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Focus group research with intermediaries who promote healthy eating among specific ethno-cultural communities

Final Report

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Introduction

Health Canada released a revised Canada's Food Guide in February 2007 which included a package of printed and web-based information intended to encourage Canadians to implement healthy eating into their daily lives and assist health professionals who work with the general population to promote healthy eating.

A key component of the revised Canada Food Guide was the acknowledgement of the evolving cultural diversity of Canada by:

- Including a range of foods from a variety of ethnic cuisines on the print resource (e.g., bok choy, hummus, naan);
- Including many examples of culturally relevant foods and mixed dishes on the web site; and
- Providing a web-based tool, "My Food Guide", that allows users to customize the information in the Food Guide by entering their personal information (e.g., gender, age) and selecting their own food and activity choices to obtain a one page print out. In Fall 2007 users will have the option of printing copies of the "My Food Guide" in a number of different languages.

Canada is the destination of choice of many new immigrant communities, with 18.4% of its population in 2001 being born outside of Canada[1]. Immigrants enter Canada every day and become part of the framework of our country. Besides experiences, education, skills and ideas, immigrants bring with them their own cultural food traditions.

Health Canada recognizes that further tools and/or mechanisms may be necessary to ensure that information on healthy eating is accessible and culturally appropriate for members of Canadian ethno-cultural communities.

As part of the process of determining if, and what actions would be warranted, Health Canada, through its Health Products and Food Branch (HPFB), sought further feedback from intermediaries who are actively involved in promoting healthy eating in ethno-cultural communities, using qualitative research. In particular, focus groups were conducted to explore what information, tools and processes could assist people in ethno-cultural communities to make healthy food choices. The information gleaned from this qualitative study will be used to assist in determining what the needs are for promoting healthy eating within ethno-cultural communities, specifically among new immigrants.

[1] Profile of Citizenship, Immigration, Birthplace, Generation Status, Ethnic Origin, Visible Minorities and Aboriginal Peoples, for Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2001 Census. Retrieved May 2007, from www.statcan.ca

In this context, specific research objectives included:

- Determining information gaps/challenges that ten ethno-cultural groups have in adopting and/or integrating healthy eating practices in the Canadian context;
- Informing Health Canada and the provincial governments (given their role and interest in health promotion) on how best to support intermediaries in their role in promoting healthy eating with different ethno-cultural groups; and
- Identifying next steps to assist intermediaries in promoting healthy eating among ethno-cultural groups and to assist Canadians from ethno-cultural groups to eat healthfully.

Health Canada, through its Health Products and Food Branch (HPFB), commissioned Corporate Research Associates to undertake a research study using qualitative methodology in order to address these objectives.

Research Methodology

A total of 12 focus groups were conducted, representing 10 ethno-cultural groups across three (3) locations from August 27 to 30, 2007. Ethno-cultural groups were categorized by linguistic background. The top ten linguistic backgrounds were selected based on new Canadians arriving in the 1990's who live in one of Canada's three largest cities (Montreal, Toronto and Vancouver) and speak a non-official language at home.[2] Focus group participants consisted of service providers (intermediaries) for one of the ten ethno-cultural groups of interest. A total of 6 individuals were recruited for each focus group (a minimum of 4 participants attending was required), with a goal of two individuals from each of the following three audiences:

1. Immigrant settlement services workers working with the specific ethno-cultural groups identified in the table below.
2. Ethno-cultural community workers (e.g., community food advisors, social workers) who interact with immigrants and new Canadians from the specific ethno-cultural groups identified below. These workers had some role in providing assistance/advice related to food (i.e., meal planning, meal preparation, healthy eating, grocery shopping).
3. Public health nutritionists/dieticians/nurses who promote healthy eating with immigrants and new Canadians from the specific ethno-cultural groups identified in the table below.

Each group was comprised of intermediaries who promote healthy eating among the same specific ethno-cultural community. More specifically, the breakdown of groups was as follows:

Location	Number of groups	Language used in session	Cultural groups
Montreal (QC)	4 groups	French	Group 1) Arabic Group 2) Spanish Group 3) Russian Group 4) Farsi (Persian)
Toronto (ON)	4 groups	English	Group 5) Chinese Group 6) Tamil Group 7) Punjabi Group 8) Urdu
Vancouver (BC)	4 groups	English	Group 9) Chinese Group 10) Punjabi Group 11) Korean Group 12) Tagalog
Total	12 focus groups		

[2] Statistics Canada's "Top 10 non-official languages for 1990's immigrants to Canada for Montreal, Toronto and Vancouver census metropolitan areas, 2001."

Group discussions lasted approximately 2.5 hours, including a group discussion and an individual review of a copy of the 2007 Food Guide and a translated sample printout of the "My Food Guide". All groups were held during evening hours in professional focus group facilities to allow for client observation. A monetary incentive of $200 per participant was offered in appreciation for his or her time.

The following report presents the results of the qualitative research, including detailed findings of the group discussions, conclusions, recommendations and an executive summary (in both official languages). Appended to this report is a copy of the recruitment screener (Appendix A), moderator's guide (Appendix B), and a copy of presented materials (Appendix C).

Context of Qualitative Research

Focus group discussions are intended as moderator-directed, informal, non-threatening discussions with participants whose characteristics, habits and attitudes are considered relevant to the topic of discussion. The primary benefits of focus group discussions are that they allow for in-depth probing with qualifying participants on behavioural habits, usage patterns, perceptions and attitudes related to the subject matter. A moderator's guide (found in Appendix B of this report) helps in leading the discussion. The group discussion allows for flexibility in exploring other areas that may be pertinent to the investigation. Focus groups allow for more complete understanding of the segment in that the thoughts or feelings are expressed in the participants' "own language" and at their "own levels of passion."

The focus group technique is used in marketing research as a means of developing insight and direction, rather than collecting quantitatively precise data or absolute measures. Due to the inherent biases in the technique, the data should not be projected to any universe of individuals.

Executive Summary

Corporate Research Associates Inc.
Contract Number: H1011-070015/001/CY
Contract Award Date: 2007-07-24

Findings from the ***Focus Groups Research with Intermediaries who Promote Healthy Eating Among Specific Ethno-Cultural Communities*** conducted on behalf of Health Canada suggest the promotion of healthy eating to new immigrants requires consideration of their cultural beliefs and the challenges they face in adopting healthy eating practices within the Canadian context. Findings suggest some of the challenges identified between a variety of ethno-cultural groups are similar, however the difference in cultural beliefs as well as previous cultural practices does not allow one solution for all new immigrants when approaching the subject of healthy eating.

Currently, educators use a variety of tools and resources to discuss nutrition with new immigrants, although the awareness of tools and resources was not consistent amongst all intermediaries. This presents a challenge for the Government in reaching the immigrant community but also a great opportunity in bridging the gap that exists among educators through professional development.

Resources currently used by intermediaries include Canada's Food Guide (either the 2007 or the 1992 versions), which was considered an important tool in their work. Other resources from the Toronto Public Health, Programme OLO in Montreal, Dial-A-Dietitian and the Fraser Health Interpretive Program in Vancouver were also often referenced during the discussions. Educators primarily use visual resources such as food models, images or photographs of foods, grocery store flyers and food packages to inform immigrants of foods available in Canada and educate about label reading.

Some common approaches by educators are group workshops, presentations, grocery store tours and community kitchens, as well as one-on-one counselling with individuals or families. Accessibility (e.g. neutral setting, ease and affordability of access, baby sitting service) is key in ensuring the success of these initiatives.

The 2007 version of Canada's Food Guide is well used by all nutritionists and nurses who attended the discussion while awareness and usage is limited among community workers and immigrant settlement workers. It is deemed a complex and wordy tool that is most effective when provided to new immigrants with a verbal explanation. There would be merit for the Government to develop a targeted distribution and communication strategy for community workers and immigrant settlement workers, helping them use the Guide while addressing some of the challenges most often faced by new immigrants. Challenges most prevalent were related to language, cultural beliefs and cultural practices. Monetary

challenges were also identified for those arriving with limited finances or without work. While intermediaries identify print materials as a good support in approaching the topic of healthy eating this is not the most effective approach on its own. Suggestions to incorporate healthy eating topics in current programs and services for immigrants was also recommended such as the integration of Canada's Food Guide into English or French as a second language training (ESL/FSL), or seeking opportunities to promote healthy eating in newcomer programs.

It was clear that any print materials that are developed to support intermediaries in their work to bridge any language barriers would require many visuals and limited text in order to be effective with the immigrant population. Although dietitians and nurses who were familiar with the revised Canada's Food Guide found merit in making this document available in more languages, findings suggest that the tool is not adapted currently to effectively address new immigrants' challenges as well as reflect their traditional eating habits/foods.

The online tool "My Food Guide" which will be made available to print in multiple languages was well received as a tailored tool for individuals with limited or no knowledge of Canada's official languages. Nonetheless, it was felt that because of the format (e.g. Internet and steps only available in French or English) it would require assistance to complete. This made it most popular as a tool for educators in individual counselling.

In its efforts to educate new immigrants of the Canadian standards with respect to healthy eating habits and safe food handling, the Government should consider among other things providing training opportunities to community workers and immigrant settlement workers who do not have a health background. Support in the form of educators' resource specific to dealing with new immigrants as well as visual tools should be considered. Indeed, the importance of ensuring a higher visual content in publications available to immigrants is paramount. An important finding from this research is that using ethnic media may be a very effective way to reach new immigrants. The Government could play a leadership role in providing educators with a listing of common nutrition resources available, as well as promoting the My Food Guide translated versions as an effective tool to support counselling initiatives.

To obtain more information on this study, please e-mail por-rop@hc-sc.gc.ca

Sommaire

Corporate Research Associates Inc.
Numéro de contrat : H1011-070015/001/CY
Date d'octroi du contrat : 2007-07-24

Les résultats de la ***Recherche à partir de groupes de discussion formés d'intermédiaires qui font la promotion de la saine alimentation auprès de certaines communautés ethnoculturelles***, menée au nom de Santé Canada, laissent entendre qu'il faut tenir compte des croyances culturelles et des obstacles que doivent surmonter les nouveaux immigrants pour adopter de saines habitudes alimentaires dans le contexte canadien lorsqu'on fait la promotion de la saine alimentation. Bien que les différents groupes ethnoculturels doivent parfois surmonter les mêmes obstacles, les différences observées au niveau des croyances et pratiques culturelles antérieures ne permettent pas de proposer une solution pouvant convenir à tous les immigrants en matière de saine alimentation.

À l'heure actuelle, les éducateurs utilisent divers outils et ressources pour parler de nutrition avec les nouveaux immigrants. Les intermédiaires ne sont toutefois pas tous aussi bien renseignés sur les outils et ressources disponibles. Étant donné qu'il est difficile pour le Gouvernement de rejoindre la communauté des immigrants dans une telle situation, celui-ci pourrait profiter de l'occasion pour combler les lacunes observées en offrant du perfectionnement professionnel aux éducateurs.

Les intermédiaires utilisent entre autres le Guide alimentaire canadien (version 2007 ou 1992), une ressource considérée importante dans le cadre de leur travail. D'autres ressources, provenant du Bureau de santé publique de Toronto, du programme OLO de Montréal ou encore de *Dial-A-Dietitian* ou du *Fraser Health Interpretive Program* de Vancouver, ont souvent été mentionnées lors des discussions. Les éducateurs se servent principalement de ressources visuelles, comme des modèles d'aliments, des illustrations ou photos d'aliments, des circulaires d'épicerie ou des emballages d'aliments pour informer les immigrants des aliments disponibles au Canada et leur expliquer comment lire les étiquettes.

Parmi les méthodes utilisées fréquemment par les éducateurs, mentionnons des ateliers de groupe, des présentations, des visites à l'épicerie, des cuisines collectives ainsi que des consultations individuelles ou familiales. L'adoption de mesures favorisant l'accessibilité (p. ex. contexte neutre, lieu facile d'accès, service de garde d'enfants, etc.) s'avère indispensable à la réussite de ces initiatives.

Toutes les diététistes et infirmières qui ont participé aux discussions utilisaient couramment la version 2007 du Guide alimentaire canadien. Les intervenants communautaires et les travailleurs offrant des services d'établissement aux immigrants connaissaient toutefois plutôt mal le Guide alimentaire ou l'utilisaient peu. Les participants considéraient

généralement le Guide comme un outil complexe, renfermant trop de texte. Ils pouvaient quand même l'utiliser efficacement auprès des immigrants pourvu qu'ils l'accompagnent d'explications verbales. Le Gouvernement pourrait mettre au point une stratégie de distribution et de communication visant spécifiquement les intervenants communautaires et les travailleurs offrant des services d'établissement aux immigrants afin d'aider ceux-ci à se servir du Guide alimentaire. Ces intermédiaires pourront alors aider davantage les nouveaux immigrants à surmonter les obstacles les plus courants auxquels ils sont confrontés, notamment ceux entourant la langue, les croyances et les pratiques culturelles. Les obstacles d'ordre financier que doivent surmonter certains immigrants arrivés au pays avec un budget limité ou qui sont sans emploi ont également été mentionnés.

Même si les intermédiaires reconnaissaient l'utilité des documents imprimés pour aborder le sujet de la saine alimentation, ces documents ne représentent pas l'approche la plus efficace lorsqu'ils sont utilisés seuls. Les participants ont recommandé d'inclure des sujets reliés à la saine alimentation dans les programmes et services dispensés actuellement aux immigrants, comme par exemple d'intégrer le Guide alimentaire canadien dans les cours de français ou d'anglais langue seconde et d'identifier des occasions permettant de faire la promotion de la saine alimentation dans les programmes destinés aux nouveaux arrivants.

Il est apparu clair que les documents imprimés visant à aider les intermédiaires à surmonter les obstacles linguistiques devraient contenir beaucoup d'illustrations et peu de texte pour atteindre efficacement les immigrants. Même si les diététistes et infirmières qui connaissaient la version révisée du Guide alimentaire canadien ont affirmé qu'il serait avantageux d'offrir ce document en de nombreuses autres langues, les résultats indiquent que cet outil n'est pas suffisamment adapté pour permettre aux nouveaux immigrants de surmonter les obstacles auxquels ils sont confrontés et qu'il ne reflète pas non plus leurs aliments ou habitudes alimentaires traditionnels.

L'outil en ligne intitulé « Mon Guide alimentaire » qu'on pourra imprimer en de nombreuses langues a été bien accueilli en tant qu'outil sur mesure à l'intention des personnes qui ne connaissent pas (ou connaissent très peu) les langues officielles du Canada. Ces personnes ont toutefois besoin d'aide pour se servir de cet outil compte tenu qu'il est offert sur l'Internet et qu'on peut le remplir uniquement en français ou en anglais. C'est pourquoi cet outil est apparu plus pratique pour les éducateurs qui font de la consultation individuelle.

Dans le cadre de ses efforts visant à enseigner aux nouveaux immigrants les normes canadiennes entourant les saines habitudes alimentaires et la manipulation sécuritaire des aliments, le Gouvernement devrait envisager, entre autres, d'offrir de la formation aux intervenants communautaires et aux travailleurs offrant des services d'établissement aux immigrants qui n'ont aucune formation préalable en santé. Il devrait aussi envisager la possibilité d'offrir aux éducateurs des ressources leur permettant d'intervenir spécifiquement auprès des nouveaux immigrants ainsi que des outils ou aides visuels. Il

apparaît en effet très important d'accroître le contenu visuel des documents destinés aux nouveaux immigrants. La présente recherche a également permis de constater que les médias ethniques pourraient s'avérer des moyens de communication très efficaces auprès des nouveaux immigrants. Le Gouvernement pourrait jouer un rôle de leadership en fournissant aux éducateurs une liste des ressources en nutrition les plus couramment utilisées et en faisant la promotion de l'outil interactif « Mon Guide alimentaire » dont les résultats pourront être imprimés en de nombreuses langues pour faciliter le travail des consultants en alimentation.

Pour de plus amples renseignements sur cette étude, veuillez contacter par courriel : por-rop@hc-sc.gc.ca

Conclusions

The following presents conclusions, based on the findings of the focus group research.

- ***New Immigrants do face a wide variety of challenges in adopting and/or maintaining healthy eating habits in the Canadian context. These challenges vary depending on the type of immigrant.***

  Community settlement workers, immigrant settlement workers, nutritionists, and nurses working with immigrants from specific ethno-cultural communities suggested that most new immigrants encounter a variety of challenges in adopting healthy eating practices in the Canadian context. Challenges appear most pronounced for immigrants of Chinese, Tamil, Punjabi, Urdu, Tagalog, Arabic and Korean linguistic background given that their traditional food consumption and preparation patterns are often different from Canadian standards.

  Identified challenges for new immigrants in adopting healthy eating practices in the Canadian context include: limited availability of traditional foods as well as lack of familiarity with potential substitutes for traditional products; differences in cooking methods and use of appliances; a cultural shift in food shopping and unfamiliarity with large grocery stores being seen as intimidating or overwhelming; unfamiliarity with the variety and packaging of foods available; lack of time to shop and cook often due to the need for women to work outside of the home once in Canada and their traditional role in preparing meals, and/or limited financial means. Many immigrants also question the nutritional value of frozen and canned foods, and therefore avoid those in their diet.

  Language barriers were also considered a key challenge facing new immigrants, primarily those in an older age group, although it appears less problematic for those of Arabic, Spanish, Farsi and Russian linguistic background. The linguistic barrier creates communication challenges such as immigrants' ability to read product labels and navigate grocery stores.

  Other challenges identified include the unfamiliarity with the concept of a lunch box for children, general unfamiliarity with the concept of a food guide and not being used to measure food intake, conflicts generated by multi-generational households, nutrition being lower in priority to finding a home and employment and traditional diets often high in sugar, fat, or carbohydrates for specific linguistic groups (e.g. Punjabi, Tamil and Tagalog).

  There were also a number of customs or cultural beliefs that influenced new immigrants' relationship to food. Following a Halal diet, Muslims abiding by the Ramadan or Christians Orthodox fasting during lent were deemed as practices that require an understanding on the part of intermediaries in order to best assess barriers for

new Canadians following these practices. Those following a Halal diet are faced with the difficulty in accessing appropriate meat products and identifying meat by-products in processed foods. Other common cultural beliefs impacting eating practices included the combination of foods classified as 'cold' and 'warm' among certain ethno-cultural groups and the cultural importance and significance of food in social settings. Educators stressed the importance of incorporating healthy traditional eating practices when educating on healthy eating in the Canadian context.

Although new immigrants have some common challenges applying healthy eating practices in the Canadian context, it is clear there are different cultural practices and beliefs between groups that require different approaches or solutions to overcoming barriers.

- ***While new immigrants have some level of safe food handling awareness, many are unfamiliar with Canadian food safety practices.***

While participants in Montreal suggested new immigrants of Russian, Arabic, Farsi and Spanish linguistic background are generally aware of food safety practices, those who work with the other specified ethno-cultural groups considered some current behaviours were unsafe based on Canadian standards.

Refrigerators and freezers are not commonly used in many countries and as such, result in new immigrants lacking knowledge of Canadian standards in terms of safe food storage. Common behaviours questioned by participants included leaving cooked or uncooked foods at room temperature for a long period of time, improper methods of thawing foods, over reliance on the refrigerator or freezer as a means of preserving fresh and canned foods for an extended period of time and a lack of understanding of 'best before' dates on food packaging.

- ***Workers employ a wide variety of methods when promoting healthy eating behaviours, with hands-on interaction at a group or individual level being most prevalent.***

A variety of methods are used to promote healthy eating behaviours across group type although there isn't one method that is preferred by all cultural groups. Most groups had a preference for either a group demonstration where participants are represented by diversity of cultural origin, one-on-one interactions, or for selected cultural groups, a group demonstration where participants are culturally similar and of the same gender. Community kitchen and supermarket tours were mentioned as a successful means of educating new immigrants about Canadian foods, reading food labels as well as expanding new immigrants' knowledge of food preparation or adapting traditional fares using products available in Canada. In general, adult women are targeted and express a greater interest to learn about nutrition given they are the family's primary caregivers.

Other less commonly mentioned initiatives included having a guest speaker in immigrants' native language, learning to build a lunch box, food-buying groups to benefit from discounts, community gardens, food tasting, and sharing traditional recipes between participants of various cultural backgrounds.

Community workers, immigrant settlement workers and health professionals rely on a number of common themes to discuss nutrition with new immigrants. These include the various types of food outlets in Canada, label reading, preparing a lunch box for children going to school, the benefits of eating frozen or canned foods, adopting a balanced diet while eating traditional foods, finding Halal products, cooking with an electric oven, eating healthy on a budget, and adapting traditional recipes using products available in Canada.

- ***Visual tools and resources are preferred to educate new immigrants about healthy eating in the Canadian context.***

Community workers and health professionals concurred that using visual tools works best when educating new immigrants about nutrition within the Canadian context. Currently images, photographs, flyers, props (such as food models and plates or bowls) and packaging are used allowing new immigrants to familiarize themselves with products available in Canada. The use of these visuals also enables intermediaries to communicate with clients of varying linguistic ability. Printed materials are used minimally to educate, other than the Canada Food Guide by Public Health professionals in its current version or past version adapted in a number of languages. Other translated materials from Toronto Public Health or French material from the Programme OLO in Montreal were used by service providers. In Vancouver, the Dial-A-Dietitian service and the Fraser Health Interpretive Program were commonly used services.

In general, the Internet is not deemed a common source of information for many of the new immigrants, notably among those with lower socio-economic status, although it is widely used by educators to seek nutritional information.

Participants made a number of recommendations on how government could support their efforts in educating new immigrants about nutrition. These included, in no particular order, ensuring a focus on lunch preparation, using English and French as a second language (ESL/FSL) courses as a starting point to approach nutrition, developing a PowerPoint presentation (translated in foreign languages) for intermediaries to use when teaching healthy eating concepts, developing recipes that are culturally adapted to the Canadian context, offering free food safety courses, developing a listing of stores where traditional products are available, providing support to community workers and immigrant settlement workers on how to use Canada's Food Guide in education efforts and providing suggestions on how to adapt popular traditional recipes when using foods available in Canada. Many participants also noted

the importance of culturally specific media in communicating to immigrant communities. For Chinese, Punjabi, Tamil and Tagalog groups, the preferred media is radio, followed by television, and finally print.

