential for community development was not being tapped, but the key informant in Montreal believed that the Quebec Collective Kitchens' Association had more success in this area. One key informant in Saskatoon felt that collective kitchens were only beginning to realize their potential for community development.

In Montreal, the key informant explained that a couple hundred people from collective kitchens attended the annual general meetings to help choose the direction of the Quebec Collective Kitchens' Association. She also described the number of individual collective kitchen groups that had grown and evolved into organizations unto themselves—they recruited participants for additional collective kitchens, sought their own start-up funding for new groups, or paid for a location to house collective kitchens. A few had grown to include food-buying clubs, catering businesses, and community restaurants where people could buy meals at a minimal cost (usually about \$2.00). One exceptional example of such an occurrence is in the neighbourhood where Montreal's first collective kitchen started. That group has evolved to include a building that houses a kitchen for several groups to use, an industrial kitchen where community members learn commercial cooking, and office and classroom spaces for additional skills training and other meetings.

Strengthening community action as part of health promotion is one aspect of the Ottawa Charter (World Health Organization, 1986). When community members come together to make positive change, this can lead to health promoting effects. While an increase in community involvement, most notably recreation and volunteer activities, was common amongst participants, it is more complicated to discuss the strengthening of community action as it may relate to collective kitchens. Key informants and some group leaders raised the issue of collective kitchens' community development potential. The understanding was that while collective kitchens were amenable environments in which to organize around issues of concern to members, this was not generally happening. Fernandez (1996) and Ripat (1998) also found that while collective kitchens were environments in which organizing might occur, such activities were not the norm.

Key informants were clear that with the help of leaders possessing strong facilitation skills there was ample opportunity, in the context of cooking, for encouraging

discussion and engagement on community issues. Tarasuk (2001) also stated that an emphasis on collective kitchens' social aspects requires skilled facilitation. This raises a concern related to collective kitchen leadership. The set of skills required to facilitate discussions about the community and broader issues is significant.

CONCLUSIONS

Collective kitchens operate in hundreds of communities across Canada, yet they have been researched only on a small-scale. The current project explored those areas generally described as relating to collective kitchens, including their personal and community impacts. The data provides more depth to the understanding of collective kitchens and their impacts on participants' lives.

Researchers have argued that income distribution within Canada is the most important determinant of health (Coburn, 2004; Raphael, 2002). Although collective kitchens are beneficial as a tool for health promotion and increased food security, they do not redistribute wealth. Tarasuk and Reynolds (1999) have made a similar argument. In order to decrease poverty, the gap between rich and poor in this country needs to be diminished (Coburn, 2004; Raphael, 2002). Collective kitchens provide some relief from poverty's effects, but not enough to be considered a proper solution.

The above caveat does not discount the importance that collective kitchens can have in the lives of both lower and higher income participants, socially isolated or not, within all kinds of communities. The benefits of collective cooking are numerous. First and foremost, they are social experiences—support and reducing isolation are central aspects. Second, they teach healthy eating and other food-related skills and information about Canadian society for new immigrants, as well as provide some political and social education. Third, they might increase food security. Additional impacts include some community development and elements of personal empowerment.

The language of community used to discuss collective kitchens, however, can be co-opted to absolve governments of their responsibilities to citizens (Labonte, 1996; Nettleton and Bunton, 1995; Riches, 1997). Programs like collective kitchens might be used by neo-liberals as an excuse for cuts in social spending. This is a serious concern. While much of this research has shown the positive impacts of collective kitchens (as well as their limitations), community programming alone will not solve community disintegration and poverty.

While solutions such as collective kitchens, which provide some relief from poverty without compromising dignity, are useful in the short-term, larger government policies that build properly equipped social housing, provide support for the mentally ill so that they do not become homeless, and establish and maintain other forms of social assistance are more sustainable solutions to homelessness and sub-standard living conditions in this country.

Furthermore, in a society where “de-skilling” in food preparation is commonplace (Jaffe and Gertler, 2001), collective kitchens teach just the opposite. They provide opportunities to learn about food and to cook in a social atmosphere, which is counter to the current individualist tide. Such benefits are not new. Collective cooking has been around for centuries in many cultures around the world. As defined here, collective kitchens are different because they are often more purposeful in their focus on healthy eating, and in their current establishment within Canada as a food security and nutrition education initiative. Participants were extremely positive about the impacts, and some felt that, potentially, their collective kitchens could have stronger and wider impacts. As such, while we still do not know the extent of collective kitchens’ impacts, in the context of this study they were overwhelmingly positive.

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