

Exploring Food Security With Collective Kitchens Participants in Three Canadian Cities

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Collective kitchens are small groups of people who pool their resources to cook large quantities of food. With the help of semi-participant observation and in-depth individual interviews, this study is an exploration of participants' perceptions of changes in food security since becoming involved in a collective kitchen. Several important themes emerged, including Increased Variety, Making Ends Meet, and Comparisons to Food Banks. Participants in groups that cooked large quantities of food (upwards of five meals monthly) reported some increases in their food resources. Participants also reported increased dignity associated with not having to access charitable resources to feed their families. Some participants reported decreased psychological distress associated with food insecurity. Overall, participants reported increases in food security; however, collective kitchens are not a long-term solution to the income-related food insecurity experienced by many Canadian families.

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The term *community kitchen* is a general term encompassing a variety of types of community-based cooking programs, of which collective kitchens (CKs) are a subgroup (Tarasuk & Reynolds, 1999). CKs are "characterized by the pooling of resources and labour to produce large quantities of food" (p. 13). Discussions of collective and community kitchens have rooted them firmly within the health promotion literature (Crawford & Kalina, 1997; Fano, Tyminski, & Flynn, 2004; Racine & St-Onge, 2000; Tarasuk & Reynolds, 1999). Collective and community kitchens have grown and evolved, and now operate across Canada. Although there are at least 2,500 individual collective and community kitchens across Canada, only a handful of research articles have been published on this topic (Crawford & Kalina, 1997; Fano et al., 2004; Racine & St-Onge, 2000; Tarasuk, 2001a; Tarasuk & Reynolds, 1999).

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, p. 139). The four components of food security, as described in the literature, are the quantitative, the qualitative, the social, and the psychological (Radimer, Olson, & Campbell, 1990). The

quantitative component describes what is traditionally known as hunger, not having enough to eat at the individual level, or not having food in the house at the household level. The qualitative component concerns the quality of the available food (its nutritional adequacy, safety, and variety). Individuals often compromise on food quality to cope with a lack of funds to purchase suitable foods. The psychological component includes the fears and decreased feelings of self-worth associated with dealing with the lack of funds to purchase sufficient, quality food, whereas the social component describes many of the coping strategies used to acquire food when funding has run out, such as charity, stealing, and buying on credit.

Food insecurity is associated with poorer reported health (Stuff et al., 2004; Vozoris & Tarasuk, 2003), overweight and obesity (Adams, Grummer-Strawn, & Chavez, 2003; Townsend, Peerson, Love, Achterberg, &

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Murphy, 2001), dysthymia and suicide symptoms in adolescents (Alaimo, Olson, & Frongillo, 2002), and negative academic and psychosocial outcomes in children (Alaimo, Olson, & Frongillo, 2001). Food insecurity is also associated with poor nutritional intakes in a variety of population groups (Kaiser et al., 2002; McIntyre et al., 2003; Nelson, 2000; Rose, 1999; Tarasuk & Beaton, 1999), although few studies have linked food insecurity to biochemical or clinical measures of nutritional status (Tarasuk, 2001b). In addition, recent literature now lists food security as an important determinant of health (McIntyre, 2003).

Although all of the published authors agree that community and collective kitchens have social and educational benefits, there has been debate over whether participation in CKs increases one's food security (Crawford & Kalina, 1997; Fano et al., 2004; Tarasuk, 2001a; Tarasuk & Reynolds, 1999). The dominant argument is that because community kitchens produce only a small number of meals monthly, and because they do not increase participants' incomes (inadequate incomes are generally agreed to be the main reason for food insecurity), their potential to benefit the food security of participants is limited. In our study, we differentiated between those groups that cook large quantities of food (i.e., collective kitchens) from groups that cook fewer meals and focus more on the social and educational aspects of participation (i.e., cooking classes and communal meal programs). In this article, we use the term *community kitchen* as a general term to describe the variety of types of groups where groups of people come together to cook (and, often, eat), whereas *collective kitchen* (CK) will be used to describe those groups that focus on producing large quantities of food (upwards of five meals monthly).