- ***The Canada Food Guide is a key tool used by workers, although primarily in conjunction with other materials.***

Awareness of the 2007 version of Canada's Food Guide was prevalent among nutritionists and nurses although it was limited among ethno-cultural community workers and immigrant settlement workers. Overall, Canada's Food Guide is considered a useful tool for educators' to use when approaching the topic of healthy eating, especially within the Canadian context. The version launched in 2007 is deemed colourful, visually attractive, and making effective use of visuals. That being said, it is generally viewed as a complex tool that requires verbal explanations prior to being distributed to new immigrants. Many nutritionists and nurses actually teach the Food Guide over many sessions, either using the former culturally adapted Guide in the preferred language or distributing their own translated elements of the 2007 Guide. Furthermore, the revised version of the Guide is generally considered too wordy and showing too few examples of ethnic foods to relate to immigrants.

The cover page and inside panels are most often used to educate new immigrants about Canadian healthy eating guidelines, although there is less focus on Food Guide Serving size information. Some educators prefer using the plate method to show relative importance of the food groups in the diet or use props familiar to specific culture (such as a rice bowl for Chinese immigrants) to refer to portion size.

- ***"My Food Guide" was generally unfamiliar to non-nutritionists, but endorsed as a translated support tool or resource for community workers.***

Initial reactions to the translated print-outs of "My Food Guide" were generally positive as a simple tool that provides immigrants with targeted information in their mother tongue. That being said, the fact that the steps have to be completed in English or French prior to having the output available in a variety of languages made this tool most relevant to one-on-one consultations with an educator.

Concern was expressed with the limited number of food examples provided on the print out for each food group (e.g. up to 6 per group) given that one of the challenges intermediaries face with new immigrants is the relative unfamiliarity with the concept of food groups. As such, educators like to provide a multitude of examples to educate immigrants as to what food falls under what group.

Although nutritionists suggested they could use the tool within their practice, community settlement workers found it less appealing for group counselling, especially

where participants' profile varied. In addition, it was viewed as a tool most adequate for educators rather than end-users given the fact that many new immigrants are deemed as having limited access and knowledge of the Internet. Internet access and usage is reported by intermediaries as vastly dependent on immigrants' socio-economic status once landed in Canada.

Recommendations

Corporate Research Associates Inc. presents the following recommendations for Health Canada's consideration.

1. **Healthy eating concepts should be disseminated through less traditional channels to reach new immigrants.**

   To effectively reach new immigrant communities, a targeted education strategy should be considered to ensure that healthy eating concepts are disseminated within local immigrant communities, taking into consideration cultural values and preferences. This strategy should be multi-tiered including professional development sessions for front line workers combined with the development of visual supports that can be used by workers (lunch box ideas, recipe cards, food models, etc.).

   Furthermore, there is merit in exploring the use of ethno-cultural media particularly radio and television, to more effectively communicate information relating to Canadian healthy eating information and food safety concepts. School programs should also be explored to educate children while at the same time reaching families.

2. **Front line workers need to be educated on healthy eating information and resources available to them, as well as how to use these tools with specific ethno-cultural communities.**

   Study findings suggest that although Canada's Food Guide is well regarded and used by dietitians and public health nurses, it can not stand alone as a tool to inform new immigrants of healthy eating practices within the Canadian context. Indeed, while nutritionists and nurses appear comfortable using the Guide, ethno-cultural community workers and immigrant settlement workers need to be 'armed' with information that helps them to explain and understand the Guide and present it in practical terms. Tools and resources that promote healthy eating targeted for this group must take into consideration the many challenges unique to new immigrants in adopting healthy nutrition practices in the Canadian context. Additionally, it is recommended that educators be knowledgeable on the varying ethno-cultural beliefs and practices of specific groups they are working with.

   The Government should also develop a dissemination strategy for the Food Guide via non-traditional means (e.g. ESL/FSL courses) as well as provide immigrant settlement workers and community workers professional development opportunities and additional resources (e.g. PowerPoint presentation). The fact that dissemination of printed materials is largely ineffective at reaching new immigrant communities further stress the importance of providing information on Canadian nutrition guidelines to front line workers.

3. **In developing tools to support educators' work in communicating healthy eating concepts to immigrants, the importance of visuals over written material cannot be underestimated.**

   Study findings clearly suggest that educators prefer material with a higher visual content over written information to communicate healthy eating concepts to immigrants. Not only was it felt that visuals are most memorable, they may also help over come linguistic barriers that may exist.

   Food images accompanied by names are often used by educators, in various formats, to familiarize immigrants with produce and products available in Canada, as well as discuss how to adapt traditional diets to the Canadian context. As such, concentration on reference visuals would be necessary with any print material that is released to target an immigrant population. This type of material will also be useful with immigrants of varying education backgrounds and linguistic abilities.

4. **Consideration should be given to establishing or supporting a network of professionals working with new immigrants to promote the sharing of information and educational techniques.**

   Findings clearly suggest that among dietitians there is an established working network allowing them access to available information and communication tools, although community and immigrant settlement workers do not benefit from such an environment. There would be benefit for the Government of Canada to establish or support the development of a network that includes all professionals and workers providing immigrants with information or guidance on healthy eating habits within the Canadian context.

Key Findings

Challenges Faced By Immigrants with healthy eating in the Canadian context

New Immigrants do face a wide variety of challenges in adopting and/or maintaining healthy eating habits in the Canadian context. These challenges vary depending on the type of immigrant.

Participants were first asked to describe the challenges faced by immigrants from specific ethno-cultural communities, in adopting healthy eating habits within the Canadian context.

Overall Difficulties Faced by Immigrants

Findings suggest most immigrants do experience some challenges in maintaining and adopting healthy eating habits in the Canadian context. Participants agree acknowledging healthy traditional eating habits are very important. Challenges are perceived to be more pronounced for immigrants of Chinese, Tamil, Punjabi, Urdu, Tagalog, Arabic and Korean culture.

Summary of Common Key Challenges in Adopting Healthy Eating Practices

- Language
- Money / limited financial resources
- Lunch preparation
- Inability to access traditional foods / Halal foods
- Unfamiliarity with North American products / cooking methods / tastes
- Unfamiliarity with grocery stores / inability to easily navigate
- Unfamiliarity with reading food product labels
- Availability and accessibility of packaged and fast foods
- Used to buying foods everyday rather than using refrigerator / freezer to preserve
- Different lifestyle leaves less time to cook / prepare food
- Multi-generational families
- Transportation
- Customs / cultural beliefs
- Unfamiliarity with the concept of a food guide
- Unfamiliarity with frozen / canned foods
- Nutrition is not the first priority as finding a home and employment are more pressing issues
- Traditional diet high in sugar / fat / carbohydrates

One of the commonly mentioned challenges for new immigrants included the ***unavailability of or the limited access to traditional foods***, and subsequently a ***lack of familiarity*** with potential substitutes for some ingredients found in traditional recipes. In addition, participants consistently reported that ***unfamiliarity with grocery store layouts*** proved problematic, overwhelming and intimidating to many new immigrants, given the vast amount of unfamiliar products, packaging and illegible labels, due to limited or no knowledge of English or French. This, together with a general unfamiliarity of how to cook and prepare specific North American products placed increased reliance on their traditional foods.

In addition to lack of availability or limited access to traditional foods, ***cost or limited financial means*** was considered problematic by many groups. In particular, it was felt that many new immigrants lack the financial means to purchase a variety of products to provide balanced meals. Many

workers reported that new immigrants of lower socio-economic status often rely on food banks and community groups for assistance in feeding their families. Accordingly, balance in their food intake is influenced by what types of food are available through these programs. Some of the more traditional foods immigrants eat based on religious or spiritual beliefs (e.g. Halal foods) are also less accessible and more expensive in Canada.

The ***lack of knowledge or familiarity with preparing a lunch box*** for children was often mentioned as a key challenge for new immigrants. In many instances, participants reported that immigrants were not familiar with the concept of having to prepare school lunches as children in their native countries would either be fed hot lunches at school or would come home for lunch. In some cultures, eating raw foods is uncommon and therefore proves problematic when needing to pack a healthy balanced lunch for children. As an example, many newcomers would consider a salad both unusual and unappealing. For some new immigrants, especially those of Punjabi, Tagalog, Tamil and Urdu culture, strong smelling foods often alienated children from their schoolmates in Canadian schools, further exacerbating alienation brought on by their lack of familiarity with the English language.

> *"New immigrants don't want to draw attention to their kids at school because of what they are eating. They already look different and talk different. They don't want to put additional stress on their children." Intermediary working with immigrants of Punjabi linguistic background.*

The lack of understanding of English or French was considered a barrier to adopting healthy eating practices within the Canadian context specifically for immigrants whose traditional diet significantly differs from that found in Canada. ***Language barriers*** were consistently considered to be a key challenge facing new immigrants, primarily because of their inability to easily navigate grocery stores, read food labels and information pertaining to products unfamiliar to them, communicate with health professionals or access information on nutrition. There is a sense that in general, regardless of ethno-cultural groups, older immigrants are less fluent in English or French than younger ones, which makes communication and education more problematic. Language appears to be less of a concern for new immigrants of Spanish, Russian, Farsi and Arabic linguistic background as these immigrants generally understand some level of English or French when they arrive.

Some workers mentioned that ***adapting to different cooking methods*** was a challenge for new immigrants. In many countries, food is generally cooked using gas appliances and it was felt immigrants need to become familiar with cooking on electrical appliances. At the same time, in many cultures (including Punjabi, Urdu and Tamil), frying foods is the main means of preparation with immigrants knowing little about the health benefits of steaming or baking foods. In addition, many participants noted that often immigrants experienced difficulties balancing their diet based on Canada's Food Guide, as they are ***not used to measuring*** their food intake in their country of origin. Indeed, eating until hunger is satisfied is often seen as the best way to determine the amount of food required.

Adapting the traditional ***role of women*** in their native country to the Canadian context is also viewed as a challenge. Women often hold the responsibilities to cook for and feed their family, and in some instances eat only after having fed men and children in the household. There is a greater need, when in Canada, for some immigrant women to work outside the home to assist financially in supporting their family. Therefore, they have less time to prepare and cook meals at home, where they get little or no help from their family. As a result, there may be a tendency to use more processed foods, perceived as unhealthy.

> *"Pour les immigrants arabes, dans la famille, c'est la femme qui fait tout, la cuisine et le ménage, tout." Arabic (For Arabic immigrants, the woman does everything for the family, including cooking and cleaning.)*

In contrast, participants in the Tamil groups stated , women are often less educated, do not speak English or French, and do not work outside of the home, often further isolating them which can create a challenge in this group adapting to life in the Canadian context.

Another challenge mentioned included the ***presence of multiple generations*** in the household. It was felt that many new immigrants experience conflict when trying to adapt healthy eating practices in their home. Senior family members are often resistant to change or move away from traditional eating habits, while younger family members (most notably school age children) apply pressures to adapt to some unhealthy North American eating practices, such as consumption of fast food.

Finally, ***lack of transportation and affordability to babysitting services*** were considered challenging, particularly in relation to accessing local support groups and community services.

> *"The biggest challenge I have is getting them there – getting them to access the service. They will never come looking for the service." Intermediary working with immigrants of Tagalog linguistic background*

Immigrants of Farsi linguistic background are viewed as arriving here with healthy eating practices, namely having adopted a Mediterranean type diet that includes lots of fresh vegetables, herbs and lentils/beans. Participants suggested that the promotion of healthy eating practices is relatively easy with this population given that healthy food is considered very important culturally for this community.

> *"Ils ont une alimentation répétitive mais quand même assez saine. Ils n'ont pas une grande variété d'aliments mais ils n'ont pas nos produits junk, des chips, de la liqueur." Intermediary working with immigrants of Farsi linguistic background (They have a repetitive eating pattern but still quite healthy. They don't have a large variety of foods but they don't have our junk food, chips, pop.)*

It was also implied that in Russia healthy eating is taught in the school system and these immigrants tend to have middle to high levels of education which may also help them to better adapt.

Custom and Cultural Beliefs

A variety of ***customs or cultural beliefs*** among ethno-cultural communities are perceived as inconsistent with those in Canada. Participants working with the Urdu, Arabic and Farsi linguistic communities suggest a very important barrier for immigrants of Muslim faith, who place importance on the manner in which meat is slaughtered and processed (known as ***Halal***). For these individuals, only meat or meat derived products from animals slaughtered in a sacrificial manner can be consumed. Not only is the perceived limited availability of such meat in Canada considered a challenge, but also immigrants may not be familiar with some processed meats available in Canada (e.g. pepperoni) or lack the ability to easily identify meat by-products used in some processed foods (e.g. gelatin, lard). As one participant in the Farsi group suggested, Halal products does not exclusively consist of meat.

> *"Halal c'est pas juste dans la viande, c'est aussi dans les yogourts et les gélatines." Intermediary working with immigrants of Farsi linguistic background (Halal is not only with the meat; it is also in yogurts and gelatins.)*

Furthermore, based on spiritual beliefs, members of the Urdu and Punjabi communities of Hindu religion avoid eating beef products, as it is a sacred animal in their country of origin.

Fasting is practiced by selected immigrants of Christian Orthodox faith and those of Muslim faith follow the ***Ramadan***. This creates concerns if practiced by children and pregnant women, however participants reported it is not clear if fasting is mandatory for these groups.

One of the customs that may affect the balanced diet of immigrants from Farsi, Chinese, Tagalog and Korean linguistic background is their belief in careful ***combination of foods classified as 'cold' and 'warm' foods*** eaten at the same time. The categories are not reflective of the foods' temperature, but rather of considerations foreign to the North-American culture.

For many ethno-cultural groups ***food is often a significant part of the family and social life***. Participants in the Punjabi groups provided examples to highlight the importance of food at festivals and social gatherings. Furthermore, it is believed that the more food one brings, the more recognized this person will be within the community. Similarly, refusing to eat food offered or taste as many dishes as possible at social gatherings is considered rude.

Impact of Cultural Beliefs on Eating Habits

Across groups a wide variety of cultural beliefs were described in relation to food. While these may or may not necessarily impact a new immigrant's ability to adopt healthy eating practices in Canada, it is important to be aware of these beliefs.

The following table outlines a variety of culture beliefs and common cultural practices mentioned by the various linguistic groups.

Linguistic Group	Common Practices / Cultural Belief Mentioned
Punjabi	• Value placed on being large / heavy • Feeding your family well is considered loving your family; thin people are often thought of as unloved and unhealthy • Butter plays a prominent role in their diet • Pills mean illness – thus this group is highly resistant to the notion of taking vitamins • Greater trust in the advice of doctors rather than nutritionists • Preference for sweets and deep fried foods • Rice often a staple in the diet • Food is omnipresent during festivals and social gatherings • Salad and fruits are not a common part of this diet. If they are eaten they are not generally cooked in a healthy way. • After a woman has given birth they are encouraged to eat only foods classified as 'warm' foods or long term health complications will result (also applies to Korean group) • Unfamiliarity with using frozen vegetables and fruits and therefore question the nutritional benefit of eating vegetables and fruits in this form (also applies to Spanish group).
Korean	• Chicken is not good to eat when you are pregnant (your child's skin will end up bumpy) • Avoid eating crab when pregnant – your child may be inclined to walk sideways • Obsession with size (need to be small) • Western food is generally bad (western food= fast food) • After a woman has given birth they are encouraged to eat only foods classified as 'warm' foods or long term health complications will result (also applies to Punjabi group)
Chinese	• Vegetables are not eaten raw (also applies to Tagalog group) • Follows 'warm' / 'cold' food classification rules (also applies to Arabic and Farsi group) • When sick, chicken is not eaten • Everything eaten should be cooked • Anything that has four legs and moves can be eaten • Eating bananas is not good for pregnant women
Tagalog	• Peanuts make you smart • When you are pregnant eating seafood soup will give you more milk • Vegetables are not eaten raw (also applies to Chinese group) • Do not like canned foods • Sweet, salty and fatty foods are well liked and entrenched in the diet • Eating an egg with a chicken in it provides strength to joints and is particularly helpful for joint problems • The fattier the food the healthier it is (especially if high in butter content) • Pork, fish and rice are staples

	• Warm soup and green leafy vegetables should be consumed for at least ten days after giving birth • Eat pancit for a long life • Butter makes you grow taller
Urdu	• Food needs to be cooked for a long time otherwise perceived as not good
Tamil	• A belief that children require lots of food to be healthy • Men and children are served first and women often eat what is left over of the meal once both men and children have eaten • Rice is most prevalent in the diet as an inexpensive and effective source of energy • The importance of physical activity for a healthy lifestyle is not well recognized
Arabic	• The desire for many to follow the Ramadan regardless of age or pregnant condition • Follows 'warm' / 'cold' food classification rules (also applies to Chinese and Farsi group)
Spanish	• None notable; considered less problematic given that most immigrants are of Christian belief. • Unfamiliarity with using frozen vegetables and fruits and therefore question the nutritional benefit of eating vegetables and fruits in this form (also applies to Punjabi group).
Farsi	• Follows 'warm' / 'cold' food classification (also applies to Chinese and Arabic group)
Russian	• Canadian canned foods are avoided due to perceived unsafe canning conditions in Canada • Hot dogs are not a trusted food

Food Safety

While new immigrants have some level of safe food handling awareness, many are unfamiliar with Canadian food safety practices.

Awareness

There were mixed opinions across locations as to immigrants' level of awareness with respect to Canadian food safety standards. Participants in Montreal generally felt that immigrants have some level of awareness about safe food handling, cooking, and storing practices. Specifically, participants in the Russian, Arabic, Farsi and Spanish focus groups felt there is a consistent level of awareness of safe food handling and consumption practices to those of non-immigrants.

In contrast, participants in the Vancouver and Toronto groups concurred that new immigrants are generally unaware of or unfamiliar with North American food safety practices, although awareness levels increase with higher education levels. Many food safety practices are, in fact, inconsistent with those that new immigrants traditionally experienced in their homeland, particularly in relation to refrigeration and food storage.

> *"Food safety is a new concept for people from China, especially if they are from a village." Intermediary working with immigrants of Chinese linguistic background*

Unsafe Practices

Perhaps the most common mention among participants in the Punjabi, Tagalog, Tamil, Korean and Urdu groups is related to ***food storage***. Many participants spoke openly about the common practice of leaving uncooked food on the kitchen counter for an afternoon or a full day prior to being cooked or eaten. In addition, it was common to leave cooked food at room temperature (e.g. cooked rice in a pot) for multiple days, until completely consumed. Most new immigrants do not fully understand the role of refrigeration in preserving foods.

> *"In India you don't waste food, you eat what has been prepared. New immigrants are not aware of the North American trend of storing food. They were never raised to store anything." Intermediary working with immigrants of Punjabi linguistic background*

Leaving cooked foods at room temperature is also noted among immigrants of Arabic descent and among those whose mother tongue is Spanish, but to a lesser extent than for ethno-cultural groups mentioned above. More specifically, food shopping habits in those immigrants' country of origin is often to buy and prepare fresh foods on a daily basis and therefore make little use of the fridge as a way of preserving foods. Furthermore, they are not fearful of consuming foods left on the counter for an extended period of time because they often do not have evidence it will make them sick.

In Vancouver, participants working with Tagalog and Korean new immigrants reported that many store all foods in the refrigerator (including dry goods, canned goods, etc.) and are unaware that food can spoil if stored in the fridge or in the freezer for too long. Similarly, immigrants of Urdu linguistic background are said to believe that foods (fruit juice was an example) can keep in the refrigerator for an extended period of time (i.e. weeks or months). Indeed, many felt that food stored in either a freezer or a refrigerator has an unlimited life.

> *"It is believed that everything in the fridge is safe, as is any food in the freezer. Once a food is in the fridge / freezer, it won't go bad." Intermediary working with immigrants of Korean linguistic background*

As a result of a general lack of familiarity with food storage, some participants reported that new immigrants often adapt the unsafe habit of recycling / reusing containers that are intended for single use. As an example, single use formula bottles, or plastic containers are often used for extended periods of time.

Another common behaviour considered unsafe in Canada is ***improper methods of thawing food***. It was mentioned in almost all of the groups that immigrants from the targeted linguistic groups often adopt unsafe behaviours when thawing food. Some have witnessed immigrants thawing meat on the counter for an extended period of time. Others have heard of meat being partially thawed then refrozen. Again these behaviours may be resulting from the lack of familiarity with freezing as a food conservation method.

Another common issue is the lack of awareness of or consideration for ***foods' 'best before date'***. Indeed, this behaviour stems from immigrants' habit of buying and consuming fresh foods daily in their country of origin, therefore not needing to worry about food spoilage. This is further exacerbated by a general lack of understanding of what a 'best before date' actually means. In addition, many imported products sold in bulk at ethnic food stores do not include such information.

Other food preparation or consumption practices considered unsafe that were each mentioned by fewer participants include:

- Buying unpasteurized milk directly from farmers (Russian)
- Chewing fennel seeds and then giving it to the baby for stomach ache (Tamil)
- Drinking milk from baby bottle to verify temperature (Tamil)
- Not understanding the danger with eating foods from dented cans (immigrants relying on food banks)
- Feta cheese and 'drinkable yogurt' not being refrigerated (Farsi)

Unsafe Foods

Many intermediaries expressed that immigrants consider the traditional foods they eat are generally safe. Similarly, they note that for the most part, immigrants believe foods available in Canada are safe. A few exceptions are however noted below.

One participant in the Farsi linguistic group suggested that it was common practice to eat ***raw eggs*** within this immigrant population and she questioned the safety of consuming uncooked egg yolk. Similarly, there is a perception that eating raw fish in China may not cause health concerns given that high product rotation ensures freshness. That being said, Chinese immigrants assume the same freshness in Canada, although intermediaries consider that not all fish sold in Canada can be safely consumed uncooked. In the Urdu focus group, one participant suggested that the high consumption of ***shark*** meat may not be safe under Canadian standards. Among the Punjabi and Urdu immigrant population, eating ***pork*** is considered unsafe given that this animal's diet is not controlled in immigrants' home country and therefore it eats "a lot of garbage".

Canned foods are considered unsafe by immigrants of Russian linguistic background, due to canning conditions that are perceived to be unsafe in Canada. They also do not trust ***hot dogs*** given the prevalence of issues with these foods in their home country. This population perceives products purchased directly from the farmer as being fresher and of higher quality than foods bought in stores or markets. While this shopping habit does not generally cause concern for most foods, one dietician in the group questioned it as it relates to the purchase and consumption of ***unpasteurized milk***.

