

**STORY GATHERING WITH THE
URBAN ABORIGINAL COMMUNITY KITCHEN GARDEN PROJECT**

by

ERIKA MUNDEL

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF SCIENCE

in

THE FACULTY OF GRADUATE STUDIES

(Integrated Studies in Land and Food Systems)

THE UNIVERSITY OF BRITISH COLUMBIA

(Vancouver)

October 2008

© Erika Mundel, 2008

Abstract

This research focuses on the work of the Urban Aboriginal Community Kitchen Garden Project (the Garden Project). The Garden Project aims to be a culturally appropriate health promotion project with urban Aboriginal people, drawing on traditional Indigenous approaches to health and healing, and rooted in community food work. The project is situated within the context of colonialism, the destruction of traditional foodways, and subsequent increased need for Indigenous people to rely on a dominant food system that is seen as destructive to human and ecological health.

The purpose of my research is to describe the Garden Project's main goals and achievements from the perspective of project leaders, project participants as well as through my own observations and experiences. The research methodology was guided by participatory and community based approaches to research and qualitative methods were employed, focusing primarily on semi-structured interviews with project participants and project leaders. I also participated in and observed the project for two years, from September 2006-September 2008. Data collection and analysis happened through an iterative process of action and reflection.

Based on my time with the Garden Project, I suggest that it can be seen simultaneously as a community food security, health promotion, and Indigenous health project. It connects participants with food as a natural product, builds skills around cooking and growing food, and increases knowledge about food system issues. Drawing on the health promotion discourse, it can be seen building community and social support networks, treating the whole person, and empowering participants to take actions around their own health needs. It is rooted in Indigenous approaches to health and healing in the way it promotes individuals' physical, mental/emotional and spiritual health, the health of the community through cultural revitalization, and the health of the Universe through the opportunity it provides for awareness about ecosystem health.

This research project was very site specific. Nevertheless, the findings suggest that food work with urban Indigenous people, carried out in a culturally sensitive manner, may be a powerful leverage point for promoting health with this population. These types of projects can also be vehicles for social change.

Table of contents

Abstract	ii
Table of contents	iii
List of tables	v
List of acronyms	vi
List of terms and definitions	vii
Acknowledgements	x
Chapter 1: Introduction	1
Personal journey towards this research project.....	1
Research background and context:	3
Research site and agenda:	5
Research purpose	7
Overview of the thesis	7
Chapter 2: Review of the literature	9
Introduction.....	9
Health promotion	11
Indigenous health and healing	16
The dominant food system and the movement for community food security	20
Conclusions.....	25
Chapter 3: Paradigm, methodology and methods	26
Paradigm	26
Methodology	28
Methods.....	30
Participating in and observing the Garden Project	31
Semi-structured interviews and document analysis	32
Description of research participants.....	34
Project leaders:	34
Project participants:	35
Data analysis	36
Limits of the study	38
Chapter 4: Results and discussion	41
Introduction:.....	41
Section 1-Description and history.....	42
Description of Garden Project:	42
History.....	45
Section 2-The perspective of Garden Project leaders	47
Holistic health approach	47
Empowerment and capacity building.....	51
Power sharing.....	51
Skill development	52
Relationship building.....	53
Relationship (re)building with food, nature and culture.....	54
Food	54
Nature.....	55
Culture.....	56
Section 3- Participants' perspectives, project successes and challenges	58

Why participants like the project, what they get out of it.....	58
Food skills.....	59
Connecting with nature.....	61
Meeting and being with friends.....	62
Informal, safe, supportive atmosphere.....	63
Impacts of project on participants' lives and health.....	65
Community capacity and social support networks.....	65
Holistic health.....	67
Comparative perspective on the Garden Project's challenges and successes.....	72
Section 4- The big picture-building CFS, engaging in decolonization, promoting health.....	78
Connection to CFS movement.....	78
Decolonization for Indigenous health and healing.....	83
Using and celebrating traditional healing practices.....	84
Reclaiming other traditions.....	85
Overcoming racial and other forms of stigmatization.....	87
Negotiating top-down versus bottom-up approaches to health promotion.....	88
Chapter 5: Summary and conclusions.....	93
Works cited.....	98
Appendices.....	108
Appendix A: Interview guides.....	108
Appendix B: Interview consent form.....	111
Appendix C: UBC BREB certificates of approval.....	113

List of tables

Table 1	Community food security continuum.....	22
---------	--	----

List of acronyms

ADAPT	Aboriginal Diabetes Awareness Prevention and Teaching
AHIP	Aboriginal Health Initiatives Program
BC	British Columbia, Canada
BREB	Behavioral Research Ethics Board
CBAR	Community Based Action Research
CNC	Community Nutritionist Council of British Columbia
CFS	Community Food Security
DECK	Downtown Eastside Community Kitchen
OMF	Outcome Measurements Framework
OPHA	Ontario Public Health Association
PAR	Participatory Action Research
SMART	Sharon Martin Community Health Fund
TFPC	Toronto Food Policy Council
UAFEP	Urban Aboriginal Food Enhancement Project
UBC	University of British Columbia
UBC Farm	University of British Columbia South Campus farm
VACFAN	Vancouver Aboriginal Community Food Action Network
VCH	Vancouver Coastal Health
VNHS	Vancouver Native Health Society
WHO	World Health Organization

List of terms and definitions

Capacity building

In this thesis, capacity building is associated closely with health promotion and can be understood as an “increase in community groups’ abilities to define, assess, analyze and act on health (or any other) concerns of importance to their members” (Labonte and Laverack 2001, 114).