Using observation and interview data collected in Saskatoon, Toronto, and Montreal, Canada, we sought to provide further depth to the information collected in previous studies on participants' views on if and how collective kitchens contribute to food security (or, more specifically, if and how collective kitchens increase the perceived quantity and quality of participants' diets, and contribute to the perceived social and psychological dimensions of food security). Past research focusing on the food security aspect of CKs has been very small in scale, examining only one community at a time, and often with little in-depth data collection. The data presented in this article are part of a larger study examining CKs in three Canadian cities that used the principles of health promotion and food security as a conceptual framework to guide the research project (Engler-Stringer, 2005).

Method

The constructivist paradigm and qualitative methods were used in this study, because we wanted to study CK members in their natural setting. We were interested in their stories and perceptions about participating in a CK. The data collection methods were used to create the space for participants to express their experiences in their own words rather than within a predetermined set of answers. Travers (1997) has suggested that qualitative methods should be used to allow the reflection that is necessary to seek out the underlying social conditions that affect nutritional status.

We wanted to hear participants' views on the study research questions. The major food security-related research question was How do collective kitchens address food security issues for their participants? Subquestions that addressed specific aspects of the research questions were How do participants view the quality of the food they bring home from the collective kitchen? How do participants view the impact of the quantity of food they bring home on their ability to feed their family? What cooking, shopping, and nutrition skills learned in a collective kitchen enable participants to increase the food security of their family? and How do collective kitchen members feel about the food they bring home in comparison to the food received through other programs?

The first author (RES), who collected all of the data as part of her doctoral research training, observed the groups studied in Saskatoon over a period of 3 to 6 months each (RES observed the groups in Toronto and Montreal for 6 weeks only because of time constraints), and in many ways became a group member. She did not take food home but helped with its preparation. She had snacks with the groups and spent time listening to and talking with them. The primary researcher, who had no prior relationship with CKs before beginning the research process, acknowledged from the beginning her stance as an antipoverty advocate and openly expressed her desire to build solidarity with the women (and men) participating in the study.

Data collection was begun in the fall of 2000, after ethical approval had been obtained from the University Advisory Committee on Ethics in Human Experimentation for the Behavioural Sciences at the University of Saskatchewan. To obtain informed consent, the primary researcher gave each CK participant a written explanation of the study purpose and, in addition, verbally described the research project to each CK group. The participants were then given the opportunity to ask questions about the study prior to

being asked to sign a consent form for the study. Additional consent was obtained from each individual interview participant.

Saskatoon was chosen for the study because it was the home base for the researchers. Because of the different organizational structures of collective kitchens in Toronto and Montreal, and because of the primary researcher's connections in the two cities, they were included in the study. CKs in Toronto are, for the most part, supported by individual funding organizations, with some training support provided by a larger community organization (Toronto FoodShare). There is no funded organization dedicated specifically to CKs in that city. Montreal, on the other hand, is home to the Quebec Collective Kitchens Association, an organization that employs at least five full-time staff members and provides a variety of support and advocacy efforts for CKs in Montreal and across Quebec. Saskatoon is home to the Collective Kitchen Partnership, an organization that is dedicated to CKs but is small and quite minimally staffed. For a more in-depth discussion of the organizational structures in each city, please see Engler-Stringer (2005).

We used maximum variation sampling (Patton, 2002) to seek out CKs and individual CK members who could share a variety of perceptions of the impacts of CKs. "The logic and power of purposeful sampling lies in selecting information-rich cases for study in-depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the inquiry" (p. 230). Using lists of CKs in each of the three cities, we made several attempts to contact all groups (not all could be reached). On contact with a group, RES asked a series of questions to elucidate their respective characteristics, including the number of group members, their age and family types, the number of women and men in each group, the lengths of participation of group members (ranging from first-time participation in a CK to involvement of 6 years or more), how long the group had been in operation, how often the groups cooked, and type of organizational support (from very little support—financial, leadership, or otherwise—to groups led by professionals and fully subsidized). From these characteristics, the widest diversity of CK groups was sampled for inclusion in the study. As many groups were sampled in each city as necessary to reflect the diversity that exists (eight in Saskatoon, six in Toronto, and seven in Montreal) and considering that the data collection periods in Toronto and Montreal were only 6 weeks each.

Within the individual CK groups, members with some history of involvement were recruited for interviews (a minimum of 4 months of participation, but most interview participants had been involved for at least a year, and some much longer). CK members were interviewed until data saturation was reached in each city and always including at least one interview participant from each CK group. We collected further interview data from key informants to gain an understanding of the support available to CKs and the history and development of CKs in each community. Key informants were staff members from city or provincial-level organizations that supported CKs in three locations and therefore had some knowledge of CKs in their respective locations.