> *"Un discours que j'ai entendu est de donner beaucoup de crédit a ce qui vient de la ferme comme du lait non pasteurisé. Pour la perception de fraîcheur, de goût. Il n'y a aucune garantie que ce lait sera toujours salubre." Intermediary working with immigrants of Russian linguistic background (Something I have heard is that giving lots of credibility to products from the farm such as unpasturized milk. For the perceived freshness and taste. There is no guarantee that this milk will always be safe to consume.)*

Promotional Approach / Method

Workers employ a wide variety of methods when promoting healthy eating behaviours, with hands-on interaction at a group or individual level being most prevalent.

Across groups, results consistently show that ethno-cultural community workers and immigrant settlement workers consider themselves to be an integral link in ensuring an increased understanding of healthy eating practices in Canada. They often described themselves as the 'frontline workers' for new immigrants, and they must have an in-depth awareness and understanding of the services that are available for new immigrants within their community. All concurred that they are not trying to change people's traditional eating practices, but rather educate them on their new reality in Canada.

> *"My work is much more about empowerment. But you have to seek them out. They will never come looking for the services." Intermediary working with immigrants of Tagalog linguistic background*

> *"I don't see myself as having the answer – just information to share." Intermediary working with immigrants of Punjabi linguistic background*

> *"Food is very cultural. I would never suggest to a new immigrant that they replace their traditional foods. It's not about fixing something that is broken; it's about respecting. It's a slow process." Intermediary working with immigrants of Chinese linguistic background*

Participants consistently reported that they always have to be culturally aware. The closer they work with the new immigrant community, the more effective they can be in promoting healthy eating practices. A number of participants reported that nutrition is often of lower priority for new immigrants given other more pressing challenges such as finding a place to live and a job. Accordingly, workers must make healthy eating concepts easy, accessible and relevant to them.

> *"There are so many things for new immigrants to focus on in the first year; food is just not a priority. Except maybe for lunch boxes. As long as they are full it's not an issue for them. Food [nutrition] is the first thing to be ignored." Intermediary working with immigrants of Punjabi linguistic background*

When asked how the topic of nutrition is approached with immigrants, many workers reported that in their day-to-day duties, they are as likely to be asked about food as they are to approach the topic. In fact, a number felt strongly that whether or not workers are approached about food significantly impacts how information is received.

"When they ask us about food, they accept everything we tell them. When we approach them about food, we have to be careful because of cultural differences. They are generally less receptive." Intermediary working with immigrants of Tagalog linguistic background

Audiences

For the most part, participants target adult ***women*** when promoting healthy eating behaviours, primarily those responsible for child upbringing. In most ethno-cultural groups targeted by the study, women have the sole or greatest responsibility for cooking and preparing foods for their family, which is why they are targeted by community and health workers or that they show more interest in the topic. Among Spanish and Russian immigrants however, men are also targeted in relation to food shopping, while women remain the primary target audience for food preparation. One participant in the Toronto Chinese group suggested that a greater focus should be placed on Chinese men as they are often responsible for the family's finances and are likely to work in the Canadian food industry, perhaps introducing new foods or cooking techniques at home. As such, it was felt that they may have a greater influence on the family's food choices.

Nonetheless, there is a sense among some cultures, including Punjabi, Urdu, Tamil and Chinese that elders also need to be informed of healthy eating concepts because of their role of authority within a household.

"I've learned that you really have to respect the grandparents. They are the peacemaker in many of the families and someone you need to bring on board." Intermediary working with immigrants of Chinese linguistic background

Targeting children through the school system is also considered by some a good way of promoting healthy eating. It was thought that these children will then influence the entire family by requesting certain foods once at home. Immigrant settlement and community workers who deal with immigrants of Muslim faith suggested the importance of catering to men and women separately to respect their cultural values.

Preferred Methods

Across groups, participants consistently reported employing a variety of methods to promote healthy eating. Activities that bring together smaller groups of individuals either from the same or from various ethnic backgrounds are viewed as most appropriate for immigrants. With accessibility being an issue to many new immigrants, participants indicated that taking teaching methods to the communities of interest (e.g. a temple) was particularly effective.

Community kitchen and group cooking demonstrations were also often mentioned as good ways to help immigrants from different countries adapt to the Canadian foods and cooking methods, as well as expand their knowledge of international dishes. Many also use individual or group shopping trips to familiarize immigrants with the grocery store layout, foods available in Canada, as well as the habit of reading food labels. Individual counselling, either in or outside of the home is also commonly used to target one individual or an entire family.

Direct interaction with new immigrants in ways that allows demonstrating and visualizing how to substitute traditional foods was regularly mentioned. In particular, community workers made regular use of visual supports to demonstrate healthy eating.

> *"Print is less important. You have to be visual. As an example, I actually line up a can of Coke, bottle of juice, glass of milk and a glass of water. Next to each one I put the amount of sugar – 12 cubes of sugar in Coke, 6 cubes of sugar in juice, etc. They get it right away." Intermediary working with immigrants of Korean linguistic background*

Participants reported employing a variety of tactics to promote healthy eating behaviours with new immigrants. These include such things as:

- Outreach community kitchens (cooking)
- Development of food baskets (showing non-traditional foods)
- Inviting guest speakers (in their language or with a translator)
- Use of food models
- Building a lunch box / lunch box sessions
- Shopping trips including themes like budget shopping
- Food buying groups to enjoy discounts on familiar foods
- Supermarket tours for orientation purposes
- Community gardens
- Food taste testing allowing immigrants to become familiar with some Canadian foods
- One-on-one consultation either in or outside of the home
- Sharing recipes

Although commonalities were noted across group types, a few differences are worth noting. Chinese and Tagalog immigrants are said to prefer one-on-one interactions, allowing them to share their personal situation more openly.

"Home visits work really well. It lets us listen better and is in a non-threatening environment." Intermediary working with immigrants of Tagalog linguistic background

In comparison, the Punjabi and Urdu communities indicated that learning is best achieved in smaller groups involving Punjabi- or Urdu-speaking individuals of the same gender. Interestingly, it was suggested that individuals from the Punjabi community often trust their family doctor more than any other health professional, and therefore do not always consider the advice of nutritionists or nurses as relevant. Endorsement of the work performed by nutritionists on the part of family doctors may help foster the level of trust required between patient and nutritionists to ensure successful education on healthy eating. In Vancouver, this was further supported by the strong usage of 'dial a Dietitian' referrals.

Participants working with Arabic-speaking immigrants suggested that this community require support in becoming familiar with foods available in Canada more so than with food preparation methods commonly used in Canada. They are also very social and enjoy sharing tips and recipes, which makes community kitchens or cooking lessons a popular and effective teaching method.

Spanish immigrants tend to like group interaction and prefer learning by demonstration and sharing of experiences, which may explain the popularity of community kitchen and group cooking demonstration among them. Very few printed materials are distributed to Spanish-speaking immigrants during group sessions. It was generally felt that immigrants from this linguistic background are keener to learn from demonstrations and verbal interactions rather than by reading a document.

No one method was deemed as working best among the Tamil or Russian linguistic groups with both group and individual approaches being effective based on the needs.

Themes

A number of food-related topics were identified as common across groups, with the most popular ones pertaining to:

- How to shop for food and the various types of food outlets in Canada
- How to read labels and what information is considered important
- How to prepare a healthy lunch box for children going to school
- How to use and benefit from eating frozen and canned foods
- How to adopt and maintain a balanced diet while eating traditional foods
- Where to find Halal foods

- How to cook with an electric oven rather than a gas oven
- How to eat healthy on a budget
- How to adapt traditional recipes using foods available in Canada
- Dangers of diabetes, cholesterol, high blood pressure and how to adapt the diet

Although considered of importance, physical activity is not often the topic of group or individual workshops among immigrants given the low interest level they express. Indeed, most community workers suggested that they select the topics of their workshops based on the requests from immigrants they work with.

Tools and Resources

Visual tools and resources are preferred to educate new immigrants about healthy eating in the Canadian context.

Preferred Tools and Resources

While participants across locations and group types consistently reported that visual resources are more powerful than written materials, educators actively seek translated written materials or translate some of the material themselves. To many, translated materials offered an effective support for their work as a starting point to communicate with the immigrant population. Most concurred, however, that any printed materials must be put in proper context, rather than simply distributed to the masses within the new immigrant community.

> *"Translation will only get you so far." Intermediary working with immigrants of Punjabi linguistic background*

> *"We have an abundance of printed brochures on display. They don't get picked up. While a lot of that has to do with the fact that most things are only in English, it's also because they are not able to put information in context." Intermediary working with immigrants of Punjabi linguistic background*

> *"New immigrants will never come looking for information on healthy eating. We need to get to them. We need to make it relevant to them." Intermediary working with immigrants of Tagalog linguistic background*

Canada's Food Guide (both 2007 and 1992 versions) was consistently named among the preferred tools used by those promoting healthy eating with recent immigrants to Canada. A number of other tools were frequently used by educators. In Toronto, materials developed and distributed by Toronto Public Health, especially the program titled "Health Matters" is often used by nutritionists, nurses, and community workers to address health-

related topics with their clients. In fact, this material was preferred within some communities because selected brochures are currently translated in immigrants' mother tongue.

In Montreal, materials produced by 'Programme OLO' were often named as preferred when working with pregnant women. This material is however not translated, which was one of the most often mentioned criticisms.

In Vancouver, the Dial-A-Dietitian program was consistently mentioned by dietitians across groups as a valuable resource when dealing with new immigrants. This program was mentioned often because it offered services to immigrants in their own language. Nutritionists also consistently mentioned using translated materials available in other provinces (particularly Ontario).

> *"Nutritionists have a very tight network that makes use of any resources available. When you find something that is translated, you make use of it." Intermediary working with immigrants of Punjabi linguistic background*

The Fraser Health Interpretive Program was also mentioned in Vancouver groups by a number of public health nurses. This program was especially important in accessing free interpreter services for presentations, one-on-one visits and group presentations.

> *"It's an excellent service. Unfortunately, it's not one that is well known." Intermediary working with immigrants of Korean linguistic background*

Many nutritionists, nurses and community workers also use images or pictures of foods to show the variety of foods available in Canada, as well as food models to explain the preferred choices for a healthy eating pattern. Actual containers of foods are also used to teach label reading and to show actual portions. Similarly, a number of Montreal participants use weekly grocery store flyers for food images.

Many participants also rely on recipe sharing to discuss healthy foods. Culturally specific recipes are most useful in showing alternatives for foods that are not available or less common in Canada.

Other tools less frequently mentioned included:

- Health Canada website
- Kraft, Becel, Nestle websites / material
- Milk Board material
- Recipe books / magazines

- Radio-Canada television show named 'L'Épicerie'
- Video on nursing
- Articles on health conditions / illnesses
- Heart & Stroke Foundation material
- Use a professional interpreter
- *Active* magazine

Usage and Adaptation

Although participants sought to access translated material, it was felt that there is little available at this time. As such, many participants in the Toronto focus groups suggested having translated some information for their clients to facilitate understanding. Similarly, one participant in the Russian group suggested translating some parts of the Food Guide.

Format

Audio-visual tools and live demonstrations appear to be the most preferred formats among immigrants of various linguistic backgrounds to learn about healthy eating. Many workers have created their own presentations from a variety of tools.

Participants however, suggested relying on the Internet to gather information needed to help them in their work. Numerous websites were mentioned as being useful, including:

- Toronto Public Health
- Heart & Stroke Foundation
- Health Canada
- BC Health
- Programme OLO
- Eathalal.org
- Infohealth.ca

For the most part, the Internet is not deemed a common tool among immigrants for information searches especially if they are of lower socio-economic background. That said, participants consistently mentioned that the children of new immigrants often have access to the Internet at school. It is also felt by some intermediaries that given the higher socio-economic backgrounds of some immigrants of Farsi and Russian language, they have a higher likelihood of being familiar with the Internet.

Tools with few words and lots of images are preferred across groups. One nutritionist in Toronto suggested giving clients a "one liner" accompanied by a visual to clearly communicate one concept at a time. It was consistently felt that any written communication must be in large print and use simple language.

> *"To reach the new immigrant community, you have to be visual. Language is too big of a barrier in communication." Intermediary working with immigrants of Tagalog linguistic background*

> *"Everything has to put food in context of their culture." Intermediary working with immigrants of Punjabi linguistic background*

When asked what initiatives could be undertaken by the federal and provincial governments to better support educators' efforts in promoting healthy eating among the new immigrant community, participants offered a variety of suggestions, as outlined below:

- Offer a FREE food safety course in the community
- Ensure a focus on lunch preparation
- Use English/French as a Second Language (ESL/FSL) courses as a starting point so that food becomes an integral part of learning a second language
- Develop a PowerPoint presentation (translated in multiple languages) for intermediaries to use when promoting healthy eating
- Develop recipes that are culturally appropriate
- Use non-traditional ethnic media in communicating to the new immigrant community
- Develop a reference tool listing stores where traditional products are available
- Educate community settlement workers on how to use Canada's Food Guide to educate new immigrants
- Provide suggestions on how to adapt traditional recipes

Across groups, participants reported that the growth of immigrant communities in Canada has resulted in the development and the growth of well-established and respected non-traditional media. In fact, all participants generally concurred that new immigrants rely heavily on their immigrant community's media. Not only is this media presented in their mother tongue, it also further develops a sense of community for them in their new home. For the Chinese, Punjabi, Tamil and Tagalog immigrants, first priority should be given to radio, followed by television, and finally print. Other suggestions included:

- Include more ethnic images in any visuals
- Establish parenting groups
- Develop and implement a professional development course for settlement workers and community workers.

In Vancouver, participants consistently suggested that professional development efforts should be implemented for community and settlement workers that allow them to focus on healthy eating, particularly in context to Canadian culture.

> *"We are ready and willing to be trained and we should be!" Intermediary working with immigrants of Korean linguistic background*

Eating Well With Canada's Food Guide

The Canada Food Guide is a key tool used by workers, although primarily in conjunction with other materials.

Awareness and Opinion

Generally, health professionals across locations had seen and used the 2007 version of Canada's Food Guide but many immigrant settlement workers and ethno-cultural community workers had not. Toronto and Vancouver immigrant settlement workers and ethno-cultural community workers were generally aware of the 1992 version of the Guide and used the adapted translated versions as part of their work. In contrast, fewer Montreal non-health professionals were aware of either versions of the Guide.

Participants generally appreciated the Guide's comprehensiveness, colourful approach, simple layout and the use of many images. On the other hand, a key criticism of the revised Food Guide is the amount of written information it includes, sometimes overwhelming immigrants with limited knowledge of English or French. It was also often criticized for no longer being adapted in a variety of languages other than French and English. In fact, many settlement workers and a few nutritionists indicated still using the adapted versions of the old Food Guide while providing their clients with verbal instructions on new guidelines. When asked what parts of the Guide were most important to translate, participants generally considered that some or all of the Guide should be translated, albeit nutritionists and nurses mentioning that they currently primarily use the cover page and the inside panels when discussing nutrition with their clients.

A number of participants in Vancouver were confused by some of the foods shown in the 2007 Canada's Food Guide and questioned what some foods were. Others questioned the logic behind giving greater prominence to some items.

"Why would they use legumes – why not beans?" Intermediary working with immigrants of Punjabi linguistic background

"I have no idea what Kefir is – does anyone else?" (no one else in the group did) Intermediary working with immigrants of Tagalog linguistic background

"What is quinoa?" Intermediary working with immigrants of Chinese linguistic background

Some felt that including a greater variety of uncommon foods has resulted in a less effective tool.

"It seems like they (government) have tried to be so politically correct, that the Guide has lost some effectiveness. We've mixed all the foods up." Intermediary working with immigrants of Punjabi linguistic background

One participant in the Urdu focus group suggested including more visuals or representation of canned foods and frozen foods to help familiarize new immigrants with those, especially given their higher reliance on food banks. In the Punjabi groups, a few participants mentioned the importance of better conveying the ill effects of a diet high in fat. One participant in the Farsi group suggested a definite improvement would be having a shorter more condensed version that consumers can keep posted on their fridge.

Canada's Food Guide is used both as a reference for teaching elements of healthy eating and as a handout for immigrants attending one-on-one or group sessions. That being said, it is generally considered a tool that is more complex than the previous version and therefore requires verbal explanation prior to being distributed.

"People are inaccessible to this because of language barriers." Intermediary working with immigrants of Chinese linguistic background

"Materials have to be translated, simple and visual. They have to have easy access to them. I like giving people independence." Intermediary working with immigrants of Korean linguistic background

Use

The 2007 Guide was often labelled as having lots of information and being quite wordy, which often means that intermediaries using it provide immigrants with a verbal explanation on how to use the Guide prior to giving them a copy. Some even discuss the Guide in more than one session, beginning with the cover page and following up with the second and third panels prior to finally discussing other elements of the Guide.

Some professionals and most community and settlement workers in the Chinese, Tamil, Punjabi, and Urdu groups also noted having used or even still using the 1992 version of the Guide that was adapted and translated for various ethno-cultural groups. Not only were the translations perceived as an advantage in making the Guide more accessible, the old adapted version also included a greater variety of foods from the immigrants' country of origin as part of the rainbow.

Many community workers and professionals suggested that teaching the concept of portion size as presented in the Guide is a challenge with new immigrants as they are not likely to measure their food intake. As such, the Food Guide Serving sizes are not often used and many rely on illustrating food portions visually on a plate to relay the relative importance of food groups rather than focusing on portions.

My Food Guide

"My Food Guide" was generally unfamiliar to non-nutritionists, but endorsed as a translated support tool or resource for community workers.

Very few participants other than a few nutritionists had ever seen or heard of "My Food Guide".

When shown the translated "My Food Guide" print out, most expressed a high level of interest in this tool although it was not clear how it would best help them in their work, especially among those working primarily with groups of people. Nutritionists indicated that the tool would be good for a one-on-one consultation, as it could be tailored to an individual's needs. Some community workers and settlement workers questioned what cost and time implications this could have on their job and their day-to-day workplace.

> *"This is a great idea. I could see this working really well. But it would be something I would have to do with a new immigrant. What is that going to mean at the workplace? I see this taking lots of computer time, not to mention using the colour printer and paper." Intermediary working with immigrants of Tagalog linguistic background*

Some participants expressed that "My Food Guide" was not an appropriate tool for recent immigrants to complete on their own without an understanding of English or French. Nonetheless, the language barrier and the statement that many have no money for a computer and/or are not computer savvy were the greatest barriers mentioned.

> *"You have to assume that they will not have access to a computer at home, and that they won't go looking for this." Intermediary working with immigrants of Punjabi linguistic background*

> *"Ça ne serait pas une ressource qu'on donnerait mais ce serait plus dans le contexte ou il y aurait un accompagnateur." Intermediary working with immigrants of Farsi linguistic background (It would not be a resource we would provide, but rather used in the presence of an educator.)*

As a result, it was believed that the tool was best suited for in-person consultation, or alternatively, introduced through the school system so the children of new immigrants could bring the information home to their family. A few participants, however, suggested that the output could be used to discuss nutrition with homogeneous groups, such as women in a certain age group.

> *"Individuellement ce serait un peu long à utiliser mais je prendrai un groupe de femmes qui a le même age et prendre ce guide comme exemple afin qu'elles puissent commenter entre elles." Intermediary working with immigrants of Farsi linguistic background (It would be lengthy to use individually but I would take a group of women of the same age and use the guide as an example to that they can discuss among themselves.)*

A number of participants expressed concern with the limited number of foods illustrated, as one of the problems they face in educating new immigrants is their unfamiliarity with foods available in Canada or their difficulty in adapting traditional recipes using products available in Canada. Furthermore, given that the lack of familiarity of most immigrants with the concept of food groups it was felt that providing lots of suggestion of the foods included in each of the groups would help immigrants with the concept.

Having a print out of "My Food Guide" translated in multiple languages was very well received across locations. Again, this was considered especially effective for in-person consultations, when information could be put in context for new immigrants. However, participants in the Tagalog, Punjabi and Spanish groups expressed concerns with the quality of translation, as presented.

One participant in the Farsi group suggested providing educators with a printed version of the steps to achieve "My Food Guide", allowing educators to select the immigrants' food preference during a one-on-one consultation, without the use of the computer. It was felt that offices were not designed for the use of online tools with clients. The educator could then complete the personalized guide online based on the immigrant's choice of foods.

Because of limited access to the Internet, only a few participants in Montreal suggested that "My Food Guide" could easily replace the translation and adaptation of the printed version of Canada's Food Guide.

Appendix A:
Recruitment Screener

FINAL SCREENER –August 1 2007

Name:_____ Tel. (H):_____

GROUP 1 2 3 4 5 6 7 8 9 10 11 12

Location: TORONTO, ON (ENGLISH)

Date: Monday, August 27, 2007 **Location:** **Consumer Vision**
Time: Group 1: 5:00pm – Intermediaries working w/ Chinese 2 Bloor Street West, 3rd Floor
Group 2: 7:30pm – Intermediaries working w/ Tamil 416-967-1596

Date: Tuesday, August 28, 2007
Time: Group 3: 5:00pm – Intermediaries working w/ Punjabi
Group 4: 7:30pm – Intermediaries working w/ Urdu

Location: MONTREAL, QC (FRENCH)

Date: Wednesday, August 29, 2007 **Location:** **Contemporary Research Centre**
Time: Group 5: 5:00pm – Intermediaries working w/ Arabic 1250 Guy Street, Suite 802
Group 6: 7:30pm – Intermediaries working w/ Spanish 514-932-7511

Date: Thursday, August 30, 2007
Time: Group 7: 5:00pm – Intermediaries working w/ Russian
Group 8: 7:30pm – Intermediaries working w/ Farsi (Persian)

Location: VANCOUVER, BC (ENGLISH)

Date: Tuesday, August 28, 2007 **Location:** **Consumer Research Centre**
Time: Group 9: 5:00pm – Intermediaries working w/ Chinese 1398 West 7th Avenue
Group 10: 7:30pm – Intermediaries working w/ Punjabi 604-714-5900

Date: Wednesday, August 29, 2007
Time: Group 11: 5:00pm – Intermediaries working w/ Korean
Group 12: 7:30pm – Intermediaries working w/ Tagalog

SPECIFICATIONS SUMMARY

- 12 focus groups, 3 locations;
- 8 in English and 4 in French;

Toronto:
Group 1 – Intermediaries working with Chinese cultural group (EN);
Group 2 – Intermediaries working with Tamil cultural group (EN);
Group 3 – Intermediaries working with Punjabi cultural group (EN);
Group 4 – Intermediaries working with Urdu cultural group (EN);
Montreal:
Group 5 – Intermediaries working with Arabic cultural group (FR);
Group 6 – Intermediaries working with Spanish cultural group (FR);
Group 7 – Intermediaries working with Russian cultural group (FR);
Group 8 – Intermediaries working with Farsi (Persian) cultural group (FR);
Vancouver:
Group 9 – Intermediaries working with Chinese cultural group (EN);
Group 10 - Intermediaries working with Punjabi cultural group (EN);
Group 11 – Intermediaries working with Korean cultural group (EN);
Group 12 – Intermediaries working with Tagalog cultural group (EN);

- Each group will include 2 intermediaries from the following 3 audiences:
  - **Immigrant settlement workers** working with specific ethno groups identified by each group
  - **Ethno-cultural community workers** (eg. Community food advisors, social workers) who interact with immigrants and new Canadians from the specific ethno-cultural group identified for each FG. These workers should have some role in providing assistance/advice related to food (ie. Meal planning, preparation, healthy eating, grocery shopping)
  - **Public health nutritionists** / **dieticians** / **nurses** who promote healthy eating with immigrants and new Canadians from the specific ethno-cultural groups identified for each FG
- Recruit mix of gender (if possible)
- Able to take part in written/visual exercises in ENG / FR (based on location)
- Comfortable sharing opinion

GENERAL INTRODUCTION

Hello, my name is____ and I am with Corporate Research Associates, a public opinion and market research firm. Today I am calling on behalf of the Government of Canada. We are looking to speak with professionals that work with specific ethno-cultural groups to participate in a small group discussion about healthy eating and nutrition. We are looking for specific groups of individuals for these discussions. May I ask you a few quick questions to see if you are the type of participant we are looking for? Thank you. This information will remain completely confidential and your participation is entirely voluntary.