Colonization

A process which includes “geographical incursions, sociocultural dislocation, the establishment of external political control and economic dispossession, the provision of low-level services, and finally, the creation of ideological formulations around race and skin colour, which position the colonizers at a higher evolutionary level than the colonized” (Kelm 1998, xviii). Colonization is both a historical and contemporary process.

Commodification

Commodification could refer to any number of goods or natural products. Here, it is used refer to the way that the current dominant food system has turned food into a commodity (commodification) such that food is seen as something to be bought and sold in the marketplace, rather than being seen as a life good.

Community Food Security

“A situation in which all community residents obtain a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes community self-reliance and social justice” (Hamm and Bellows 2003, 37).

Constructivism

In this thesis, constructivism or the constructivist paradigm should be taken to be referring to constructivism as per Guba and Lincoln (1989). It sees social reality as “a dynamic construction that is fabricated, maintained, and modified by people during their interactions with each other and their environment” (Stringer 1999, 192).

Decolonization

“Decolonization is the process of the oppressed regaining self-determination and independence in social, economic, cultural, and political structures, and an identity as individuals, families, communities, and nations. Strategies for decolonization range from Aboriginal self-government in areas of social, economic, cultural, and political systems to consciousness-raising regarding oppression. The process of decolonization will be different for various Aboriginal populations because of the diversity among Aboriginal peoples and their beliefs” (Verniest 2006).

Deskilling

The process through which “consumers become progressively less ‘skilled,’ in absolute and relative terms, as they become increasingly distanced (in time and space and experience) from the sites and processes of [food] production” (Jaffe and Gertler 2005, 143).

Dominant food system

The dominant food system can be understood as the globally spread system of food production, processing, marketing, consumption and disposal. Control in the food system is increasingly consolidated in the hands of fewer and fewer corporate players.

Empowerment

Empowerment, as it is used in this thesis, is closely linked to the health promotion movement and can be understood most generally as, “The means by which people experience more control over decisions that influence their health and lives” (Laverack and Labonte 2000, 255).

Foodways (Indigenous Foodways or Traditional Foodways)

“Traditional foodways are based on an intimate and spiritual connection to the land and entail a reciprocal relationship that must be actively maintained. Related skills involve agricultural sciences and ecosystem management, food processing, and botany” (Milburn 2004, 421).

Garden Project

This thesis focuses on the work of the Urban Aboriginal Community Kitchen Garden Project. To make it more manageable to refer to this project, throughout the thesis I refer to it simply as the Garden Project.

Health Promotion

Health Promotion is an internationally recognized approach to health which can be seen as a process for “enabling people to increase control over, and to improve, their health” (WHO 1986, 2). The International Conference on Health Promotion of the World Health Organization which took place in Ottawa in 1986 was of central importance in the development of this concept.

Indigenous

The project has Aboriginal in its title, however I have chosen to predominantly use the term Indigenous throughout this thesis when referring to people of First Nations, Inuit, and Metis descent, in Canada regardless of status. I have made this choice in large part due to conversations that I had with some of the people involved with the Garden Project who said that Aboriginal was for them a category used by the government and placed on them. By contrast they saw Indigenous as a term of self-identification, with connections to Indigenous peoples in other countries. Making a decision around terminology was a challenging one because some participants also refer to themselves as Native, Aboriginal and sometimes as Indians. Nevertheless given these conversations about terminology which explicitly focused on a preference for the term Indigenous as opposed to

Aboriginal, Indigenous is the term that I feel most comfortable using. It should be noted that some of the authors I have cited have made different choices, some for example choosing Aboriginal as their preferred term, others using Indigenous.

Indigenous Health and Healing

I use the phrase “Indigenous health and healing” throughout this thesis. The use of this phrase is not intended to cover over the important differences between Indigenous cultures in Canada (and elsewhere) in terms of approaches to health and healing. There are no set or ‘fixed’ Indigenous approaches to health and healing. Instead “each nation or cultural grouping identifies its own healers and defines its healing process” (Poonwassie and Charter 2005, 19). In some of his work McCormick (2005, 294) has worked to “speak broadly about healing practices in an effort to present common themes across cultures” while explicitly recognizing the important differences that remain between cultures. My discussion on Indigenous health and healing is guided by this intention. Specifically, McCormick has spoken of the importance of the roles of spirituality, nature, cleansing, culture, connection, interconnectedness, and balance for healing with Aboriginal people (McCormick 2005). Linked to the model of the Medicine Wheel, the aim of healing can be understood as “attaining balance between the four dimensions of the person: physical, mental, emotional and spiritual” (McCormick 1996, 164). Indigenous approaches to health and healing can be seen arising from Indigenous worldviews that emphasize the importance of the interconnectedness of the natural, spiritual and human realms.