A combination of semi-participant observation and focused in-depth individual interviews with CK members and leaders/facilitators were conducted in Saskatoon, Toronto, and Montreal (see Glesne, 1999, for more on these data collection techniques). In most cases, minimal or no observation notes were taken during the cooking and planning sessions. Soon after each CK meeting RES took more in-depth notes on, for example, the setting, members' interactions, and the food cooked (including ingredients and quantities taken home by each participant). The observation data were used to provide greater context and depth to the interview data and to determine the different approaches taken to CKs. Observation was conducted in each city until saturation was achieved. Three groups were observed once, whereas between two and seven observations were conducted with each of the other CK groups (overall, the Saskatoon CKs were observed more times than the Toronto and Montreal CKs).

The individual interviews were adapted from a method suggested by Seidman (1998). "In this approach interviewers use primarily, open-ended questions. . . . The goal is to have the participant reconstruct his or her experience within the topic under study" (p. 9). During the first interview, the participants were asked about any relevant aspects of their lives that led up to the experience being studied and to describe their current experiences of participating in a CK. During the second interview, questions were asked to elicit reflections on the meaning they made of their experiences in CKs. In Toronto and Montreal, because of time constraints, the two interviews were conducted in one longer interview. Interviews lasted anywhere from 30 to 90 minutes, with the majority lasting about an hour. Interviews were conducted until saturation was achieved in each

city. Interviews were recorded on audiocassette tapes and transcribed verbatim.

The CK member interview questions that focused on food security included the following: What changes have there been in the kinds of foods you (and your children) eat (fruit and vegetables, meat, beans, etc.)? What changes have there been in the amounts of food you (and your children) eat compared to before you joined a CK? What changes have there been in your grocery shopping habits (where, how often, how you get there)? What changes have there been in your use of food programs and why (e.g., Food Bank, Good Food Box program)? What changes have there been in your cooking habits at home (e.g., preparation methods)? and Do you have more, less, or the same concerns about food, nutrition, cooking, and shopping after having been involved in the CK?

The principal researcher observed 63 CK meetings (31 in Saskatoon, 17 in Toronto, and 15 in Montreal) and conducted 46 interviews with 39 participants. Of these interview participants, 22 were CK members, 13 were CK leaders (2 of these were volunteer peer leaders, and the others were paid staff leaders), and 9 were key informants. In Saskatoon, 4 CK members were interviewed twice, 3 group leaders were interviewed twice, and 5 key informants were interviewed once. Two of the three leaders in Saskatoon were volunteer peer leaders who had chosen to take the leadership training, so their perceptions of changes in their own food security were also taken into account. In Toronto, 4 group members were interviewed once, 6 group leaders were interviewed once, and 3 key informants were interviewed once. More leaders than members were interviewed in Toronto because of logistics. In groups for new immigrants, there was a language barrier, and members could not be interviewed directly (this was the case for 2 of the interviews). Also, members with severe mental illness were difficult to interview (this was the case in 3 of the interviews). Finally, in Montreal, 12 CK members were interviewed once, and 1 group leader and 1 key informant were interviewed once each.

Data collection and preliminary data analysis were done simultaneously. The observation and interview (member, leader, and key informant) data for each city were placed in separate folders within Nud.ist 4 and, later, N6. This resulted in the creation of 10 separate “projects” within the QSR-N4 program, which made it possible for each project to be coded separately for later comparison.

Categories were built as they emerged from the research process. Initial reactions and the observation

notes led to the development of a preliminary code tree, with nodes and subnodes containing emergent themes and subthemes. Codes and subcodes relating to poverty and food security, such as increased variety, making ends meet, comparisons to food bank, more vegetables, and better quality, were created. This coding was refined into a manageable number of codes. The major categories were then used to integrate data systematically from each of the cities to identify central concepts relating to interview participants’ experiences. The codes in the different projects were compared, which led to a further refining of the coding. Many of the codes were similar across the projects. Once the central concepts were collated, we found that many of the food- and poverty-related data reflected elements of food security as previously defined: the quantitative, qualitative, social, and psychological dimensions.