1. Gender **(By Observation)**:

Female ..... 1 **Recruit a mix of gender**
Male ..... 2 **(if possible)**

2. Are you or anyone in your household currently employed in or are retired from any of the following types of industries…?

Marketing/Market Research	1	
Public relations	2	
Advertising or graphic design	3	
Media (TV, Radio, Newspaper)	4	
Government of Canada	5	**Probe for Department/Agency – Thank & Terminate if Health Canada or related Agencies**

IF YES TO ANY OF THE ABOVE, THANK AND TERMINATE

3. Which of the following best represents your current employment status? Are you…?

Employed full time	1	**Continue**
Employed part time; or	2	**Continue**
Unemployed	4	**Thank & Terminate**
Retired	5	**Thank & Terminate**

4. ***(If employed/self employed, ask…)*** What is your current occupation? _____
(Ask for specifics)

THANK & TERMINATE IF:

1) **SENSITIVE OCCUPATION MENTIONED IN Q2**
2) **WORKING FOR HEALTH CANADA OR RELATED AGENCIES (PUBLIC HEALTH AGENCY OF CANADA; CANADIAN INSTITUTE OF HEALTH RESEARCH)**
3) **NOT A DESIRED OCCUPATION**

CONTNIUE IF:

1) **OCCUPATION AS IMMIGRANT SETTLEMENT WORKERS** (e.g. someone providing formal counsel and assistance to recent immigrants and new Canadians) **– GO TO SECTION A**
2) **OCCUPATION AS ETHNO-CULTURAL COMMUNITY WORKER** (e.g. Community food advisors, home visitors, social workers) who interacts with immigrants and new Canadians from the specific ethno-cultural group identified for each FG. These workers should have some role in providing assistance/advice related to food (ie. Meal planning, preparation, healthy eating, grocery shopping) - **GO TO SECTION B**
3) **OCCUPATION AS PUBLIC HEALTH NUTRITIONIST / DIETICIANS / NURSES – GO TO SECTION C**

SECTION A: IMMIGRANT SETTLEMENT WORKERS (Recruit 2 for each group)

5. Are you currently employed as an Immigrant Settlement Worker, that is someone providing formal counsel and assistance to recent immigrants and new Canadians?

Yes	1	**Continue**
No	2	**Go to Q7**

6. How long have you been working as an Immigrant Settlement Worker?

Lest than one year	1	**Thank & terminate - Ask for a referal and begin at the Intro**
At least one year	2	**Go to SECTION D: GENERAL QUESTIONS**

SECTION B: ETHNO-CULTURAL COMMUNITY WORKER (Recruit 2 for each group)

7. Are you currently employed as an Ethno-Cultural Community Worker, for example, community food advisors, home visitors or social workers working with recent immigrants and new Canadians?

Yes	1	**Continue**
No	2	**Thank & Terminate - Ask for a referal and begin at the Intro**

8. How long have you been working as an Ethno-Cultural Community Worker?

Lest than one year	1	**Thank & terminate - Ask for a referal and begin at the Intro**
At least one year	2	**Go to SECTION D: GENERAL QUESTIONS**

SECTION C: PUBLIC HEALTH NUTRITIONIST / DIETICIANS / NURSES (Recruit 2 for each group)

9. Are you currently employed as a Public Health or Community Dietician, Nutritionist, or Nurse?

Yes	1	**Continue**
No	2	**Thank & Terminate - Ask for a referal and begin at the Intro**

10. How long have you been working as a Public Health Nutritionist / Dietician / Nurse?

Lest than one year	1	**Thank and terminate - Ask for a referal and begin at the Intro**
At least one year	2	**Continue**

SECTION D: GENERAL QUESTIONS – ASK EVERYONE

11. On average, approximately what percentage of your work on a monthly basis is conducted with immigrants who have immigrated to Canada since 1990? Would it be…?

Less than 20%	1	**Thank and terminate - Ask for a referal and begin at the Intro**
At least 20% but less than 40%	2	**Continue**
At least 40% but less than 60%	3	**Continue**
At least 60% but less than 80%	4	**Continue**
At least 80%	5	**Continue**

12. Do you currently work with immigrants who speak limited or no [English(Toronto & Vancouver)/French (Montreal)] and who primarily speak one of the following languages? READ LIST

Toronto:

Chinese (Cantonese or Mandarin)	1 –	**Consider for Group 1**
Tamil	2 –	**Consider for Group 2**
Punjabi	3 –	**Consider for Group 3**
Urdu	4 –	**Consider for Group 4**

Montreal:

Arabic	1 –	**Consider for Group 5**
Spanish	2 –	**Consider for Group 6**
Russian	3 –	**Consider for Group 7**
Farsi (Persian)	4 –	**Consider for Group 8**

Vancouver:

Chinese (Cantonese or Mandarin)	1 –	**Consider for Group 9**
Punjabi	2 –	**Consider for Group 10**
Korean	3 –	**Consider for Group 11**
Tagalog	4 –	**Consider for Group 12**

13. And on average, approximately how many hours a month do you work with immigrants who have immigrated to Canada since 1990 and who primarily speak (*insert linguistic groups from Q12)*?

Linguistic group: _____ # of hours per month:_____

Linguistic group: _____ # of hours per month:_____

Linguistic group: _____ # of hours per month:_____

Linguistic group: _____ # of hours per month:_____

Require a minimum of 20 hours per month for any linguistic group considered.
If less than 20 hours per month for <u>all</u> groups, thank and terminate and ask for referrals.
Otherwise, continue and consider linguistic group (e.g. from Q12) with highest number of hours.

14. **(FOR NUTRITIONISTS, DIETITIANS, NURSES ONLY):** Of this work with new immigrants is your work mostly:

Clinical (disease specific counselling, diabetes education, etc.) or ..	1	**Thank&Terminate – ask for a referral and begin at the Intro**
Community work or health promotion	2	**Continue**

15. Do you play a role in providing assistance and advice related to food and nutrition among new immigrants speaking (*insert linguistic group from Q13 being considered)* in your day-to-day work? That could include providing advice on meal planning and preparation, healthy eating, and grocery shopping.

Yes	1	**Continue**
No	2	**Thank and terminate – ask for a referral and begin at the Intro**

A few more questions to help us analyze results of this study…

16. Have you ever attended a small group discussion also called focus group or triad, for which you received a sum of money?

Yes	1	**Continue (Maximum 2 participants per group)**
No	2	**Go To Invitation**

17. When was the last time you attended a small group discussion? _____

18. What was the topic of the discussion? _____

19. How many focus groups or triads have you attended? _____

IF THEY HAVE BEEN TO 6 OR MORE GROUPS, THANK & TERMINATE

INVITATION:

I would like to invite you to participate in a small group discussion called a focus group we are holding at _____ on _____. As you may know, focus group is a research tool, which uses an informal meeting of a small group of individuals to gather their thoughts and opinions on a particular subject matter, in this case healthy eating and nutrition among immigrants. The purpose is NOT to test your knowledge, but to better understand your opinions and perceptions on this topic.

20. The discussion will consist of 5 or 6 people and will be very informal. This discussion will last approximately 2 ½ hours. Refreshments will be served and you will receive $200 as a thank you for your time. Would you be interested in attending?

Yes	1	**Continue**
No	2	**Thank and Terminate**

21. Participants will be asked to read extensive materials and write out responses individually prior to and during the group discussion. Would it be possible for you to take part in these activities in **English** (or French)?

Yes	1	**Continue**
No	2	**Thank and Terminate**

22. The discussion in which you will be participating will be audio recorded for internal reference only. Please be assured your comments and responses are strictly anonymous in accordance with Canada's privacy legislation. Are you comfortable with the discussion being audio taped?

Yes	1	**Continue**
No	2	**Thank and Terminate**

23. As is normally the practice with focus groups, the discussion will take place in a room equipped with a one-way mirror allowing individuals to observe the discussion. The purpose is to ensure individuals working on this project are able to hear your thoughts and opinions without disturbing the group discussion. Would that be a problem for you?

Yes	1	**Thank and Terminate**
No	2	**Continue**

24. Since participants in focus groups are asked to express their thoughts and opinions freely in an informal setting with others, we'd like to know how comfortable you are with such an exercise? Would you say you are…?

Very comfortable	1	**Continue**
Comfortable	3	**Continue**
Not very comfortable	4	**Thank and Terminate**
Not at all comfortable	5	**Thank and Terminate**

As these are very small groups and with even one person missing, the overall success of the group may be affected, I would ask that once you have decided to attend that you make every effort. In the event you are unable to attend, please call_____ (collect) at _____as soon as possible in order that a replacement may be found.

As part of our quality control measures, we ask everyone who is participating in the focus group to bring along a piece of I.D., picture if possible. You may be asked to show your I.D. Please bring with you reading glasses or anything else that you need to read with.

Please arrive about 15 minutes before the beginning of the focus group. If you arrive late, we will not be able to include you in the focus group, and will not be able to provide you with the $200 incentive.

ATTENTION RECRUITERS

1. Recruit **6** participants for each group
2. CHECK QUOTAS
3. Ensure participant has a good speaking (overall responses) & written ability - If in doubt, DO NOT INVITE
4. Do not put names on profile sheet unless you have a firm commitment.
5. Repeat the date, time and location before hanging up.
6. Verify key information when confirming.

Confirming

1. Confirm at the **beginning of the day** prior to the day of the groups
2. Confirm all key qualifying questions
3. Verify time and location (ask if they are familiar)

Recherche à l'aide de groupes de discussion, avec des intermédiaires qui font la promotion de saines habitudes alimentaires auprès de communautés ethno-culurelles précises (HCPOR-07-14)

QUESTIONNAIRE FINAL – 1er août 2007

Nom : _____ Téléphone (résidence) :_____

GROUPE 1 2 3 4 5 6 7 8 9 10 11 12

Endroit: TORONTO, ON (ANGLAIS)

Date: Lundi 27 août 2007
Heure: Groupe 1: 17h00 – Intermédiaires qui travaillent avec un groupe culturel chinois
Groupe 2: 19h30 – Intermédiaires qui travaillent avec un groupe culturel tamoul

Date: Mardi 28 août 2007
Heure: Groupe 3: 17h00 – Intermédiaires qui travaillent avec un groupe culturel panjabi
Groupe 4: 19h30 – Intermédiaires qui travaillent avec un groupe culturel ourdou

Endroit: **Consumer Vision**
2 Bloor Street West,
3rd Floor
416-967-1596

Endroit: MONTRÉAL, QC (FRANÇAIS)

Date: Mercredi 29 août 2007
Heure: Groupe 5: 17h00 – Intermédiaires qui travaillent avec un groupe culturel arabe
Groupe 6: 19h30 – Intermédiaires qui travaillent avec un groupe culturel espagnol

Date: Jeudi 30 août 2007
Heure: Groupe 7: 17h00 – Intermédiaires qui travaillent avec un groupe culturel russe
Groupe 8: 19h30 – Intermédiaires qui travaillent avec un groupe culturel persan

Endroit: **Contemporary Research Centre**
1250 rue Guy,
Suite 802
514-932-7511

Endroit: VANCOUVER, C.-B. (ANGLAIS)

Date: Mardi 28 août 2007
Heure: Groupe 9: 17h00 – Intermédiaires qui travaillent avec un groupe culturel chinois
Groupe 10: 19h30 – Intermédiaires qui travaillent avec un groupe culturel panjabi

Date: Mercredi 29 août 2007
Heure: Groupe 11: 17h00 – Intermédiaires qui travaillent avec un groupe culturel coréen
Groupe 12: 19h30 – Intermédiaires qui travaillent avec un groupe culturel tagalog

Endroit: **Consumer Research Centre**
1398 West 7th Avenue
604-714-5900

RÉSUMÉ DES SPÉCIFICATIONS

- 12 groupes ciblés, 3 emplacements
- 8 en anglais et 4 en français

Toronto :
Groupe 1 – Intermédiaires qui travaillent avec un groupe culturel chinois (ANG);
Groupe 2 – Intermédiaires qui travaillent avec un groupe culturel tamoul (ANG);
Groupe 3 – Intermédiaires qui travaillent avec un groupe culturel panjabi (ANG);
Groupe 4 – Intermédiaires qui travaillent avec un groupe culturel ourdou (ANG);
Montréal :
Groupe 5 – Intermédiaires qui travaillent avec un groupe culturel arabe (FRA);
Groupe 6 – Intermédiaires qui travaillent avec un groupe culturel espagnol (FRA);
Groupe 7 – Intermédiaires qui travaillent avec un groupe culturel russe (FRA);
Groupe 8 – Intermédiaires qui travaillent avec un groupe culturel persan (FRA);
Vancouver :
Groupe 9 – Intermédiaires qui travaillent avec un groupe culturel chinois (ANG);
Groupe 10 - Intermédiaires qui travaillent avec un groupe culturel panjabi (ANG);
Groupe 11 – Intermédiaires qui travaillent avec un groupe culturel coréen (ANG)
Groupe 12 – Intermédiaires qui travaillent avec un groupe culturel tagalog (ANG)

- Chaque groupe comprendra 2 intermédiaires des 3 publics suivants :
  - **Travailleur(euse)s en milieu immigrant** qui travaillent avec des groupes ethno-culturels identifiés pour chaque groupe.
  - **Travailleur(euse)s pour des communautés ethno-culturelles** (par exemple, des conseillers en alimentation communautaires, des travailleurs sociaux) en interaction avec des immigrants et des néo-Canadiens des groupes ethno-culturels identifiés pour chaque groupe cible. Ces travailleur(euse)s devraient jouer un certain rôle dans la fourniture d'aide et de conseils dans la préparation des aliments (par exemple, la planification des repas), de saines habitudes alimentaires et l'achat d'épicerie.
  - **Nutritionnistes, diététicien(ne)s et infirmier(ère)s de la santé publique** qui font la promotion de saines habitudes alimentaires auprès des immigrants et des néo-Canadiens des groupes ethno-culturels particuliers pour chaque groupe cible.
- Recruter un mélange de genres (si possible).
- Capacité de prendre part à des exercices écrits et visuels en français ou en anglais (selon les emplacements).
- Être à l'aise dans des échanges d'opinions.

PRÉSENTATION GÉNÉRALE

Bonjour, je m'appelle _____ et je travaille pour Corporate Research Associates, une entreprise de sondage d'opinions auprès du public et des marchés. Je vous appelle aujourd'hui au nom du gouvernement du Canada. Nous aimerions discuter avec des professionnels qui travaillent avec des groupes ethno-culturels précis, afin de participer à une discussion en petits groupes sur de saines habitudes alimentaires et sur la nutrition. Nous recherchons des groupes précis pour ces discussions. Puis-je vous poser quelques courtes questions pour vérifier si êtes un des participants que nous recherchons? Merci. Ces renseignements demeureront complètement confidentiels et votre participation est entièrement bénévole.

1. Genre **(par observation)** :

Femme	1	**Recruter un mélange de genres**
Homme	2	**(si possible)**

2. Êtes-vous (ou quelqu'un d'autre dans votre foyer) employé(e) ou retraité(e) d'un des types de secteurs suivants :

Marketing/recherche de marchés	1	
Relations publiques	2	
Publicité ou conception graphique	3	
Média (télévision, radio, journaux)	4	
Gouvernement du Canada	5	**Sondez par service ou agence – Remerciez et terminez s'il s'agit de Santé Canada ou d'organismes connexes**

SI LA RÉPONSE A UNE DES QUESTIONS CI-DESSUS EST OUI, REMERCIEZ ET TERMINEZ

3. Qu'est-ce qui représente le mieux votre emploi actuel? Êtes-vous…?

Employé(e) à temps plein	1	**Continuez**
Employé(e) à temps partiel	2	**Continuez**
Sans emploi	4	**Remerciez et terminez**
Retraité(e)	5	**Remerciez et terminez**

4. ***(Si employé(e) ou travailleur(euse) autonome, demandez…)*** Quel est votre emploi actuel?

_____

(Demandez des précisions)

REMERCIEZ ET TERMINEZ SI :

1) **EMPLOI SENSIBLE MENTIONNNÉ À LA QUESTION 2**
2) **À L'EMPLOI DE SANTÉ CANADA OU D'AGENCES CONNEXES (ORGANISME DE SANTÉ PUBLIQUE DU CANADA, INSTITUT CANADIEN DE RECHERCHE SUR LA SANTÉ)**
3) **EMPLOI NON DÉSIRÉ**

CONTINUEZ SI :

1) **EMPLOYÉ(E) COMME TRAVAILLEUR(EUSE) EN MILIEU IMMIGRANT** (par exemple, personne offrant officiellement des conseils et de l'aide à de récents immigrants ou à des néo-Canadiens) **– PASSEZ À LA SECTION A**
2) **EMPLOYÉ(E) COMME TRAVAILLEUR(EUSE) POUR DES COMMUNAUTÉS ETHNO-CULTURELLES** (par exemple, conseiller(ère) communautaires en alimentation, visiteur(euse) de foyers, travailleur(euse) social(e)) en interaction avec des immigrants et des néo-Canadiens de groupes ethno-culturels particuliers identifiés pour chaque groupe cible. **Ces travailleur(euse)s devraient jouer un** certain rôle dans la fourniture d'aide et de conseils dans l'alimentation (par exemple, la planification des repas, de saines habitudes alimentaires et l'achat d'épicerie) **– PASSEZ À LA SECTION B**
3) **EMPLOYÉ(E) COMME NUTRITIONNISTE, DIÉTÉTICIEN(NE) OU INFIRMIER(ÈRE) DANS LA SANTÉ PUBLIQUE – PASSEZ À LA SECTION C**

<u>SECTION A : TRAVAILLEURS(EUSES) EN MILIEU IMMIGRANT (Recrutez 2 de chaque groupe)</u>

5. Êtes vous actuellement employé(e) comme travailleur(euse) en milieu immigrant, c'est-à-dire comme une personne qui offre officiellement des conseils et de l'aide à de récents immigrants ou à des néo-Canadiens?

Oui	1	**Continuez**
Non	2	**Passez à la question 7**

6. Pendant combien de temps avez-vous travaillé en milieu immigrant?

Moins d'un an..... 1 **Remerciez et terminez - Demandez une référence et commencez la présentation**
Au moins un an ..... 2 **Passez à la SECTION D : QUESTIONS GÉNÉRALES**

SECTION B : TRAVAILLEUR(EUSE) POUR DES COMMUNAUTÉS ETHNO-CULTURELLES (Recrutez 2 de chaque groupe)

7. Êtes-vous actuellement employé(e) comme travailleur(euse) pour une communauté ethno-culturelle? (par exemple conseiller(ère) en alimentation communautaire, visiteur(euse) de foyer ou travailleur(eure) social(e) pour de récents immigrants et des néo-Canadiens.)

Oui ..... 1 **Continuez**
Non..... 2 **Remerciez et terminez – Demandez une référence et commencer la présentation**

8. Pendant combien de temps avez-vous travaillé pour une communauté ethno-culturelle?

Moins d'un an..... 1 **Remerciez et terminez - Demandez une référence et commencez la présentation**
Au moins un an ..... 2 **Passez à la SECTION D : QUESTIONS GÉNÉRALES**

SECTION C : NUTRITIONNISTES, DIÉTÉTICIEN(NE)S ET INFIRMIER(ÈRE)S DE LA SANTÉ PUBLIQUE (Recrutez 2 de chaque groupe)

9. Êtes-vous actuellement employé(e) comme nutritionniste, diététicien(ne) ou infirmier(ère) communautaire ou de la Santé publique?

Oui ..... 1 **Continuez**
Non..... 2 **Remerciez et terminez – Demandez une référence et commencez la présentation.**

10. Pendant combien de temps avez-vous travaillé en qualité de nutritionniste, de diététicien(ne) ou d'infirmier(ère) de la Santé publique?

Moins d'un an..... 1 **Remerciez et terminez – Demandez une référence et commencez la présentation**
Au moins un an ..... 2 **Continuez**

SECTION D : QUESTIONS GÉNÉRALES – DEMANDEZ À TOUT LE MONDE

11. En moyenne, quel pourcentage mensuel de votre travail se fait avec des immigrants arrivés au Canada depuis 1990? Est-ce…?

Moins de 20 % ..... 1 **Remerciez et terminez – Demandez une référence et commencez la présentation**
Au moins 20 % mais moins de 40 %..... 2 **Continuez**
Au moins 40 % mais moins de 60 %..... 3 **Continuez**
Au moins 60 % mais moins de 80 %..... 4 **Continuez**
Au moins 80 % ..... 5 **Continuez**

12. Travaillez-vous actuellement avec des immigrants qui parlent peu ou pas [anglais à Toronto et à Vancouver/français à Montréal] et dont la langue maternelle est une des langues ci-dessous? LISEZ LA LISTE.