The data in the food security–related categories were coded as resulting from observation, an interview with a lower income CK member (they self-identified as low income), a leader, or a key informant. Then information from lower income CK members was considered more centrally in the writing up of the data, with other data providing context to that information. This was done to ensure that the words of those interview participants who were low income were used to understand perceptions of changes in food security (or, more specifically, its elements).

The primary researcher used a number of methods to enhance the rigor of the study. The field component was for approximately a year, including data collection in each of the three cities. This lengthy data collection process was done to ensure prolonged engagement and persistent observation (Lincoln & Guba, 1985). To address triangulation (Lincoln & Guba, 1985), a number of data collection methods were used (specifically, observation and interviews with both individual collective kitchens and key informants in each city).

Member checks were done in two major ways. First, the primary researcher attended the monthly meetings of the Collective Kitchen Partnership in Saskatoon throughout the course of the research process, provided the Partnership with regular updates on the research process, and asked for feedback on the data collected at different stages. Second, the results were presented back to research participants in a community event. All of the Saskatoon research participants were invited to a meal and an evening presentation on the first draft of the findings, where they were asked to provide feedback on the interpretations. These were gathered and considered in the final analysis.

When contradictory information resulted from different methods of data collection or from different participant groups, this information was compared to determine whether a pattern had been missed or whether the contradictory information was an exception. Potentially important exceptions were added into the original final research document (Engler-Stringer, 2005). Finally, “thick” description was used in the preparation of the dissertation on which this article is based.

Findings and Discussion

The following findings focus largely on the 16 interview participants who identified themselves as low income, with additional information from group leaders who discussed the food security impacts of CKs on members. When asked about why they joined a CK, many interview participants cited financial reasons: They felt they could make more of their limited funds with the savings incurred from cooking in bulk (often with some subsidy). “And also it costs less. The portions are good. That’s an important point. Because financially speaking we’re at the bottom of the ladder” (author’s translation from French). Fano and colleagues (2004) found that three quarters of the participants in their study reported that it was “easier to buy all the things that my family and I need” since joining a CK. Racine and St-Onge (2000) reported that for the majority of participants in their study, financial savings was a major reason for participating in a CK.

The data help develop a picture of interview participant perceptions of changes in food security as a result of participation. This includes aspects of the elements of food security: quantity, quality, dignity, and acceptability (Canadian Dietetic Association, 1991).

Food Quantity and Subsidies

The interview themes that can be grouped under food quantity include those related to Stretching the Budget and Making Ends Meet. These data are complemented by observation and interview data on the quantities of food cooked in the different CK groups. It is important to differentiate between those CK groups that cooked larger quantities of food versus those that did not. In Table 1, we have listed the food cooked in each CK group and the subsidies provided for the cost of the food cooked.

Participants in the CKs listed in Table 1, which cooked greater quantities of food, placed more

Table 1
Food Cooked in Community Kitchen Groups in Saskatoon, Toronto, and Montreal, Canada

	Frequency	Saskatoon	Toronto	Montreal	Total
Cooking regularity	1/month	7	1	4	12
	2/month	1	1	2	4
	1/week		3	1	4
	> 1/week		1		1
Amount of food cooked each month ^a	1 meal ^b		1		1
	2-3 meals	3		1	4
	4-6 meals	5	3 ^c	5	13
	7-8 meals				
	> 9 meals		2	1	3
Subsidy for cost of food ^d	No subsidy		1	3	4
	Partial subsidy	8	2	4	14
	Full subsidy		3		3

a. These numbers are minimums, and some months the groups cooked more. This is based on visual estimates, notes taken during observation sessions where group members discussed how much food they brought home, and interview participants’ estimates of the amount of food cooked.

b. In the groups of single people, this means per CK participant, but in the groups where each CK participant represented a family, this means per family. This number is an estimate of the monthly average.

c. One of these groups met each week but only for 8 weeks and then was disbanded. Its aim was education and integration for new immigrant women.

d. The cost of food was often subsidized (for example, in Saskatoon, all CKs had access to \$2 per person the CK was cooking for, and this amount was usually supplemented by similar or greater contributions from each CK member), in addition to the space and the group leader being provided for free. Fully subsidized CKs were free for participants. No subsidy meant that each CK member paid part of the food costs, based on the portions he or she took home.

emphasis on the cost savings associated with their CK. Most interview participants emphasized the financial benefits of participation in groups that cooked at least 4 to 6 meals per participant/family each month, and particularly when there was some subsidy for costs involved. By contrast, in groups where less food was cooked, the financial savings were emphasized less.

The differences in quantities of food cooked in each city were related to the types of groups found in each city. For example, in Toronto CK groups that were communal meal programs rather than collective kitchens (meaning that small numbers of meals were produced each month), increased food resources was not the priority of either group members or leaders. A focus on learning and the social aspects of participation were much more important. Participants in

groups where the focus was on producing larger quantities of food stressed the increases in their food resources more. In Saskatoon, all the groups produced food in somewhat similar quantities, resulting in similar descriptions of increased food resources by all lower income study participants. In Montreal, there were similar quantities of food produced in the CKs studied, and as such, a similar focus on increased food resources was noted in interviews with CK members.

Interview participants explained that stretching their social assistance or paycheck until the end of the month was challenging. With the food from the CK and the savings from having to buy a few fewer groceries, they were more often able to make it until the end of the month without either going hungry or having to use the food bank: "I found that instead of running out of groceries two weeks before check day, it's not as bad as it was because I've got the extra food." On the other hand, a participant in one CK group explained that despite the CK food, she did not have enough food to last her until her next paycheck.

Other interview participants found that participating in a CK freed up money for purchasing more diverse foods at the grocery store.

Well, my food dollar goes further when I'm going shopping on my own, because I've got what we did in the collective kitchen, so you can be a little, you can splurge the odd time on something that maybe isn't really necessary, but is really enjoyed by everybody.

The interview participant explained that normally, she was unable to afford expensive dairy products like cheese, and she could sometimes buy these products with the savings from the CK.

Tarasuk and Reynolds (1999) concluded that the economic benefits of CKs were severely limited, because groups generally produced only a monthly maximum of about 5% of meals. Therefore, the impact of the additional food available on food security was unlikely to be significant. Here, such conclusions cannot be made for several reasons. First, most groups cooked at least 4 to 6 meals monthly (about the equivalent of the 5% listed by Tarasuk and Reynolds), and three groups produced 16 to 24 meals monthly (about 25% of meals). In groups that cooked at least 5 meals per family each month, interview participants generally perceived cost savings associated with participation, which was different from the perceptions of interview participants in the Tarasuk and Reynolds study. The major difference between this study and the

results reported by Tarasuk and Reynolds is that in their study 5% of meals was the maximum produced, whereas in the current study, about 5% of meals produced was the average number of meals, with a number of CK groups included cooking significantly greater amounts of food. Thus, when groups cooked in large quantities (upwards of 5 to 8 family meals monthly), and especially when there was some subsidy involved, interview participants perceived CK participation to increase their food resources.

Food Quality, Dignity, and Acceptability, or "Better Than the Food Bank"

These three concepts within interview participants' responses were very much intertwined. To most, the quality of the food in the CK was high (although some complained that it was not high enough). Interview participants often described quality by comparing the variety of foods available to them through the CK with the basic foods they purchased for use at home. Some compared the food to what they would have accessed had they not participated in a CK. This most often meant the food bank. As such, elements of dignity and acceptability were discussed with quality. Although no research has measured the change in quality or variety of food through CK involvement, qualitative studies have argued that quality and variety are increased (Crawford & Kalina, 1997; Tarasuk & Reynolds, 1999).

Unsuitability of food is an aspect of quality and includes the monotony of the food available (Hamelin, Beaudry, & Habicht, 2002). Study participants sometimes expressed that they bought only foods they knew they would eat and not waste. These included basic foods (like pasta, rice, potatoes, canned or frozen corn, and hamburger) and some fresh vegetables. They explained that it was too expensive for them to buy many vegetables because of waste, as CK members in particular found it difficult to eat foods before they went bad. To not waste food, they would buy only foods that could be purchased in small quantities, which excluded many vegetables: "I didn't go to the trouble of buying something because either it was too expensive or it is sold in large enough quantities that...when I am alone, it's obvious that I won't eat a head of celery in one or two days" (translated from French). Also, "Buying a piece of meat or something else when you know that you will waste some, doesn't seem like a winning idea" (translated from French). Joining a CK meant that single CK participants felt better about consuming vegetables and meat because the costs

were spread around and their concerns about waste diminished. Overall, the majority of interview participants felt that the food produced in CKs, much of which contained large amounts of vegetables, increased the variety of their diets.