Toronto :

Chinois (cantonais ou mandarin)..... 1 – **À considérer pour le groupe 1**
Tamoul ..... 2 – **À considérer pour le groupe 2**
Penjabi ..... 3 – **À considérer pour le groupe 3**
Ourdou..... 4 – **À considérer pour le groupe 4**

Montréal :

Arabe ..... 1 – **À considérer pour le groupe 5**
Espagnol ..... 2 – **À considérer pour le groupe 6**
Russe..... 3 – **À considérer pour le groupe 7**
Farsi (persan)..... 4 – **À considérer pour le groupe 8**

Vancouver :

Chinois (cantonais ou mandarin)..... 1 – **À considérer pour le groupe 9**
Penjabi ..... 2 – **À considérer pour le groupe 10**
Coréen ..... 3 – **À considérer pour le groupe 11**
Tagalog ..... 4 – **À considérer pour le groupe 12**

13. En moyenne, combien d'heures par mois travaillez-vous avec des immigrants arrivés au Canada depuis 1990 et dont la langue maternelle est (*insérez le groupe linguistiques de la question 12)*?

Groupe linguistique: _____ Nombre d'heures par mois:_____

Groupe linguistique: _____ Nombre d'heures par mois:_____

Groupe linguistique: _____ Nombre d'heures par mois:_____

Groupe linguistique: _____ Nombre d'heures par mois:_____

Demandez au moins 20 heures par mois pour chaque groupe linguistique considéré. Si moins de 20 heures par mois pour <u>tous</u> les groupes, remerciez et terminez, et demandez des références.

Sinon, continuez et considérez le groupe linguistique (par exemple de la question 12) avec le plus grand nonbre d'heures.

14. **(POUR LES NUTRITIONNISTES, LES DIÉTÉTITIEN(NE)S ET LES INFIRMER(IÈRE)S SEULEMENT) :** Quel est votre principal travail avec les nouveaux immigrants :

Clinique (conseils sur des maladies particulières, éducation au diabète, etc.) ou 1 **Remerciez et terminez – Demander une référence et commencez la présentation**
Travaux communautaires ou promotion de la santé..... 2 **Continuez**

15. Jouez-vous un rôle dans la fourniture d'aide et de conseils touchant l'alimentation et la nutrition parmi les nouveaux immigrants qui parlent (*insérez le groupe linguistique considéré de la question 13)* dans votre travail quotidien? Cela pourrait comprendre offrir des conseils sur la planification et la préparation des repas, de saines habitudes alimentaires et l'achat d'épicerie.

Oui ..... 1 **Continuez**
Non..... 2 **Remerciez et terminez – Demanez une référence et commencez la présentation.**

<u>INVITATION</u>

J'aimerais vous inviter à participer à un petit groupe de discussion appelé groupe de discussion qui aura lieu à _____ le _____. Comme vous le savez peut-être, un groupe de discussion est un outil de recherche qui recourt à une réunion informelle d'un petit groupe de personnes pour recueillir leurs idées et leurs opinions sur un sujet donné, en l'occurrence sur l'alimentation saine et la nutrition. L'objectif de la réunion N'EST PAS de vérifier vos connaissances, mais de mieux comprendre vos opinions et vos perceptions sur ce sujet.

16. Le groupe de discussion rassemble 5 ou 6 personnes et demeure très informel. La discussion dure environ 2 ½ heures. Des boissons seront servies et vous recevrez 200 dollars en guise de remerciement du temps que vous aurez consacré à répondre aux questions. Êtes-vous intéressé à participer?

Oui	1	**Continuez**
Non	2	**Remerciez la personne et mettez fin à l'appel**

17. Les participants devront lire de longs passages de documents et transcrire leurs réponses individuellement avant et durant la discussion. Pourriez-vous participer à ce type d'activité en **anglais** (ou français)?

Oui	1	**Continuez**
Non	2	**Remerciez la personne et mettez fin à l'appel**

18. La discussion à laquelle vous participerez sera enregistrée sur bande sonore à des fins de référence interne seulement. Soyez assuré que vos commentaires et vos réponses demeureront strictement anonymes conformément à la législation canadienne relative à la protection de la vie privée. Êtes-vous à l'aise avec le fait que la discussion sera enregistrée?

Oui	1	**Continuez**
Non	2	**Remerciez la personne et mettez fin à l'appel**

19. Comme c'est généralement l'usage lors de groupes de discussion, la discussion aura lieu dans une salle munie d'un miroir d'observation qui permet à des observateurs d'assister à la discussion. L'objectif de ce miroir est de veiller à ce que les personnes qui travaillent sur le projet puissent entendre vos idées et vos opinions sans déranger la discussion de groupe. Est-ce que cela vous causerait un problème?

Oui	1	**Remerciez la personne et mettez fin à l'appel**
Non	2	**Continuez**

20. Puisque l'on demande aux participants des groupes de discussion d'exprimer librement leurs pensées et leurs opinions à d'autres personnes dans un environnement informel, nous aimerions savoir si vous vous sentez suffisamment à l'aise pour participer à un tel exercice? Diriez-vous que vous êtes…?

Très à l'aise	1	**Continuez**
À l'aise	3	**Continuez**
Pas très à l'aise	4	**Remerciez la personne et mettez fin à l'appel**
Pas du tout à l'aise	5	**Remerciez la personne et mettez fin à l'appel**

Puisque les groupes sont très petits, l'absence d'une seule personne peut compromettre la réussite du groupe dans son ensemble. Si vous avez décidé de participer, je vous demanderais de faire tout votre possible pour être présent. En cas d'empêchement, veuillez appeler_____ (à frais virés) au _____le plus tôt possible afin que l'on puisse vous remplacer.

Dans le cadre de nos mesures de contrôle de la qualité, nous demandons à tous les participants aux groupes de discussion de se munir d'une pièce d'identité avec photo, si possible. Il se peut qu'on vous demande de montrer une pièce d'identité. Veuillez apporter vos lunettes de lecture ou tout autre objet dont vous avez besoin pour lire.

Veuillez arriver environ 15 minutes avant le début de la réunion. Si vous arrivez en retard, nous ne pourrons pas vous intégrer dans un groupe de discussion et nous ne pourrons pas vous donner la prime de 200 $.

AVIS AUX RECRUTEURS

1. Recrutez 6 participants pour chaque groupe.
2. VÉRIFIEZ LES QUOTAS.
3. Veillez à ce que chaque participant ait de bonnes habiletés en expression orale (réponses globales) et en écriture. En cas de doute, N'INVITEZ PAS LA PERSONNE.
4. N'inscrivez pas de noms sur les feuilles de profil sans avoir obtenu un engagement ferme.
5. Répétez la date, l'heure et le lieu avant de raccrocher.
6. Vérifiez les informations clés en confirmant.

Confirmation

1. Confirmez au **début de la journée** qui précède le jour de la tenue des groupes de discussion.
2. Confirmez la réponse à toutes les principales questions de qualification.
3. Vérifiez l'heure et le lieu (demandez si la personne sait comment s'y rendre).

Appendix B:
Moderator's Guide

Final Moderator's Guide
August 10 2007

Introduction & Warm-up: 10 minutes

- **Welcome** - Intro self, role as moderator.
- **Explain purpose** – understand how you promote healthy eating with people you work with who are recent immigrants among ethno-cultural communities, specifically for individuals whose mother tongue is (***name specific linguistic group***). This will include how you do it, what works and what does not. We will also discuss what you know about their specific eating and food shopping habits.
- **Explain process** – focus group; observation; audio/video taping; all opinions are important; important to understand agreement/disagreement; talk one at a time; no right/wrong answers; individual comments are confidential/anonymous.
- **Introductions** – name, profession, how long they have been doing the type of work they do.

Challenges 20 minutes

I want to begin by understanding your perceptions of how new immigrants of ***(linguistic group)*** linguistic background you work with view nutrition in the Canadian context, specifically as it relates to eating and food shopping habits.

- **Challenges –** What challenges, if any, do these clients face in adopting healthy eating habits within the Canadian context? Are some unique to them? ***List on flip chart.*** ***Probe for:*** Food availability/familiarity; Food consumption pattern; Food shopping; Linguistic / literacy limitations; Socio-economic limitations; Availability of information; Food preparation methods;

- **Customs** – Are there specific customs or cultural beliefs related to food within this group that are not consistent with those in Canada? If so, which ones? ***Probe for:*** Food choice; Religious beliefs; Physical image/weight references;

- **Cultural difference** – How do you find out or keep abreast of cultural differences that may influence nutrition within this group?

Food Safety 20 minutes

And thinking specifically about food safety…

- **Knowledge** – In your experience, have you found new immigrants to be knowledgeable about safe preparation, handling and storage of food?
- **Safe behaviours** – What handling and storage techniques have you seen or heard being used to ensure traditional foods are safe to eat?
- **Unsafe practices** – What practices have you seen or heard about that you consider to be unsafe? What about specific foods?
- **Limitations** – In your work, have you seen or heard of any occasions whereby cultural or religious food traditions conflict with food safety practices?
- **Food avoided** – What, if any, foods do immigrants avoid because they perceive them as high-risk or because they have potential to cause illness?

Approach / Method 30 minutes

Thinking specifically about your teaching methods when promoting healthy eating with people of ***(name of group)*** linguistic background and given all of the challenges that we discussed…

- **Audience –** Do you target specific individuals within this community? Any sub-groups (e.g. pregnant women; children; seniors; etc.)? Why?

Exercise #1 – Take a moment and jot down the various ways you can use to approach healthy eating within this specific group. That could include the type of interaction (over the phone, in-person, 1 on 1, in groups, etc.) as well as the type of activities or programs available to you. Then, indicate which ones you personally use and rate them on the 'thumbs up/down scale' based on usefulness (from two thumbs down which means not at all useful to you to two thumbs up which means extremely useful in your work with this group). I will give you a moment.

- **Approach** –Do you generally initiate the discussion or do clients approach you for advice?
    - What family member is most likely to approach you or be approached?
- **Activities** – How do you approach the topic of healthy eating with your clients from the ***(name ethno-cultural or linguistic)*** linguistic background? ***(If not mentioned)*** What type of activities do you conduct with the various segments of this group? What works best?
- **Topics –** What topics do you cover? ***Probe for:*** Food safety education; Food consumption; Food shopping;

- **Challenges** – How have you approached the various challenges you mentioned? What additional difficulties do you face as an educator or communicator in addressing these challenges?
- **Cultural differences** – Does your approach differ based on the ethno-cultural background of clients? If so, how?

Tools 30 minutes

Exercise #2 - Please take a moment to jot down on your exercise sheet all of the tools that are available to you as a health professional or community worker to help promote healthy eating with people you work with from the ***(name ethno-cultural or linguistic)*** community about nutrition. These could include print material, websites, DVDs/Video or audio cassettes, or any other types of resources. Then, indicate which ones you personally use and rate them on the 'thumbs up/down scale' based on usefulness (from two thumbs down which means not at all useful to you to two thumbs up which means extremely useful in your work with this group). I will give you a moment.

- **Content** – What specific information do you look for to help you in your work?
- **Availability –** What tools do you use to help you promote healthy eating? Anything else available that you have decided not to use? Why?
- **Preference** – What makes some tools more appropriate than others when promoting healthy eating with this particular group? Do existing resources help you to address challenges you mentioned earlier ***(refer to flip chart list)***? How so?
- **Usage** – How, if at all, do you use/adapt those tools?
- **Dissemination** – Do you distribute any of those resources to your clients? Which ones and why? Why not other tools? Do you know of any educational programs available to new immigrants regarding food safety? Is the format used easy to understand for your clients? If no, why not?
- **Format** – Based on your experience, what format works best for you? For your clients? Why? ***Probe for:*** Number of pages; Size; Ratio text/images;
- **Access** – How did you find out about these materials? Did you have to request them? If so, how?

Food Guide 40 minutes

As you may know / As mentioned earlier, one of the tools available to those who educate the public about healthy eating is the Health Canada's resource titled *Canada's Food Guide*.

Moderator distributes copy of Eating Well with Canada's Food Guide resource to each participant.

- **Awareness** – Have you seen this document before today?

I will give you a few minutes to review this document before we talk about them.

Give participants between 5 - 10 min depending on awareness level.

- **Usage** – How, if at all, have you used this document in the past to help you teach healthy eating with your clients from the ethno-cultural group discussed today?
- **Strengths** – Thinking of the work you do with your clients from the ***(name ethno-cultural or linguistic)*** background, what works well in this material? What do you like?
- **Weaknesses** – Anything that needs improvement to cater specifically to this group? ***Probe for:*** Type of foods illustrated; Description of daily servings; Label reading information; Food shopping information;
- **Translation (if mentioned only)** – Why do you believe there is a need to translate the Guide? What areas of the Guide should be translated? Are there parts of the Guide that are more important to have translated than others? In what languages?

As you may know, Health Canada released Eating Well with Canada's Food Guide in February 2007. At that time the Department also launched an interactive Web site which included "My Food Guide", a tool designed to help users personalize Food Guide information according to their age, sex and food preferences.

Moderator distributes copy of (name linguistic group) 'My Food Guide' print-out to each participant.

My Food Guide has been translated into ten languages and has been programmed to allow users to complete the activity in French of English and then have the option of printing the PDF in ten languages in addition to English and French. The ten languages include: Arabic, Chinese (traditional and simplified), Korean, Persian, Punjabi, Russian, Spanish, Tagalog, Tamil and Urdu. These languages were selected based on the top non-official home languages for 1990's immigrants in metropolitan areas from the Canada census 2001. I will give you a moment to look at this document.

Give participants 5 min to review.

- **Awareness** – Have you seen this document in English or French before today?
- **Strengths** – Thinking of the work you do with your clients from the ***(name ethno-cultural or linguistic)*** background, could this tool help with some of the challenges you identified in promoting healthy eating to new immigrants?

Exercise #3 – To finish up, take a moment to jot down your suggestions for the Federal and Provincial Governments on best ways to support you in your work to promote healthy eating with the ***(name ethno-cultural or linguistic)*** group.

- **Suggestions** – In addition to its current initiatives, what else can the Government do to help you promote healthy eating with recent immigrants?
- **Additional resources required** – Is there a need for other tools, activities or programs on specific topics related to food and healthy eating?
    - If yes: what kind of tools, activities, or programs? On what topics?

Thanks & Closure:

On behalf of the Government of Canada, thank you for your participation!

Individual Exercise #1

Approach / Activity / Program	I use this (Y / N)	Rating
		
		
		
		
		
		
		
		
		
		

Individual Exercise #2

Tool / Resource	I use this tool (Y / N)	Rating
		
		
		
		
		
		
		
		
		

Individual Exercise #3

Version finale du guide du modérateur
10 août 2007

Introduction et mise en train — 10 minutes

- **Bienvenue** – Présentez-vous, expliquez le rôle de modérateur.
- **Expliquez le but** – Nous voulons comprendre comment vous faites la promotion de la saine alimentation auprès des nouveaux immigrants dans les diverses communautés ethnoculturelles où vous travaillez, en particulier auprès des personnes dont la langue maternelle est (***mentionner le groupe linguistique particulier***). Nous voulons savoir comment vous faites cette promotion et aussi ce qui fonctionne et ce qui ne fonctionne pas. Nous discuterons également de ce que vous savez des habitudes alimentaires et des habitudes d'achat de nourriture de ce groupe linguistique.
- **Expliquez le processus** – Groupe de discussion, observation, enregistrements audio et vidéo. Toutes les opinions sont importantes, il est également important de comprendre pourquoi vous êtes en accord ou en désaccord. Il faut parler un à la fois, il n'y a pas de bonnes ou mauvaises réponses, tous les commentaires individuels sont confidentiels et anonymes.
- **Présentations** – Nom, profession. Depuis combien de temps les participants font-ils ce type de travail ?

Obstacles — 20 minutes

Je voudrais commencer par comprendre votre point de vue sur la façon dont les immigrants de langue (***groupe linguistique***) récemment arrivés au Canada avec lesquels vous travaillez, perçoivent la nutrition dans le contexte canadien, plus particulièrement en ce qui a trait à leurs habitudes alimentaires et à leurs habitudes d'achat de nourriture.

- **Obstacles –** Quels obstacles, s'il y a lieu, vos clients doivent-ils surmonter pour adopter de saines habitudes alimentaires dans le contexte canadien ? Certains de ces obstacles sont-ils spécifiques à ce groupe ? ***Inscrivez les réponses sur le tableau à feuilles. Demandez des précisions :*** Disponibilité et familiarité des aliments, habitudes de consommation alimentaire, habitudes d'achat, contraintes dues à la langue ou au niveau d'alphabétisation, contraintes socio-économiques, disponibilité des informations, méthodes de préparation des aliments.

- **Coutumes** – Certaines coutumes ou croyances culturelles de ce groupe en ce qui a trait à l'alimentation sont-elles incompatibles avec celles qui prévalent au Canada ? Si oui, lesquelles ? ***Demandez des précisions :*** Choix des aliments, croyances religieuses, image corporelle, références en matière de poids.

- **Différences culturelles** – Comment vous êtes-vous rendu compte des différences culturelles qui pourraient avoir une incidence sur l'alimentation au sein de ce groupe ? Comment vous tenez-vous au courant de l'existence de telles différences ?

Salubrité alimentaire 20 minutes

En ce qui a trait plus particulièrement à la salubrité alimentaire...

- **Connaissances** – D'après ce que vous avez pu observer, les immigrants récents connaissent-ils les principes de préparation, de manipulation et de conservation sécuritaire des aliments ?
- **Comportements sécuritaires** – Selon vos observations ou ce que vous avez entendu, quelles sont les techniques de manipulation et de conservation utilisées pour s'assurer que les aliments traditionnels soient propres à la consommation ?
- **Pratiques douteuses** – Selon vos observations ou ce que vous avez entendu, quelles pratiques estimez-vous peu sécuritaires ? Qu'en est-il d'aliments spécifiques ?
- **Restrictions** –Avez-vous observé ou entendu parler dans le cadre de votre travail de traditions culturelles ou religieuses en matière d'alimentation qui sont en contradiction avec les pratiques assurant la salubrité des aliments ?
- **Aliments évités** – Quels sont les aliments, s'il y a lieu, que les immigrants évitent de consommer parce qu'ils considèrent qu'ils comportent des risques élevés pour la santé ou pourraient provoquer des maladies?

Approche/ méthode 30 minutes

Réfléchissez plus particulièrement aux méthodes d'enseignement que vous utilisez pour faire la promotion de la saine alimentation auprès des gens de langue ***(nom du groupe).*** Réfléchissez également à tous les obstacles dont nous avons déjà discuté.

- **Clientèle cible –** Est-ce que vous visez certaines personnes ou certains sous-groupes (p. ex. femmes enceintes, enfants, personnes âgées, etc.) au sein de cette communauté ? Pourquoi ?

Exercice 1 – Prenez quelques minutes pour noter les différents moyens que vous pourriez utiliser pour traiter de la saine alimentation auprès de ce groupe particulier ? Vous pouvez noter les types d'interactions (par téléphone, en personne, rencontres individuelles ou de groupe, etc.) ainsi que les types d'activités ou de programmes qui sont mis à votre disposition. Indiquez ensuite les moyens que vous utilisez personnellement, puis évaluez leur utilité sur une échelle « pouce en haut/pouce en bas » (allant de deux pouces en bas signifiant qu'ils ne sont pas du tout utiles à deux pouces en haut signifiant qu'ils sont extrêmement utiles dans le cadre de votre travail auprès de ce groupe). Je vous laisse le temps de faire cet exercice.

- **Approche** – Est-ce que c'est vous qui entamez généralement la discussion ou est-ce que les clients viennent plutôt vous demander des conseils ?

  - Quel membre de la famille est le plus susceptible de vous approcher à cet égard ou d'accepter de recevoir des conseils ?

- **Activités** – Comment abordez-vous le sujet de la saine alimentation en tenant compte de la langue ou de culture de vos clients (***nom du groupe ethnoculturel ou linguistique)*** ? ***(Si non mentionné)*** Quels types d'activités organisez-vous avec les divers segments de ce groupe ? Qu'est-ce qui fonctionne le mieux ?
- **Sujets –** De quels sujets traitez-vous ? ***Demandez des précisions :*** Formation entourant la salubrité alimentaire, la consommation alimentaire, les pratiques d'achat de nourriture.
- **Obstacles** – Comment avez-vous tenté de surmonter les obstacles que vous avez soulignés auparavant ? Quelles autres difficultés avez-vous éprouvées en tant qu'éducateur ou communicateur pour surmonter ces obstacles ?
- **Différences culturelles** – Est-ce que vous utilisez des approches différentes en fonction du profil ethnoculturel de vos clients ? Si oui, veuillez préciser.

Outils 30 minutes

Exercice 2 - Prenez un moment pour noter sur votre feuille d'exercice tous les outils dont vous disposez en tant que professionnel de la santé ou intervenant communautaire pour promouvoir la saine alimentation auprès des personnes de langue ou de culture ***(nom du groupe ethnoculturel ou linguistique***) avec lesquelles vous travaillez. Il peut s'agir de documents imprimés, de sites Web, de DVD, de cassettes vidéo ou audio ou de tout autre type de ressources. Indiquez ensuite les outils que vous utilisez personnellement, puis évaluez leur utilité sur une échelle « pouce en haut/pouce en bas » (allant de deux pouces en bas signifiant qu'ils ne sont pas du tout utiles à deux pouces en haut signifiant qu'ils sont extrêmement utiles dans le cadre de votre travail auprès de ce groupe). Je vous laisse le temps de faire cet exercice.

- **Contenu** – Quels renseignements particuliers recherchez-vous pour vous aider à accomplir votre travail ?
- **Disponibilité** – Quels outils utilisez-vous pour promouvoir la saine alimentation ? Avez-vous décidé de ne pas utiliser certains outils qui sont mis à votre disposition ? Pourquoi ?
- **Préférences** – Expliquez pourquoi vous considérez que certains outils sont plus appropriés que d'autres pour faire la promotion de la saine alimentation auprès de ce groupe particulier. Est-ce que les ressources existantes vous permettent de surmonter les obstacles que vous avez soulignés auparavant ? ***(reportez-vous à la liste sur le tableau à feuilles)*** Veuillez indiquer comment.
- **Utilisation** – Comment utilisez-vous ou adaptez-vous ces outils, s'il y a lieu ?
- **Diffusion** – Distribuez-vous certaines de ces ressources à vos clients ? Quels outils distribuez-vous et pour quelles raisons ? Pourquoi ne distribuez-vous pas certains outils ?