The most commonly reported learning related to food-related behaviors was to increase the variety of foods eaten by CK participants: "In terms of nutrition, let's say that it's mostly about variation. . . . I was at the point where I had my four ways of making lunch, and it was always the same, there was no variation. But now there's more" (author's translation). Specifically, and most commonly reported by study participants, was increased vegetable consumption at home: "My children eat more vegetables to start. . . . I crush vegetables now in meat. . . . Most of the time I crush celery, peppers, onions, garlic" (author's translation). One study participant explained,

Before, a spaghetti sauce was seasoning, tomato paste, and probably between a pound and a half to two pounds of hamburger for four people. . . . But now there's fresh tomatoes, and there's peppers, and there's onions, and there's mushrooms and there's celery. . . . And, the amount of meat that we have in it is just dropped drastically.

Similarly, Fano et al. (2004) found that the number of participants who reported eating at least five vegetables and fruits each day increased by 20% after joining a CK. These increases in variety are most important, because they could translate into greater nutrient values per dollar spent and therefore some increases in food security.

Radimer et al. (1990) described the dignity and acceptability elements of food security as the social and psychological dimensions. The social dimension encompasses coping behaviors, which include, among other things, receiving charitable food assistance. Food banks are not perceived by society to be a socially acceptable means of acquiring food (Campbell, 1991; Tarasuk, Beaton, Geguld, & Hilditch, 1998). Interview participants who had previously used the services of the food bank described the quality of the food available as poor. Some felt that an important reason for joining a collective kitchen was to access higher quality food; some were particularly concerned with the safety of the food from the food bank, because they had fallen ill after consuming donations in the past. One CK member contrasted food made in her CK to food received at the food bank:

You'll get bread, you'll get donuts, you usually get yogurt and a couple of eggs, maybe some potatoes, maybe some carrots, and four tomatoes. Anything else will probably be rotten. . . . And [in the collective kitchen], you make your casserole. . . . or your fish patties, or your chicken, and . . . it's fresh, it's not rotten. You don't have to go home and check everything out.

A number of interview participants explained that prior to participating in a CK, they had attended the food bank (or other similar food-based charities). Some had used this service more than others:

And, so I don't go to the food bank anymore. I've learned how to budget my money differently. I've got the food coming from the Good Food Box. I've got food coming from the fruit box now. I've got my food from the collective kitchen. Between that and what I budget for groceries, it lasts me a long time.

Some no longer used food banks, whereas others used these charities less but continued to do so periodically. Still others had not previously used food banks, yet some of these CK members still said that there were cost savings associated with participating in a CK. One participant who no longer used charity explained,

Because I save more I don't need to run around as much as I used to. . . . Like there's the St Charles church, once a month you pay five dollars and you go around with your basket. (author's translation from French)

Another interview participant who had reduced his use of charities for food explained,

I very seldom use food banks any longer. I don't have to, that's one thing I like about community kitchen[s], eliminating using the food bank facilities. I very seldom ever go to the food bank. And I don't go to the mission, and stuff like that. . . . I lived on the streets too and I used to have to survive by eating at those kind of drop-ins, eating facilities. But I very seldom use them now, which I find is a good advantage.

Occasionally, interview participants discussed the psychological distress associated with food insecurity. While cooking, CK members' conversations turned to worries about their financial situations. Some explained that they were not sure that participating in a CK would be enough in the future:

It has helped us out to use for us if get a meal or two, it usually helps us out to survive . . . for the whole month . . . but I'll be honest with you . . . energy and stuff is gonna be higher and so I really see that not helping.

For some, the anxiety associated with not having money to buy food was somewhat reduced since they had joined a CK, whereas for others, the worry had not abated.

One might wonder if stigmatization occurs because of the overwhelming participation of individuals with low incomes in CKs. In this study, many interview participants spoke of their CK with pride. Other research found similar results (Rouffignat et al., 2001; Tarasuk & Reynolds, 1999). Perhaps the participatory, self-help nature of CKs makes them significantly different from charitable programs, despite CKs' often being partially subsidized. Another possibility is that the staff, leaders, and organizations involved with CKs contribute to the experience's being nonstigmatizing by creating an atmosphere in which participants feel respected and valued, or perhaps individuals do not see CKs as being only for low-income individuals (the recruitment literature often does not focus only on individuals with low incomes). Another possibility is that interview participants felt unable to express feelings of stigmatization.