Connaissez-vous des programmes éducatifs sur la salubrité alimentaire qui sont destinés à des immigrants récents ? Vos clients comprennent-ils facilement le format utilisé ? Si ce n'est pas le cas, pourquoi ?

- **Format** – Selon votre expérience, quel format vous convient le mieux ? Quel format convient le mieux à vos clients ? Pourquoi ? ***Demandez des précisions :*** Nombre de pages, dimensions, proportion texte/images.
- **Accès** – Comment avez-vous entendu parler de ces ressources ? Avez-vous dû vous les procurer vous-même ? Si oui, de quelle façon ?

Le Guide alimentaire 40 minutes

Comme vous le savez peut-être / Tel que mentionné auparavant, une ressource de Santé Canada intitulée le *Guide alimentaire canadien* est l'un des outils mis à la disposition des personnes chargées de l'éducation du public en matière de saine alimentation.

Le modérateur distribue une copie de la ressource « Bien manger avec le Guide alimentaire canadien » à chaque participant.

- **Connaissance** – Aviez-vous déjà vu ce document avant aujourd'hui ?

Je vais vous laisser quelques minutes pour examiner ce document avant que nous en discutions.

Laissez de 5 à 10 minutes aux participants en fonction de leur degré de connaissance.

- **Utilisation** – Comment avez-vous, s'il y a lieu, utilisé ce document dans le passé pour enseigner la saine alimentation à vos clients issus du groupe ethnoculturel dont nous parlons aujourd'hui ?
- **Forces** – Dans le cadre de votre travail auprès de vos clients de langue ou de culture ***(nom du groupe ethnoculturel ou linguistique)***, quels éléments du Guide alimentaire fonctionnent bien ? Qu'est-ce que vous aimez particulièrement ?
- **Faiblesses** – Y-a-t-il quelque chose qui devrait être amélioré pour répondre aux besoins particuliers de ce groupe ? ***Demandez des précisions :*** types d'aliments illustrés, description des portions quotidiennes, informations sur la lecture des étiquettes, informations sur l'achat de nourriture.
- **Traduction (seulement si mentionné)** – Pourquoi croyez-vous qu'il serait bon de traduire ce guide ? Quelles sections de ce guide devraient être traduites ? Certaines parties de ce guide devraient-elles être traduites de préférence à d'autres ? En quelle(s) langue(s)?

Comme vous le savez peut-être, Santé Canada a publié « *Bien manger avec le Guide alimentaire canadien* » en février 2007. Le Ministère a lancé en même temps un site Web interactif dans lequel on retrouve l'outil « Mon Guide alimentaire » qui vise à permettre aux utilisateurs de personnaliser les informations du « Guide alimentaire canadien » en fonction de leur âge, de leur sexe et de leurs préférences alimentaires.

Le modérateur distribue à chaque participant un exemplaire des résultats imprimés de « Mon Guide alimentaire » en langue (nom du groupe linguistique).

« Mon Guide alimentaire » a été traduit en dix langues. Il a été programmé dans le but de permettre aux utilisateurs de compléter l'outil en français ou en anglais, puis d'imprimer les résultats en format PDF en dix autres langues (à part le français et l'anglais). Ces dix langues sont les suivantes : l'arabe, le chinois (traditionnel et simplifié), le coréen, le perse, le panjabi, le russe, l'espagnol, le tagalog, le tamoul et l'ourdou. Ces langues ont été sélectionnées en tenant compte des langues non officielles les plus souvent parlées à la maison par les immigrants arrivés après les années 90 qui vivent dans des régions métropolitaines. Elles ont été identifiées suite au recensement effectué au Canada en 2001. Je vais vous laisser quelques minutes pour examiner ce document.

Laissez 5 minutes aux participants pour examiner le document.

- **Connaissance** – Aviez-vous déjà vu ce document en français ou en anglais auparavant ?
- **Forces** – Cet outil pourrait-il vous aider à surmonter les obstacles que vous avez soulignés relativement à la promotion de la saine alimentation dans le cadre de votre travail auprès des nouveaux immigrants de langue ou de culture ***(nom du groupe ethnoculturel ou linguistique)*** ?

Exercice 3 – Pour terminer, prenez quelques minutes pour noter les suggestions que vous aimeriez faire aux gouvernements fédéral et provincial quant aux moyens que vous jugez les plus appropriés pour vous aider à accomplir votre travail en matière de promotion de la saine alimentation auprès du groupe ***(nom du groupe ethnoculturel ou linguistique***).

- **Suggestions** – En plus des initiatives gouvernementales actuelles, comment le gouvernement pourrait-il vous aider à promouvoir la saine alimentation auprès des nouveaux immigrants ?
- **Ressources supplémentaires requises** – Avez-vous besoin que d'autres outils, activités ou programmes traitant de sujets précis entourant les aliments et la saine alimentation soient mis à votre disposition ?
    - Si oui, de quels types d'outils, d'activités ou de programmes s'agit-il ? De quels sujets devraient-ils traiter ?

Remerciements et clôture :

Au nom du Gouvernement du Canada, je vous remercie de votre participation.

Exercice individuel 1

Approche/activité/programme	Utilisé (O / N)	Évaluation
		
		
		
		
		
		
		
		
		
		

Exercice individuel 2

Outils/ressources	Utilisé (O / N)	Évaluation
		
		
		
		
		
		
		
		
		
		

Exercice individuel 3

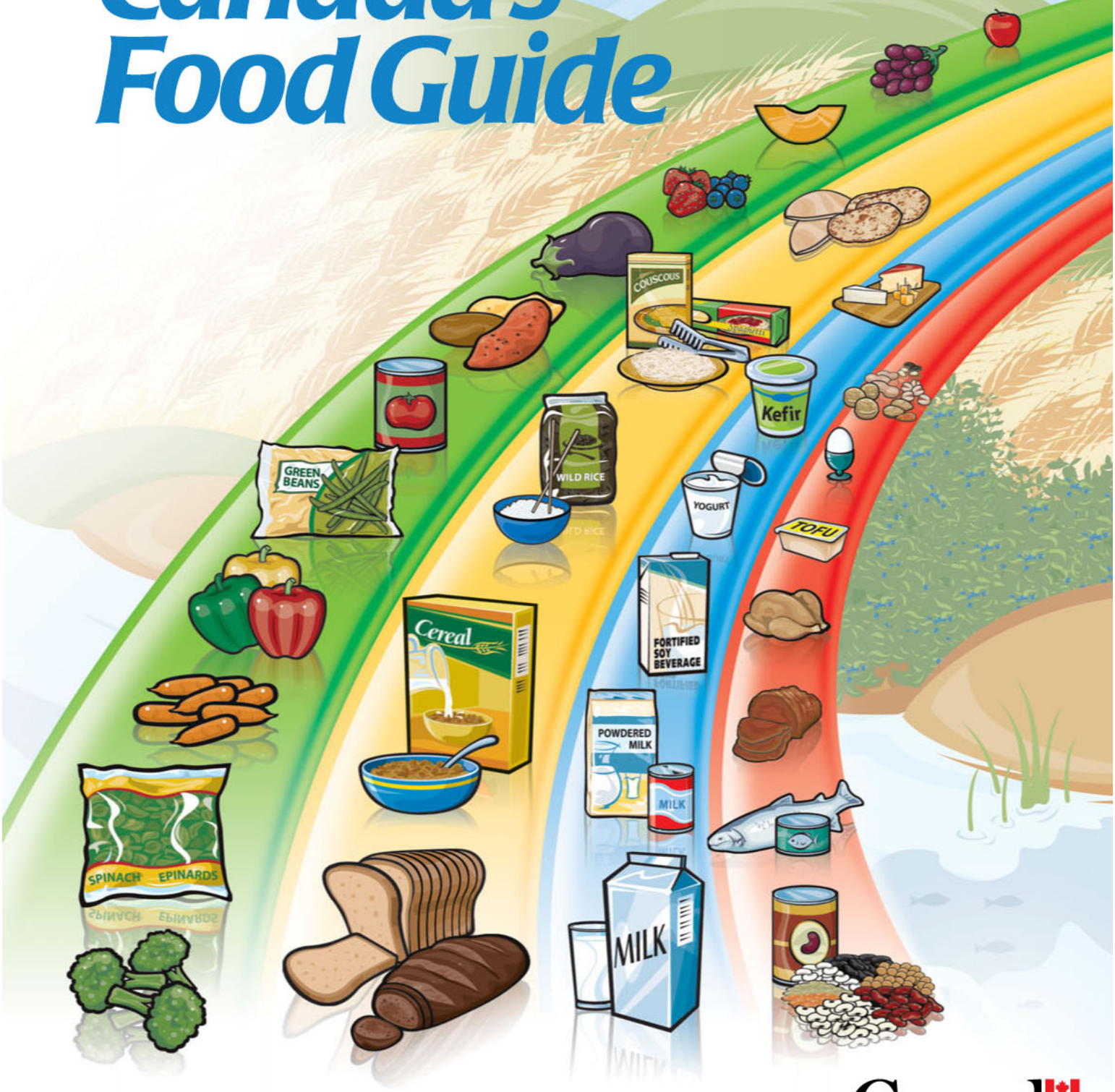
Appendix C:
Material Presented

Health Canada Santé Canada

Your health and safety… our priority. *Votre santé et votre sécurité… notre priorité.*

Eating Well with

Canada's Food Guide



Canada

Recommended Number of Food Guide Servings per Day

	Children			Teens		Adults			
Age in Years	2-3	4-8	9-13	14-18		19-50		51+	
Sex	Girls and Boys			Females	Males	Females	Males	Females	Males
Vegetables and Fruit	4	5	6	7	8	7-8	8-10	7	7
Grain Products	3	4	6	6	7	6-7	8	6	7
Milk and Alternatives	2	2	3-4	3-4	3-4	2	2	3	3
Meat and Alternatives	1	1	1-2	2	3	2	3	2	3

The chart above shows how many Food Guide Servings you need from each of the four food groups every day.

Having the amount and type of food recommended and following the tips in *Canada's Food Guide* will help:

- Meet your needs for vitamins, minerals and other nutrients.
- Reduce your risk of obesity, type 2 diabetes, heart disease, certain types of cancer and osteoporosis.
- Contribute to your overall health and vitality.

What is One Food Guide Serving?

Look at the examples below.

Fresh, frozen or canned vegetables
125 mL (½ cup)

Leafy vegetables
Cooked: 125 mL (½ cup)
Raw: 250 mL (1 cup)

Fresh, frozen or canned fruits
1 fruit or 125 mL (½ cup)

100% Juice
125 mL (½ cup)

Bread
1 slice (35 g)

Bagel
½ bagel (45 g)

Flat breads
½ pita or ½ tortilla (35 g)

Cooked rice, bulgur or quinoa
125 mL (½ cup)

Cereal
Cold: 30 g
Hot: 175 mL (¾ cup)

Cooked pasta or couscous
125 mL (½ cup)

Milk or powdered milk (reconstituted)
250 mL (1 cup)

Canned milk (evaporated)
125 mL (½ cup)

Fortified soy beverage
250 mL (1 cup)

Yogurt
175 g
(¾ cup)

Kefir
175 g
(¾ cup)

Cheese
50 g (1 ½ oz.)

Cooked fish, shellfish, poultry, lean meat
75 g (2 ½ oz.)/125 mL (½ cup)

Cooked legumes
175 mL (¾ cup)

Tofu
150 g or
175 mL (¾ cup)

Eggs
2 eggs

Peanut or nut butters
30 mL (2 Tbsp)

Shelled nuts and seeds
60 mL (¼ cup)

Oils and Fats

- Include a small amount – 30 to 45 mL (2 to 3 Tbsp) – of unsaturated fat each day. This includes oil used for cooking, salad dressings, margarine and mayonnaise.
- Use vegetable oils such as canola, olive and soybean.
- Choose soft margarines that are low in saturated and trans fats.
- Limit butter, hard margarine, lard and shortening.

Make each Food Guide Serving count…
wherever you are – at home, at school, at work or when eating out!

- **Eat at least one dark green and one orange vegetable each day.**
  - Go for dark green vegetables such as broccoli, romaine lettuce and spinach.
  - Go for orange vegetables such as carrots, sweet potatoes and winter squash.
- **Choose vegetables and fruit prepared with little or no added fat, sugar or salt.**
  - Enjoy vegetables steamed, baked or stir-fried instead of deep-fried.
- **Have vegetables and fruit more often than juice.**

- **Make at least half of your grain products whole grain each day.**
  - Eat a variety of whole grains such as barley, brown rice, oats, quinoa and wild rice.
  - Enjoy whole grain breads, oatmeal or whole wheat pasta.
- **Choose grain products that are lower in fat, sugar or salt.**
  - Compare the Nutrition Facts table on labels to make wise choices.
  - Enjoy the true taste of grain products. When adding sauces or spreads, use small amounts.

- **Drink skim, 1%, or 2% milk each day.**
  - Have 500 mL (2 cups) of milk every day for adequate vitamin D.
  - Drink fortified soy beverages if you do not drink milk.
- **Select lower fat milk alternatives.**
  - Compare the Nutrition Facts table on yogurts or cheeses to make wise choices.

- **Have meat alternatives such as beans, lentils and tofu often.**
- **Eat at least two Food Guide Servings of fish each week.***
  - Choose fish such as char, herring, mackerel, salmon, sardines and trout.
- **Select lean meat and alternatives prepared with little or no added fat or salt.**
  - Trim the visible fat from meats. Remove the skin on poultry.
  - Use cooking methods such as roasting, baking or poaching that require little or no added fat.
  - If you eat luncheon meats, sausages or prepackaged meats, choose those lower in salt (sodium) and fat.

Enjoy a variety of foods from the four food groups.

Satisfy your thirst with water!

Drink water regularly. It's a calorie-free way to quench your thirst. Drink more water in hot weather or when you are very active.

* Health Canada provides advice for limiting exposure to mercury from certain types of fish. Refer to www.healthcanada.gc.ca for the latest information.

Advice for different ages and stages…

Children

Following *Canada's Food Guide* helps children grow and thrive.

Young children have small appetites and need calories for growth and development.

- Serve small nutritious meals and snacks each day.
- Do not restrict nutritious foods because of their fat content. Offer a variety of foods from the four food groups.
- Most of all... be a good role model.

Women of childbearing age

All women who could become pregnant and those who are pregnant or breastfeeding need a multivitamin containing **folic acid** every day. Pregnant women need to ensure that their multivitamin also contains **iron**. A health care professional can help you find the multivitamin that's right for you.

Pregnant and breastfeeding women need more calories. Include an extra 2 to 3 Food Guide Servings each day.

Here are two examples:

- Have fruit and yogurt for a snack, or
- Have an extra slice of toast at breakfast and an extra glass of milk at supper.

Men and women over 50

The need for **vitamin D** increases after the age of 50.

In addition to following *Canada's Food Guide*, everyone over the age of 50 should take a daily vitamin D supplement of 10 µg (400 IU).

How do I count Food Guide Servings in a meal?

Here is an example:

Vegetable and beef stir-fry with rice, a glass of milk and an apple for dessert		
250 mL (1 cup) mixed broccoli, carrot and sweet red pepper	=	2 **Vegetables and Fruit** Food Guide Servings
75 g (2 ½ oz.) lean beef	=	1 **Meat and Alternatives** Food Guide Serving
250 mL (1 cup) brown rice	=	2 **Grain Products** Food Guide Servings
5 mL (1 tsp) canola oil	=	part of your **Oils and Fats** intake for the day
250 mL (1 cup) 1% milk	=	1 **Milk and Alternatives** Food Guide Serving
1 apple	=	1 **Vegetables and Fruit** Food Guide Serving

Eat well and be active today and every day!

The benefits of eating well and being active include:

- Better overall health.
- Lower risk of disease.
- A healthy body weight.
- Feeling and looking better.
- More energy.
- Stronger muscles and bones.

Be active

To be active every day is a step towards better health and a healthy body weight.

Canada's Physical Activity Guide recommends building 30 to 60 minutes of moderate physical activity into daily life for adults and at least 90 minutes a day for children and youth. You don't have to do it all at once. Add it up in periods of at least 10 minutes at a time for adults and five minutes at a time for children and youth.

Start slowly and build up.

Eat well

Another important step towards better health and a healthy body weight is to follow *Canada's Food Guide* by:

- Eating the recommended amount and type of food each day.
- Limiting foods and beverages high in calories, fat, sugar or salt (sodium) such as cakes and pastries, chocolate and candies, cookies and granola bars, doughnuts and muffins, ice cream and frozen desserts, french fries, potato chips, nachos and other salty snacks, alcohol, fruit flavoured drinks, soft drinks, sports and energy drinks, and sweetened hot or cold drinks.

Read the label

- Compare the Nutrition Facts table on food labels to choose products that contain less fat, saturated fat, trans fat, sugar and sodium.
- Keep in mind that the calories and nutrients listed are for the amount of food found at the top of the Nutrition Facts table.

Nutrition Facts

Per 0 mL (0 g)

Amount		% Daily Value
Calories 0		
Fat 0 g		**0** %
Saturates 0 g		**0** %
+ Trans 0 g		
Cholesterol 0 mg		
Sodium 0 mg		**0** %
Carbohydrate 0 g		**0** %
Fibre 0 g		**0** %
Sugars 0 g		
Protein 0 g		
Vitamin A	0 %	Vitamin C 0 %
Calcium	0 %	Iron 0 %

Limit trans fat

When a Nutrition Facts table is not available, ask for nutrition information to choose foods lower in trans and saturated fats.

Take a step today…

- ✓ Have breakfast every day. It may help control your hunger later in the day.
- ✓ Walk wherever you can – get off the bus early, use the stairs.
- ✓ Benefit from eating vegetables and fruit at all meals and as snacks.
- ✓ Spend less time being inactive such as watching TV or playing computer games.
- ✓ Request nutrition information about menu items when eating out to help you make healthier choices.
- ✓ Enjoy eating with family and friends!
- ✓ Take time to eat and savour every bite!

For more information, interactive tools, or additional copies visit Canada's Food Guide on-line at:
www.healthcanada.gc.ca/foodguide

or contact:

Publications
Health Canada
Ottawa, Ontario K1A 0K9
E-Mail: publications@hc-sc.gc.ca
Tel.: 1-866-225-0709
Fax: (613) 941-5366
TTY: 1-800-267-1245

Également disponible en français sous le titre :
Bien manger avec le Guide alimentaire canadien

This publication can be made available on request on diskette, large print, audio-cassette and braille.

 HC Pub.: 4651 Cat.: H164-38/1-2007E ISBN: 0-662-44467-1

دليل الأغذية الخاص بي

الاسم: _____

حصصي التي يوصي بها دليل الأغذية الكندي في كل يوم

أرقامي

امرأة يتراوح عمرها بين 19 و 30 سنة

الخضر والفواكه — 8

تناول على الأقل خضار واحد ذي لون أخضر داكن وخضار واحد ذي لون برتقالي كل يوم.
تناول الخضر والفواكه التي يتم تحضيرها بدون أو بقليل من الدهن أو السكر أو الملح.
تناول الخضر والفواكه أكثر من شرب العصير.

منتجات الحبوب — 7

يجب أن يكون نصف منتجات الحبوب التي تتناولها مصنوعة مائة بالمائة من الحبوب كل يوم.
اختر منتجات الحبوب ذات نسبة منخفضة من الدهن أو السكر أو الملح.

الحليب وبدائله — 2

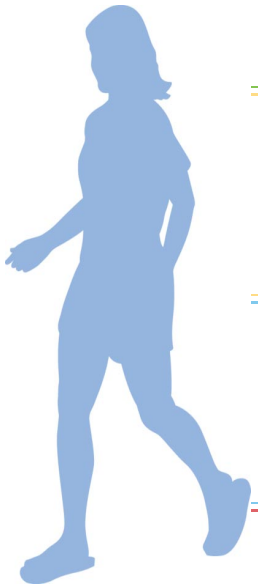
شرب الحليب منزوع الدسم أو بدسم 1% أو 2% كل يوم.
اختر بدائل الحليب ذات نسبة قليلة من الدهن.

اللحم وبدائله — 2

بدائل اللحم مثل الفاصوليا والعدس وتوفو في غالب الأحيان.
تناول على الأقل حصتين من السمك كل أسبوع حسب «دليل الأغذية».
اختيار اللحم بدون دهن وبدائل اللحم المطبوخة بدون أو بقليل من الدهن أو الملح.

أمثلتي

كل مثال يمثل حصة واحدة حسب «دليل الأغذية»




باميه، 125 مل، 1/2 كوب


المشمش الطازج، ثلاثة


ملفوف (كرنب)، 125 مل، 1/2 كوب


الشمام (كانتالوب)، 125 مل، 1/2 كوب


باذنجان، 125 مل، 1/2 كوب

البرقوق، واحدة


أنواع المعكرونة/ شعيرية، مصنوعة مائة بالمائة من الحبوب، 125 مل، 1/2 كوب، مطبوخ


رغيف خبز (البيتا)، مصنوع مائة بالمائة من القمح، نصف الرغيف، 35 غرام


التورتيا (فطيرة)، مصنوعة مائة بالمائة من القمح، النصف، 35 غرام

كسكس، 125 مل، 1/2 كوب، مطبوخ


الأرز، أبيض، 125 مل، 1/2 كوب، مطبوخ


خبز مدور، أبيض، واحد، 35 غرام

الحليب، الخال من الدسم أو بدسم، 2% و 1%، 250 مل، كوب واحد


حليب الماعز، 250 مل، كوب واحد

لبن زبادي (رائب) (عادي ونكهة)، 175 غرام، 175 مل، 3/4 كوب


البيض، بيضتان


حمص، 175 مل، 3/4 كوب


الجوز مقشور، 60 مل، 1/4 كوب


الدجاج، 75 غرام، 2 1/2 أونس، 125 مل، 1/2 كوب


هام (لحم خنزير)، 75 غرام، 2 1/2 أونس، 125 مل، 1/2 كوب

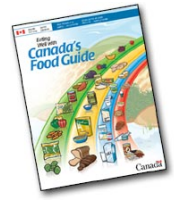

لحم غنم، 75 غرام، 2 1/2 أونس، 125 مل، 1/2 كوب

يجب تخصيص 30 إلى 60 دقيقة كل يوم للأنشطة البدنية.

هذه هي الأمثلة التي اخترتها:

- ركوب الدراجة
- الرقص
- العمل في حديقة المنزل
- السير في الغابات والجبال
- المشي
- اليوغا

الاستعمال مع Canada's Food Guide Guide alimentaire canadien



Canada

راهنمای مواد غذائی من

نام: _____

راهنمای تعداد دفعات غذا در روزبرای من

شماره های من

زن 19 تا 30 سال

8 سبزی ها و میوه ها

حداقل روزی یك سبزی نارنجی رنگ و یك سبزی سبزپررنگ بخورید.
سبزی ها و میوه هائی که به آنها هیچ یا کمی چربی، شکر یا نمك افزوده شده باشد بخورید.
بیشتراز سبزی ها و میوه ها استفاده کنید تا از آب آنها.

7 تولیدات غلات

حداقل، نصف تولیدات غلات روزانه خود را از غلات سبوس دار تهیه کنید.
تولیدات غلاتی را که کم چربی، کم شکر یا کم نمك باشند انتخاب کنید.

2 شیر و جایگزین های آن

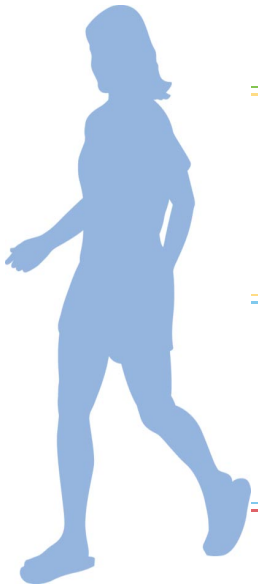
هر روز، شیر، بدون چربی، 1%، یا 2% بیاشامید.
جایگزین های شیر کم چربی را انتخاب کنید.

2 گوشت و جایگزین های آن

از جایگزین های گوشت از قبیل لوبیا، عدس و توفو به دفعات زیاد استفاده کنید.
طبق توصیه «راهنمای سرو مواد غذائی»، حداقل دوبار درهفته ماهی بخورید.
گوشت بدون چربی و جایگزین های آن را که بدون افزودن چربی یا نمك یا با مقدار کمی از آنها تهیه شده باشد انتخاب کنید.

مثال های من

هر مثال نمایانگریك سرو غذا است




بامیه، 125 میلی لیتر، 1/2 فنجان


زردآلو، تازه، 3 میوه


کلم، 125 میلی لیتر، 1/2 فنجان


طالبی، 125 میلی لیتر، 1/2 فنجان


بادنجان، 125 میلی لیتر، 1/2 فنجان


آلو، 1 عدد


اسپاگتی/ نودل، سبوس دار، 125 میلی لیتر، 1/2 فنجان، پخته شده


نان پیتا، سبوس دار، 1/2 پیتا، 35 گرم


تورتیلا، سبوس دار، 1/2 نان، 35 گرم

کوس کوس، 125 میلی لیتر، 1/2 فنجان، پخته شده


برنج، سفید، 125 میلی لیتر، 1/2 فنجان، پخته شده


نان گرد، سفید، 1 عدد، 35 گرم

شیر، بدون چربی، 1%، یا 2% 250 میلی لیتر، 1 فنجان


شیر، بز، 250 میلی لیتر، 1 فنجان

ماست (ساده و چاشنی دار)، 175 گرم، 175 میلی لیتر، 3/4 فنجان


تخم مرغ، 2


همس، 175 میلی لیتر، 3/4 فنجان


آجیل بی پوست، 60 میلی گرم، 1/4 فنجان


مرغ، 75 گرم، 5/2 انس، 125 میلی لیتر، 1/2 فنجان


ژامبون، 75 گرم، 5/2 انس، 125 میلی لیتر، 1/2 فنجان


بره، 75 گرم، 5/2 انس، 125 میلی لیتر، 1/2 فنجان

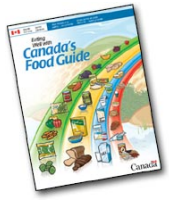
حداقل روزی 30 تا 60 دقیقه فعالیت بدنی را در برنامه روزانه خود بگنجانید.

این ها نمونه هائی هستند که شما انتخاب کردید:

- دوچرخه سواری
- رقص
- کار در باغچه و حیاط
- راه پیمائی
- پیاده روی
- یوگا

همراه با Canada's Food Guide بکار ببرید

Guide alimentaire canadien



Canada

Health Canada Santé Canada

Your health and safety... our priority. *Votre santé et votre sécurité... notre priorité.*

나의 식품 가이드

이름: _____

식품가이드에 따른 나의 매일 권장 1회 섭취량

나의 숫자

만 19–30세인 여자

채소 및 과일 — 8

매일 최소한 진녹색 채소 1개와 주황색 채소 1개를 섭취하십시오.
지방, 당분 또는 염분을 거의 또는 전혀 첨가하지 않고 조리된 채소 및 과일을 즐기십시오.
주스보다 채소 및 과일을 더 자주 드십시오.

곡류제품 — 7

매일 곡류제품 섭취량의 최소한 반은 미정백 곡물로 섭취하십시오.
지방, 당분, 염분 함량이 낮은 곡류제품을 선택하십시오.

우유 및 대체식품 — 2

매일 탈지유, 1%, 또는 2% 우유를 섭취하십시오.
저지방 우유 대체식품을 선택하십시오.

육류 및 대체식품 — 2

강낭콩, 렌즈콩, 두부 등의 육류 대체식품을 자주 섭취하십시오.
매주 식품가이드에 나와있는 어류를 최소한 2회 섭취량만큼 드십시오.
지방 또는 염분을 거의 또는 전혀 첨가하지 않고 조리된 살코기 및 대체식품을 선택하십시오.

나의 예

각 예는 식품가이드에 따른 1회 섭취량을 나타냄


중국 양배추
125 mL, ½ 컵 조리된 것


오크라
125 mL, ½ 컵

시금치
250 mL, 1 컵 생것


죽순
125 mL, ½ 컵


여지
열매 10개


파파야
½개


미정백 곡물로 만든 파스타/국수
125 mL, ½ 컵 조리된 것


미정백 곡물로 만든 피타
½ pita, 35 g


통밀로 만든 토르티야
½쪽, 35 g


콘지
125 mL, ½ 컵 조리된 것


난
난 ¼개, 35 g


백미
125 mL, ½ 컵 조리된 것

저유당 우유
250 mL, 1 컵


덩어리 치즈
50 g, 1 ½ oz

강화 콩음료
250 mL, 1 컵


종자, 탈피
60 mL, ¼ 컵

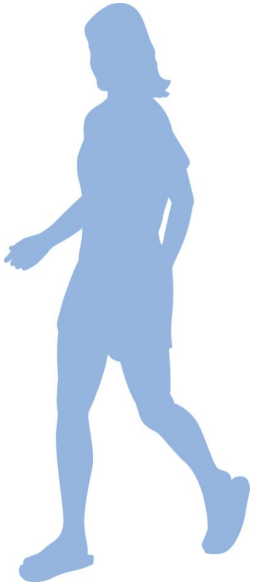
두부
150 g, 175 mL, ¾ 컵


닭고기
75 g (2 ½ oz)
125 mL (½ 컵)


신선한 어류 또는 냉동 어류
75 g (2 ½ oz)
125 mL (½ 컵)


햄
75 g (2 ½ oz)
125 mL (½ 컵)

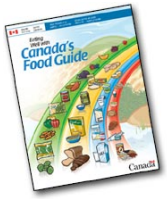

신선한 패류, 냉동 패류
75 g (2 ½ oz)
125 mL (½ 컵)



30분에서 60 분간의 신체활동을 매일 일과에 포함시키십시오.

여기에 선택하신 예들이 있습니다:

- 자전거 타기
- 춤
- 정원 및 마당 일
- 무술
- 걷기
- 요가



Canada's Food Guide 와 함께 이용하십시오

Guide alimentaire canadien

Canada

Health Canada Santé Canada

Your health and safety... our priority. *Votre santé et votre sécurité... notre priorité.*

ਮੇਰੀ ਭੋਜਨ ਗਾਈਡ

ਨਾਮ: _____

ਹਰ ਦਿਨ ਮੇਰੇ ਲਈ ਸਿਫ਼ਾਰਸ਼ ਕੀਤੀਆਂ ਗਈਆਂ ਭੋਜਨ ਗਾਈਡ ਦੀਆਂ ਸਰਵਿੰਗਜ਼

ਮੇਰੇ ਨੰਬਰ

19 ਤ 30 ਸਾਲ ਦੀ ਔਰਤ

ਸਬਜ਼ੀਆਂ ਅਤੇ ਫਲ — 8

ਹਰ ਰੋਜ਼ ਘੱਟੋ-ਘੱਟ ਇੱਕ ਗੂੜ੍ਹੀ ਹਰੀ ਅਤੇ ਇੱਕ ਸੰਤਰੀ ਸਬਜ਼ੀ ਖਾਓ।
ਬਹੁਤ ਘੱਟ ਜਾਂ ਬਿਨਾ ਵਾਧੂ ਥਿੰਧਿਆਈ, ਚੀਨੀ ਜਾਂ ਨਮਕ ਨਾਲ ਤਿਆਰ ਕੀਤੀਆਂ ਗਈਆਂ ਸਬਜ਼ੀਆਂ ਦਾ ਆਨੰਦ ਮਾਣੋ।
ਰਸ ਤੋਂ ਅਕਸਰ ਜ਼ਿਆਦਾ ਵਾਰੀ ਸਬਜ਼ੀਆਂ ਅਤੇ ਫਲ ਖਾਓ।

ਅਨਾਜ ਦੇ ਪਦਾਰਥ — 7

ਹਰ ਰੋਜ਼ ਆਪਣੇ ਅਨਾਜ ਦੇ ਪਦਾਰਥਾਂ ਵਿੱਚੋਂ ਘੱਟੋ-ਘੱਟ ਅੱਧੇ ਛਿਲਕੇ ਵਾਲੇ ਚੁਣੋ।
ਅਜਿਹੇ ਅਨਾਜ ਦੇ ਪਦਾਰਥ ਚੁਣੋ, ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਥਿੰਧਿਆਈ, ਚੀਨੀ ਅਤੇ ਨਮਕ ਘੱਟ ਹੋਣ।

ਦੁਧ ਉਤੇ ਬਦਲ — 2

ਹਰ ਰੋਜ਼ ਸਕਿਮ, 1%, ਜਾਂ 2% ਦੁੱਧ ਪੀਓ।
ਘੱਟ ਥਿੰਧਿਆਈ ਵਾਲੇ ਦੁੱਧ ਦੇ ਬਦਲ ਚੁਣੋ।

ਮਡਸ ਉਤੇ ਬਦਲ — 2

ਅਕਸਰ ਮਾਸ ਦੇ ਬਦਲ, ਜਿਵੇਂ ਕਿ ਫਲੀਆਂ, ਦਾਲਾਂ ਅਤੇ ਟੋਫੂ ਲਵੋ।
ਹਰ ਹਫ਼ਤੇ ਘੱਟੋ-ਘੱਟ ਮੱਛੀ ਦੀਆਂ ਦੋ ਭੋਜਨ ਗਾਈਡ ਸਰਵਿੰਗ ਖਾਓ।
ਚਰਬੀ ਰਹਿਤ ਮਾਸ ਅਤੇ ਬਹੁਤ ਘੱਟ ਜਾਂ ਵਾਧੂ ਚਰਬੀ ਜਾਂ ਨਮਕ ਤੋਂ ਬਿਨਾ ਤਿਆਰ ਕੀਤੇ ਗਏ ਬਦਲ ਚੁਣਨੇ।

ਮੇਰੀਆਂ ਉਦਾਹਰਨਾਂ

ਹਰ ਇਕ ਅੁਦਡਹਰਨ ਭੋਜਨ ਗਡਈਜ਼ ਦੀ ਇਕ ਸਰਵਿੰਗ ਦਰਸਡਅੁਂਦੀ ਹੈ


ਭਿੰਡੀ, 125 ਮਿ:ਲੀ:, ½ ਕੱਪ


ਖੁਰਮਾਣੀ, ਤਾਜ਼ੀ, 3 ਖੁਰਮਡਣੀਓਚ


ਬੰਦ ਗੋਭੀ, 125 ਮਿ:ਲੀ:, ½ ਕੱਪ


ਵੈਂਗਣ, 125 ਮਿ:ਲੀ:, ½ ਕੱਪ


ਅੰਜੀਰ, ਤਾਜ਼ੀ, 2 ਦਰਮਿਓਡਨੀਓਚ

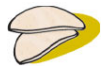

ਆਲੂਬੁਖਾਰਾ, 1 ਓਡਲੂਬੁਖਡਰਡ

ਕੂਸਕੂਸੋ, ਛਿਲਕੇ ਵਾਲੀ ਕਣਕ, 125 ਮਿ:ਲੀ:, ½ ਕੱਪ ਪਕਾਇਆ ਹੋਇਆ


ਪਾਸਤਾ/ਨੂਡਲ, ਛਿਲਕੇ ਵਾਲੀ ਕਣਕ, 125 ਮਿ:ਲੀ:, ½ ਕੱਪ ਪਕਾਇਆ ਹੋਇਆ

ਚੌਲ, ਜੰਗਲੀ, 125 ਮਿ:ਲੀ:, ½ ਕਾਪ ਪਕਡਏ ਹੋਏ


ਨਾਨ, ¼ ਨਾਨ, 35 ਗ੍ਰਾਮ


ਪੀਟਡ, ਚਾਟਡ, ½ ਪੀਟਡ, 35 ਗ੍ਰਾਮ


ਚੌਲ, ਚਿੱਟੇ, 125 ਮਿ:ਲੀ:, ½ ਕਾਪ ਪਕਡਏ ਹੋਏ

ਦੁੱਧ, ਸਕਿਮ, 1%, 2%, 250 ਮਿ:ਲੀ:, 1 ਕੱਪ


ਦੁੱਧ, ਬਕਰੀ ਦਾ, 250 ਮਿ:ਲੀ:, 1 ਕੱਪ

ਦਹੀਂ (ਸਾਦਾ ਅਤੇ ਵਿਸ਼ੇਸ਼ ਸੁਆਦ ਵਾਲਾ), 175 ਗ੍ਰਾਮ, 175 ਮਿ:ਲੀ:, ¾ ਕੱਪ


ਆਂਡੇ, 2

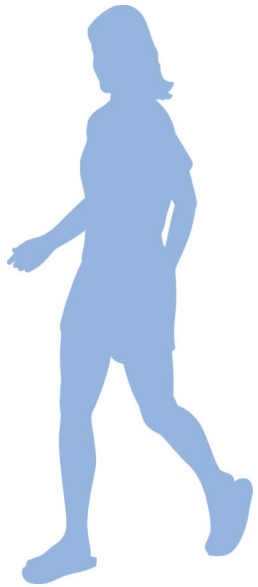

ਹਮਸ, 175 ਮਿ:ਲੀ:, ¾ ਕੱਪ


ਗਿਰੀਆਂ, ਛਿਲਕਡ ਅੁਤਡਰੇ ਵਡਲੇ, 60 ਮਿ:ਲੀ:, ¼ ਕੱਪ


ਗਾਂ ਦਾ ਮਾਸ, 75 ਗ੍ਰਾਮ, 2½ ਆਊਂਸ, 125 ਮਿ:ਲੀ:, ½ ਕੱਪ


ਮੁਰਗਡ, 75 ਗ੍ਰਾਮ, 2½ ਆਊਂਸ, 125 ਮਿ:ਲੀ:, ½ ਕੱਪ

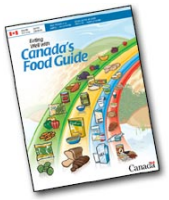

ਭੇਡ, 75 ਗ੍ਰਾਮ, 2½ ਆਊਂਸ, 125 ਮਿ:ਲੀ:, ½ ਕੱਪ



ਹਰ ਰੋਜ਼ ਆਪਣੇ ਦਿਨ ਵਿੱਚ ਘੱਟੋ-ਘੱਟ 30 ਤੋਂ 60 ਮਿੰਟ ਦੀ ਸਰੀਰਕ ਕਸਰਤ ਸ਼ਾਮਲ ਕਰੋ।

ਤੁਹਾਡੀਆਂ ਚੁਣੀਆਂ ਉਦਾਹਰਨਾਂ ਇਹ ਹਨ:

- ਨਾਚ
- ਬਗੀਚੇ ਅਤੇ ਵੇੜ੍ਹੇ ਦਾ ਕੰਮ
- ਪਹਾੜ ਤੇ ਚੜ੍ਹਨਾ
- ਤਾਇ ਚੀ
- ਤੁਰਨਾ
- ਯੋਗਾ



Canada's Food Guide — Guide alimentaire canadien

ਨਡਲ ਵਰਤੋ

Canada

Мое руководство по здоровому питанию

Имя, фамилия: _____

Мои ежедневные порции, рекомендуемые *Руководством по здоровому питанию*

Мои цифры

Женщина в возрасте от 19 до 30

Овощи и фрукты — 8

Съедайте ежедневно как минимум один овощ темно-зеленого цвета и один овощ оранжевого цвета.
Употребляйте в пищу овощи и фрукты, при приготовлении которых не использовались или же использовались в незначительном количестве жир, сахар или соль.
Чаще употребляйте в пищу овощи и фрукты, нежели соки.

Зерновые продукты — 7

Употребляйте в пищу зерновые продукты из муки цельносмолотого зерна, на долю которых должна приходиться по крайней мере половина зерновых продуктов, употребляемых Вами ежедневно.
Выбирайте зерновые продукты с низким содержанием жира, сахара или соли.

Молоко и альтернативные продукты — 2

Ежедневно пейте обезжиренное молоко или молоко с содержанием жира 1% или 2%.
Выбирайте альтернативные продукты с пониженным содержанием жира, употребляемые вместо молока.

Мясо и альтернативные продукты — 2

Чаще употребляйте в пищу вместо мяса такие альтернативные продукты, как фасоль, чечевица и тофу (соевый творог).
Съедайте каждую неделю по крайней мере две порции рыбы, рекомендуемые Руководством по здоровому питанию.
Выбирайте постное мясо и альтернативные продукты, при приготовлении которых не добавлялись или же добавлялись в незначительном количестве жир или соль.

Мои варианты

Каждый вариант представляет собой 1 порцию, рекомендуемую Руководством по здоровому питанию


Морковь, 125 мл, ½ мерной чашки, 1 шт. большого размера


Салат ромэн, 250 мл, 1 мерная чашка, в сыром виде


Грибы, 125 мл, ½ мерной чашки


Капуста, 125 мл, ½ мерной чашки


Ягоды, 125 мл, ½ мерной чашки


Картофель, 125 мл, ½ мерной чашки, ½ плода сред. разм.


Каши крупяные, 150 г, 175 мл, ¾ чашки, в вареном виде


Перловая крупа, 125 мл, ½ мерной чашки, в вареном виде


Хлеб из муки цельносмолотого зерна, 1 ломтик, 35 г


Булочки из цельносмолотой пшеничной муки, 1 булочка, 35 г


Блины, 1 небольшой блин, 35 г


Макаронные изделия, 125 мл, ½ чашки, в вареном виде

Молоко обезжиренное, 1%, 2%, 250 мл, 1 мерная чашка

Молоко сгущенное, 125 мл, ½ чашки, неразбавленное


Сыр брикетированный 50 г, 1 ½ унции


Фасоль, 175 мл, ¾ мерной чашки

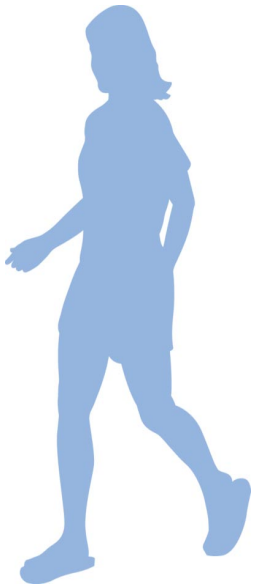

Яйца, 2 шт.


Мясо диких животных, 75 г, 2 ½ унции

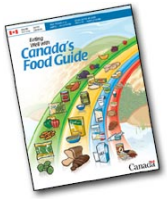

Рыба, свежая или мороженая, 75 г, 2 ½ унции


Свинина, 75 г, 2 ½ унции


Курица, 75 г, 2 ½ унции



Ежедневно занимайтесь физической активностью **от 30 до 60 минут.**



Используйте вместе с
Canada's Food Guide — Guide alimentaire canadien

Вы выбрали следующие варианты:

- Боевые искусства
- Баскетбол
- Гимнастика
- Коньки ледовые/роликовые
- Катание на лыжах
- Волейбол

Canada

Mi Guía Alimentaria

Nombre: _____

Mis *porciones diarias* recomendadas *de la Guía Alimentaria*

Mi número de porciones

Mujer de 19 a 30 años

Verduras/hortalizas y frutas — 8

Coma como mínimo cada día una hortaliza o verdura de color verde oscuro y una hortaliza o verdura de color naranja.
Escoja verduras/hortalizas y fruta preparadas con poca o ninguna grasa, azúcar o sal.
Consuma verduras/hortalizas y fruta más a menudo que jugos (zumos).

Productos de cereales — 7

Consuma todos los días por lo menos la mitad de sus productos de cereales de grano entero o integrales.
Escoja productos de cereales con poca grasa, azúcar o sal.

Leche y sustitutos — 2

Beba cada día leche descremada o leche con 1% o 2% M.G.
Escoja sustitutos de la leche con menos grasa.

Carnes y sustitutos — 2

Consuma a menudo sustitutos de la carne como legumbres o tofu.
Consuma por lo menos dos porciones de la Guía Alimentaria de pescado cada semana.
Escoja carnes sin grasa y sustitutos preparados con poca o ninguna grasa o sal.