Other Learning Related to Food Security

Findings related to forms of learning that emerged from this study are reported in greater depth elsewhere (Engler-Stringer, 2005; Engler-Stringer & Berenbaum, in press). Some results that are particularly relevant to food security have been presented above. In addition, many CK members reported learning about cooking from scratch and how to follow recipes: "less prepared stuff, pre-prepared stuff, like boxed stuff. So a lot more stuff from scratch and a lot more vegetables and fruit and things." Nutritious prepackaged and pre-prepared foods can be more expensive than cooking from basic ingredients; therefore, increased consumption of foods cooked "from scratch" might mean increased food security for CK participants.

Changes in grocery shopping habits also occurred for many individuals. Label reading and bulk buying were the most commonly expressed changes in grocery shopping habits. Some said that they had known previously that it was cheaper to buy in bulk, but their

lack of finances continued to make it difficult: "I try to find specials, like everybody does I think. But it's not easy on social assistance to get the specials" (author's translation from French). Many participants felt they already had significant skills in the area of managing their limited resources. It has also been reported elsewhere that low-income women often have significant skills to manage their limited resources (Tarasuk & Maclean, 1990; Travers, 1995).

Other Themes: Dependency and Reaching Those in Extreme Poverty

Most groups cooked only once or twice a month (although they were cooking upwards of five meals monthly). Many CK members wished to meet every week. When CKs took breaks, most commonly around Christmas and in the summer, members described struggling to make ends meet. When interview participants spoke about the difficulty of not having the food from the CK for a month or more, a sense of dependence emerged. This also came up in interviews with a few people who described "needing the food": "Being in a wheel chair transportation is three times more expensive . . . So she really could not afford not to be in it." Although only a minority of interview participants discussed "needing the food," it might be an important finding. This dependency raises concerns about the precarious food security developed within CKs. When the group took a month off, this could alter a participant's food budget, thereby perhaps sending him or her to the food bank. The fear and distress associated with not knowing where the next meal will come from might still be present for some CK participants.

Power (1999) and Tarasuk and Reynolds (1999) raised the concern that CKs and other similar programs do not reach families that are living in severe poverty because of a variety of economic and psychological barriers. Some interview participants felt that even a small financial contribution was prohibitive: "Like most of the people in our kitchen are on a fixed income, on social assistance . . . Sometimes it's very hard to come up with just that five dollars." Key informants also felt that although it was important for CK members to contribute financially to the group, sometimes they were unable to do so. Perhaps only the less severely food insecure can participate in these initiatives.

In two groups, we were able to target CK participants for whom the depth of poverty was greater. One group met every weekday, and the meals were free; the

other was heavily subsidized and cooked at least 24 meals per participant each month. Both of these groups were aimed at people with significant needs, particularly the homeless or underhoused, and those living in poverty who had a mental illness. Significant subsidies are important for CKs aimed at very low-income participants. This did not seem to be as important when the depth of poverty was not as severe. For example, in Montreal, a number of groups had no food subsidies yet had been operating for some time.

Challenges and Future Research

The process of sampling was challenging because the primary researcher could, feasibly, contact groups only from known lists of CKs. Perhaps participants in CKs that were not included in the study would have responded differently. In addition, and most significantly, this project studied people who continued to participate in CKs, not those who had discontinued their involvement. Past members might have had significantly different experiences with CKs.

Future research studying CKs should include both qualitative and quantitative data collection. Qualitative (and quantitative) program evaluation techniques would be useful in future studies of CKs including, among others, quantitative analyses of the food produced. In addition, a further exploration of the “best practices” used for different types of community and collective kitchens in the different regions of Canada should be shared, so that innovative ideas can be implemented in various locations.

Conclusions

Although CKs were helpful for some interview participants to perceive an increase in their overall food security, other solutions (e.g., increases in social assistance and the minimum wage) must be found to increase long-term food security in the Canadian population (Crawford & Kalina, 1997; Riches, 2003; Tarasuk, 2001a; Travers, 1996). For many interview participants living with less severe food insecurity, CKs were seen as a tool for making ends meet or avoiding using a food bank or other means of coping with insufficient finances. Many participants felt better about participating in a CK than they did about using other forms of charity. Particularly in groups that cooked large quantities of food (upwards of 5 meals per month), study participants felt that their food resources were increased as a result of the CK.

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