Mis ejemplos

Cada ejemplo equivale a 1 porción de la Guía Alimentaria

Ñame, 125 mL, ½ taza

Pimiento dulce verde, 125 mL, ½ taza, ½ mediano

Hongos (setas, champiñones), 125 mL, ½ taza

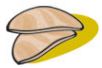
Col (repollo), 125 mL, ½ taza

Papa (patata), 125 mL, ½ taza, ½ media

Tomate (jitomate), 125 mL, ½ taza

Cereales calientes integrales, 150 g, 175 mL, ¾ taza, cocidos

Pan integral, 1 rebanada, 35 g



Pita integral, ½ pita, 35 g

Pastas/fideos blancos, 125 mL, ½ taza, cocidos

Arroz blanco, 125 mL, ½ taza, cocido

Tortilla (mexicana) de maíz, ½ tortilla, 35 g

Leche descremada, 1%, 2%, 250 mL, 1 taza

Leche evaporada, en conserva, 125 mL, ½ taza sin diluir

Bebida de soja fortificada, 250 mL, 1 taza

Queso de pasta dura (cheddar, brie, suizo, feta), 50 g, 1 ½ oz

Frijoles (porotos, alubias) cocidos y en conserva, 175 mL, ¾ taza

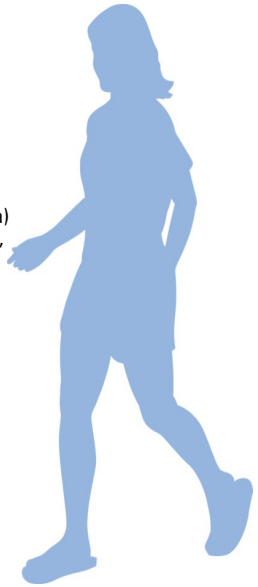
Lentejas, 175 mL, ¾ taza

Huevos, 2

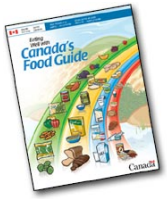
Cordero, 75 g (2 ½ oz)/125 mL (½ taza)

Jamón, 75 g (2 ½ oz)/125 mL (½ taza)

Pescado fresco o congelado, 75 g (2 ½ oz)/125 mL (½ taza)



Realice alguna actividad física durante 30 a 60 minutos cada día



Utilice la Canada's Food Guide

www.healthcanada.gc.ca/foodguide

Éstos son los ejemplos que ha escogido:

- Ciclismo
- Fútbol (Football)
- Bolos (bowling)
- Andar/Caminata
- Rugby
- Tenis

Canada

Ang Aking Food Guide

Pangalan: _____

Ang Inirekomendang *Food Guide Servings* sa Akin bawat araw

Ang Aking Mga Bilang

Babaeng 19 hanggang 30 taong gulang

Mga Gulay at Prutas — 8

Kumain bawat araw ng isa man lamang na gulay na kulay berde at isang gulay na kulay narangha.
Kumain ng mga gulay at prutas na may kaunting taba, asukal o asin o walang dagdag na taba, asukal o asin.
Mas madalas na kumain ng mga gulay at prutas kaysa uminom ng katas.

Mga Produktong Butil — 7

Bawat araw gawin ninyong buong-butil ang kalahati man lamang ng kinakain ninyong produktong butil.
Pumili ng produktong butil na may kaunting taba, asukal o asin.

Gatas at mga Alternatibo — 2

Uminom araw-araw ng gatas na skim, 1%, o 2%.
Pumili ng mga alternatibong gatas na may mas kaunting taba.

Karne at mga Alternatibo — 2

Madalas kumain ng mga alternatibo sa karne tulad ng patani, lentehas at tofu.
Kumain bawat linggo ng dalawa man lamang na Food Guide Servings ng isda.
Pumili ng karne na may kaunting taba at mga alternatibo na niluto nang may kaunti o walang karagdagang taba o asin.

Ang Aking mga Halimbawa

Ang bawat halimbawa ay kumakatawan sa 1 Food Guide Serving


Espinaka, 250 mL, 1 tasang hindi luto


Ubi, 125 mL, ½ tasa


Labong (Bamboo shoots), 125 mL, ½ tasa


Tuyong prutas, 60 mL, ¼ tasa


Papaya, 1/2 prutas


Platano, 125 mL, ½ tasa


Tinapay, buong-butil, 1 hiwa, 35 gramo


Congee (lugaw), 125 mL, ½ tasa, luto


Pasta/mike (noodles), puti, 125 mL, ½ tasa, luto


Pita, puti, 1/2 pita, 35 gramo


Bigas, puti, 125 mL, ½ tasa, luto


Tortilla, mais, 1/2 piraso, 35 gramo

Gatas, skim, 1%, 2%, 250 mL, 1 tasa

Gatas, ebaporada, de-lata, 125 mL, 1/2 tasa, hindi hinaluan ng tubig

Inúmin galing sa balatong (soy) na may karagdagang sustansiya, 250 mL, 1 tasa


Itlog, 2

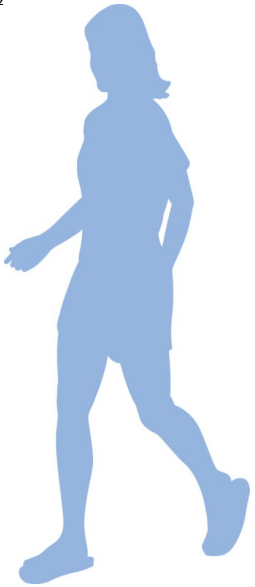

Karnéng-baka, 75 gramo (2 ½ onsa)/125 mL (½ tasa)


Manok, 75 gramo (2 ½ onsa)/125 mL (½ tasa)

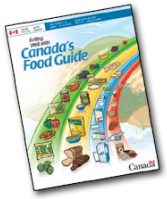

Isda, sariwa o nagyelo, 75 gramo (2 ½ onsa)/125 mL (½ tasa)


Baboy, 75 gramo (2 ½ onsa)/125 mL (½ tasa)


Shellfish, sariwa o nagyelo, 75 gramo (2 ½ onsa)/125 mL (½ tasa)



Ilangkap ang 30 hanggang 60 minuto man lamang na ehersisyo sa inyong pamumuhay araw-araw.



Gamitin kasabay ang
Canada's
Food Guide
www.healthcanada.gc.ca/foodguide

Eto ang mga halimbawang pinili ninyo:

- Basketball
- Pagbibisekleta
- Pagsayaw
- Hiking
- Soccer
- Paglalakad

Canada

எனது உணவு வழிகாட்டி

பெயர் _____

ஒவ்வொரு நாளும் உட்கொள்ள வேண்டிய உணவு வழிகாட்டி பரிமாறல்கள்

எனது எண்ணிக்கைகள்

19-30 வயதுப் பெண்

மரக்கறிகளும் பழ வகைகளும் 8

ஒவ்வொரு நாளும் ஆகக்குறைந்தது ஒரு கடும் பச்சைநிற மரக்கறியும், ஒரு செம் மஞ்சள்நிற மரக்கறியும் உட்கொள்ளல்.
கொழுப்பு, சீனி, உப்பு சற்றே சேர்க்கப்பட்ட அல்லது முற்றிலும் தவிர்க்கப்பட்ட மரக்கறி வகைகளையும் பழவகைகளையும் விரும்பி உண்ணல்.
பழச்சாறுகளை விட மரக்கறி வகை களையும் பழவகைகளையும் அதிகம் உட்கொள்ளல்.

தானிய உணவு வகைகள் 7

ஒவ்வொரு நாளும் நீங்கள் உட்கொள்ளும் தானிய உணவு வகைகளுள் ஆகக்குறைந்தது அரைவாசியை முழுத் தானிய உணவாக உட்கொள்ளல்.
கொழுப்பு, சீனி, உப்பு குறைந்த தானியங்களைத் தேர்ந்தெடுத்தல்.

பால் மற்றும் அதற்குரிய மாற்றுப் பொருட்கள் 2

ஒவ்வொரு நாளும் ஸ்கிம், 1மு அல்லது 2மு ஆடையகற்றிய பால் பருகல்.
கொழுப்புக் குறைந்த பால் மாற்றீடுகளைத் தெரிவுசெய்தல்.

இறைச்சி மற்றும் அதற்குரிய மாற்றுப் பொருட்கள் 2

இறைச்சிக்கு மாற்றீடுகளான அவரை, உழுந்து, டொபு போன்றவற்றை அடிக்கடி உட்கொள்ளல்.
ஒவ்வொரு கிழமையும் உணவு வழிகாட்டியின்படி ஆகக்குறைந்தது இரண்டு தடவைகள் மீன் உட்கொள்ளல்.
கொழுப்பு அல்லது உப்பு சற்று சேர்த்து அல்லது முற்றிலும் தவிர்த்து தயாரித்த மென் இறைச்சி வகைகளை, மாற்றீடுகளைத் தேர்ந்தெடுத்தல்.

எனது எடுத்துக்காட்டுகள்

ஒவ்வோர் எடுத்துக்காட்டும் 1 உணவு வழிகாட்டி பரிமாறலைக் குறிக்கும்

பசளி, 250 மிலீ, 1 கிண்ணம் சமைக்காதது


பாகற்காய், 125 மிலீ, ½ கிண்ணம், ½ கீறு


கத்தரி, 125 மிலீ, ½ கிண்ணம்


உடன் அத்திப்பழம், 2 இடைப்பருமன்


பப்பாசி, ½ பழம்


வாழைப்பழம், 125 மிலீ, ½ கிண்ணம்


பாஸ்டா நூடில்ஸ், ஆட்டா மா, 125 மிலீ, ½ கிண்ணம் சமைத்தது

அரிசி, காட்டு, 125 மிலீ, ½ கிண்ணம் சமைத்தது


ரோல், ஆட்டா மா, 1 ரோல், 35 கி


நாண், ¼ நாண், 35 கி


பீட்டா, வெள்ளை, ½ பீட்டா, 35 கி


அரிசி வெள்ளை, 125 மிலீ, ½ கிண்ணம் சமைத்தது

பால் ஸ்கிம், 250 மிலீ, 1 கிண்ணம்

பால் மா, 250 மிலீ, 1 கிண்ணம் மீள்தயாரிப்பு

பட்டர்மில்க் (மோர்), 250 மிலீ, 1 கிண்ணம்


சீஸ் (பாற்கட்டி), 50 கி, 1 ½ அவுன்ஸ்

செறிவாக்கப்பட்ட சோயா பானம், 250 மிலீ, 1 கிண்ணம்

தயிர், (சுவையூட்டிய மற்றும் வெறும் தயிர்), 175 கி, 175 மிலீ, ¾ கிண்ணம்


கொட்டை வகை, கோது உள்ளது, 60 மிலீ, ¼ கிண்ணம்

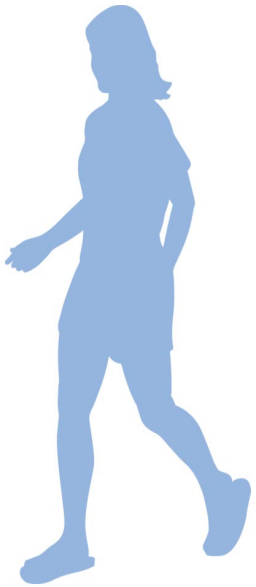
டொபு, 150 கி, 175 மிலீ, ¾ கிண்ணம்


கோழிஇறைச்சி, 75 கி (2 ½ அவுன்ஸ்) 125 மிலீ (½ கிண்ணம்)


மீன், ஒடுவாய்ந்த கடலினம், பேணி, 75 கி (2 ½ அவு) 125 மிலீ (½ கிண்)


உடன் மீன் அல்லது உறைந்தது, 75 கி (2 ½ அவு) 125 மிலீ (½ கிண்)

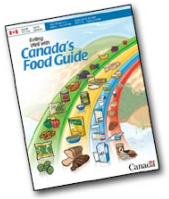

ஒடுவாய்ந்த கடலினம், 75 கி (2 ½ அவுன்ஸ்) 125 மிலீ (½ கிண்ணம்)



அன்றாடம் 30-60 நிமிடங்கள் உடற் செயற்பாட்டில்

இதோ நீங்கள் தேர்ந்தெடுத்த எடுத்துக்காட்டுகள்:

- நடனம்
- தோட்ட அல்லது முற்ற வேலை
- குழிப்பந்தாட்டம்
- உலவுதல்
- மாரியல் கலைகள்
- நடத்தல்



Canada's Food Guide — Guide alimentaire canadien

உடன் பாவிக்க

Canada

مائی فوڈ گائیڈ (میری غذائی راہنما)

نام: _____

میری تجویز کردہ فوڈ گائیڈ سروِنگز (غذا کی مقدار) فی دن

مائی نمبرز (میرے اعداد)

عورت عمر 19 سے 30 سال

8 سبزیاں اور پھل

ہر روز کم از کم ایک گہرے سبز اور ایک نارنگی رنگ کی سبزی کھائیے -
کم چکنائی، شکر یا نمک یا اس کے بغیر تیار کی ہوئی سبزیاں اور پھل رغبت سے کھائیے -
جوس کی نسبت، زیادہ کثرت سے سبزیاں اور پھل استعمال کیجئے -

7 غذائی اجناس

ہر روز اپنی اشیائے اجناس کا کم از کم نصف حصہ ہول گرین (بغیر چھنا ہوا) استعمال کیجئے -
ایسی اشیائے اناج منتخب کیجئے جن میں چکنائی ، شکر اور نمک کم ہو -

2 دودھ اور اسکے متبادل

ہر روز 1٪ یا 2٪ فیصد سکم (پتلا دودھ) پیجیئے -
کم ملائی والا دودھ یا اس کا متبادل منتخب کیجئے -

2 گوشت اور اسکے متبادل

گوشت کے متبادل جیسے پھلیاں ، دالیں اور ٹوفو کا اکثر استعمال کیجئے -
ہر ہفتے فوڈ گائیڈ میں بیان کردہ مچھلی کی کم از کم دو سرونگز تناول کیجئے -
بغیر چربی کا گوشت یا اس کا متبادل منتخب کیجئے جو کم چکنائی اور نمک یا انکو شامل کئے بغیر تیار کیا گیا ہو -

میری مثالیں

ہر مثال 1 فوڈ گائیڈ سرونگ (غذا کی مقدار) کو ظاہر کرتی ہے


پالک، 250 ملیگرام (1 کپ)، کچا


بند گوبھی، 125 ملیگرام (½ کپ)


بینگن، 125 ملیگرام (½ کپ)


تازہ انجیر، 2 درمیانی


پپیتا (پپایا)، ½ آدھا پھل


سبز کیلا، 125 ملیگرام (½ کپ)


پاستا / نوڈلز، ہول گرین (بے چھنا)، 125 ملیگرام (½ کپ)، پکا ہوا


چاول،جنگلی، 125 ملیگرام (½ کپ)، تیار


کونجی، 125 ملیگرام (½ کپ)، تیار


نان، ¼ نان، 35 گرام


پتا، سفید، ½ پتا، 35 گرام


چاول، سفید، 125 ملیگرام (½ کپ)، پکے ہوئے


دودھ، 1٪ یا 2٪ فیصد سکم (بغیر چکنائی)، 125 ملیگرام (½ کپ)


ٹر ملک (لسی)، 125 ملیگرام (½ کپ)


پنیر کا ٹکڑا 50 گرام، ¼ 1 اونس


دہی (سادہ یا ذائقے والا)، 175 گرام، 175 ملیگرام (¾ کپ)


میو جات، سالم، 60 ملیگرام (¼ کپ)


ٹوفو، 150 گرام، 175 ملیگرام (¾ کپ)


مرغی، 75 گرام (½ 2 اونس)، 125 ملیگرام (½ کپ)


مچھلی، شیل فش، کین پیکڈ، 75 گرام (½ 2 اونس)، 125 ملیگرام (½ کپ)


مچھلی، تازہ یا منجمد، 75 گرام (½ 2 اونس)، 125 ملیگرام (½ کپ)

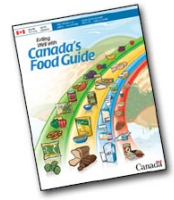

شیل فش، تازہ یا منجمد، 75 گرام (½ 2 اونس)، 125 ملیگرام (½ کپ)

اپنی روزمرہ کی زندگی میں کم از کم 30 تا 60 منٹ کی کوئی فیزیکل ایکٹیویٹی (جسمانی سرگرمی) شامل کیجئے -

یہ وہ مثالیں ہیں جو آپ نے منتخب کیں:

- ڈانسنگ (رقص کرنا)
- مارشل آرٹس
- گارڈننگ (باغ اور پچھواڑے میں کام کرنا)
- چہل قدمی کرنا
- بائیکنگ (دشوار اور بلند مقام سر کرنا)
- یوگا

استعمال کریں Canada's Food Guide کے ساتھ Guide alimentaire canadien



Canada

我的食品指南

姓名：_____

食品指南建議我每天從每個食品組別的所需食物攝取份量

我的年歲

19–30 歲女子

蔬菜和水果 8

每天至少吃一份深綠色蔬菜和一份橙色蔬菜。
食用蔬菜和水果只加少量或不加油、糖或鹽烹調。
多吃蔬菜和水果，少飲果汁。

穀類產品 7

你每天選擇的谷類產品中至少有一半應該是全谷食品
選擇低脂肪、低糖和低鹽的穀類產品。

奶和代替品 2

每天飲用脫脂奶、1% 或2%低脂奶
選擇低脂肪奶類代替品。

肉類和替代品 2

經常食用豆、扁豆和豆腐等食品替代肉類。
每週最少吃食品指南建議食物攝取量兩份魚。
選擇瘦肉和代替品，并且用少油少鹽或不用油鹽烹調。

我的食品選擇

每一項目代表食品指南建議食物攝取份量一份


白菜/菜心
125 毫升（1/2 杯）
煮熟


雪豆
125 毫升，1/2 杯

菠菜
250 毫升，
1 杯 生食


竹筍
125 毫升，1/2 杯


芒果
125 毫升，1/2 杯，
1/2 個

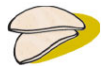

木瓜
1/2 個


全穀意大利麵食/麵條
125 毫升，1/2杯煮熟

野生稻米
125 毫升，1/2 杯
煮熟


粥
125 毫升，1/2 杯
煮熟


印度圓烤餅
1/4 個，35 克


中東白扁圓餅
1/2個， 35 克


白飯
125 毫升，1/2 杯
煮熟

強化豆奶
250 毫升，1 杯

酸乳酪
（純酸乳酪和加味酸乳酪）
175 克，3/4 杯


去殼種子
60 毫升，1/4 杯

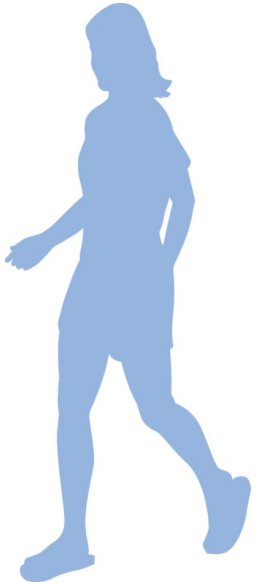
豆腐
150克，175 毫升，
3/4 杯


鸡肉
75 克(2 1/2 oz)
125 毫升（1/2 杯）


鮮魚或冰鮮魚
75 克(2 1/2 oz)
125 毫升（1/2 杯）


豬肉
75 克(2 1/2 oz)
125 毫升（1/2 杯）

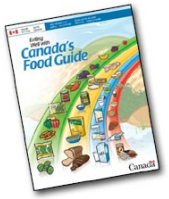

新鮮或冰鮮蝦蟹貝類
75 克(2 1/2 oz)
125 毫升（1/2 杯）



每天做30 至 60分鐘體能鍛煉。

這是你選擇的項目：

- 園藝和庭院勞動
- 高爾夫球（不乘代步車）
- 遠足
- 武術
- 打太極
- 步行



一起使用
Canada's Food Guide
Guide alimentaire canadien

Canada

我的食品指南

姓名：_____

食品指南建议我每日从每个食物组别的所需食物摄取份量

我的年岁

19-30 岁女子

蔬菜和水果 — 8

每天至少吃一份深绿色蔬菜和一份橙色蔬菜。
食用蔬菜和水果只加少量或者不加油、糖或盐烹调。
多吃蔬菜和水果，少饮果汁。

谷类产品 — 7

你每天选择的谷类产品中至少有一半应该是全谷食品
选择低脂肪、低糖和低盐的谷类产品。

奶和替代品 — 2

每天饮用脱脂奶、1% 或 2% 低脂奶。
选择低脂肪奶类替代品。

肉类及替代品 — 2

经常食用豆、扁豆和豆腐等替代肉类的素食品。
按照的份量标准，每周至少吃食品指南建议食物摄取量两份鱼。
选择瘦肉和替代品，并且用少油少盐或 不加油盐烹调。

我的食品选项

每一项目代表食品指南建议食物摄取份量一份


白菜/小白菜
125 毫升 (1/2 杯)
煮熟


雪豆
125 毫升，1/2 杯

菠菜
250 毫升，
1 杯 生食


竹笋
125 毫升，1/2 杯


芒果
125 毫升，1/2 杯，
1/2 个


番木瓜
1/2 个


谷全谷意大利面食/面条
125 毫升，1/2杯煮熟

野生稻米
125 毫升，1/2 杯
煮熟


粥
125 毫升，1/2 杯
煮熟


印度圆烤饼
1/4 个，35 克


精白中东皮塔扁圆饼
1/2张， 35 克


白米饭
125 毫升，1/2 杯
煮熟

强化豆奶
250 毫升，1 杯

酸乳酪
（纯酸乳酪和加味酸乳酪）
175 克，3/4 杯


去壳种子
60 毫升，1/4 杯

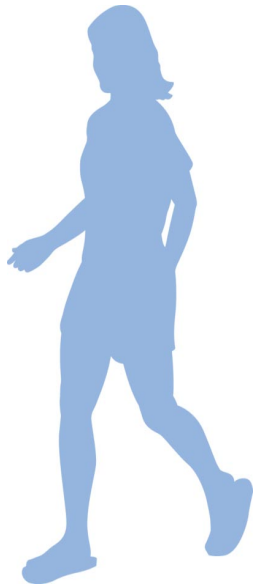
豆腐
150克，175 毫升，
3/4 杯


鸡肉
75克(2 1/2 oz)
125 毫升 (1/2 杯)


鲜鱼或冰鲜鱼
75 克 (2 1/2oz)
125 毫升 (1/2 杯)


猪肉
75克(2 1/2 oz)
125 毫升 (1/2 杯)

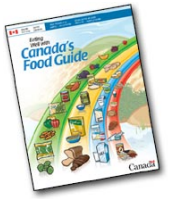

新鲜或冷冻的虾蟹贝类
75克(2 1/2 oz)
125 毫升 (1/2 杯)



每天锻炼体能30 至 60分钟。

这是你选择的项目：

- 园艺和庭院劳动
- 高尔夫球（不乘代步车）
- 远足
- 武术
- 打太极
- 步行



一起使用
Canada's Food Guide
Guide alimentaire canadien

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