Medicine Wheel

There are many teachings associated with the Medicine Wheel, a symbol used by many Indigenous cultures in North and South America to represent holism and interconnectedness (Bopp et al. 1985). A key teaching of the Medicine Wheel that the Garden Project emphasizes is the following: “Health will only be realized when the mental, emotional, physical and spiritual health of the individual, community and Universe are in balance” (Garden Project OMF).

Ottawa Charter (for Health Promotion)

The Ottawa Charter was developed at the International Conference on Health Promotion of the World Health Organization which took place in Ottawa in 1986. This document outlines the main ideas associated with health promotion as it came to be understood after 1986. The Ottawa Charter calls for health promotion practices to center on five key areas: 1) building healthy public policy, 2) creating supportive environments, 3) strengthening community action, 4) developing personal skills, and 5) reorienting health services.

Acknowledgements

First I would like to acknowledge and honour the work of everyone involved in the Garden Project. This research project would not have been possible without your active and generous participation. As I have been writing this thesis I have often thought that the most interesting parts of it are contained not in what I have written but in the words you all shared with me. Beyond your involvement in this research project you have all supported me in many ways. You have shared so many wonderful meals with me, so many stories, so much laughter. My life has been profoundly enriched by getting to know you all; the Garden Project has been a major part of what has kept me grounded and happy over these past two years. Thank you!

I wish to also thank my wonderful committee, Art Bomke, my fearless supervisor, and Gwen Chapman and Alejandro Rojas my lovely committee members. It has been intellectually stimulating and fun working with you. My thesis has been greatly improved as a result of the many thoughtful comments and insights you have shared with me. Thank you!

I would like to express my thanks to my dear friends (including the infamous *Heterocephalus glaber*) for supporting me over the past years. You have all graciously participated in endless conversations on food and health. Through your intellectual and emotional support you have helped shape this project, while keeping me balanced through it all.

Finally I wish to thank my family, Karsten, Deena, Anneke, Max, Elio, Ingrid, Martin, Mama and Papa. Thank you for always thinking along, and distracting me when it was necessary. To my nephew Elio, thank you for being born, helping me keep things in perspective and remember what's important! Thank you to my siblings for going through it all first and letting me learn from your experiences, and to Mama and Papa for always being so calm and supportive at just the right moments. And last but certainly not least, thank you Andrew! Thank you for picking up the slack during the last many months of this project. Thank you for the hours and hours we have spent talking through my ideas. Thank you for looking after the garden this summer as I spent too many hours in front of the computer. Thank you for all of your endless support. I couldn't ask for a more wonderful or supportive partner!

Chapter 1: Introduction

The purpose of this research project was to develop a holistic understanding of the Urban Aboriginal¹ Community Kitchen Garden Project (the Garden Project), focusing in particular on its main goals and impacts. The Garden Project takes place at the University of British Columbia Farm (UBC Farm), in Vancouver, BC.

Personal journey towards this research project

I first came to the Garden Project because I am passionate about food, a passion which expresses itself in my day-to-day life as well as academic pursuits. Having grown up in rural Alberta, food system issues have been important to me for a long time. During my undergraduate degree at the University of Guelph in International Development with an emphasis in Rural and Agricultural development I was able to formally study food and agriculture-related issues. Initially my studies were focused on macro-scale global processes such as the globalization of Neoliberalism. I was concerned about all of these issues but also somewhat overwhelmed at what to do to address them. Early on in my studies, however, I took a course in rural sociology with Tony Winson, the author of *The Intimate Commodity*. While his work sits very much within the tradition of political economy and focuses on similar macro-structural processes, its focus on food really captured me. Food somehow felt like a more tangible way to go about addressing some of these larger issues that I was feeling perplexed by. I could see how I could make personal choices (making my own bread/granola, shopping at the farmers' market) that could challenge some of these processes. I could also see how food, because it touches each of us so personally, was an exciting place to work with others to resist or at least

¹ The project has Aboriginal in its title, however I have chosen to predominantly use the term Indigenous throughout this thesis when referring to people of First Nations, Inuit, and Metis descent in Canada regardless of status. I have made this choice in large part due to conversations that I had with some of the people involved with the Garden Project who said that Aboriginal was for them a category used by the government and placed on them. By contrast they saw Indigenous as a term of self-identification, with connections to Indigenous peoples in other countries. Making a decision around terminology was a challenging one because some participants also refer to themselves as Native, Aboriginal and sometimes as Indians. Nevertheless given these conversations about terminology which explicitly focused on a preference for the term Indigenous as opposed to Aboriginal, Indigenous is the term that I feel most comfortable using.

mitigate some of the negative implications of our current trajectory, in the food system as well as economic system.

My formal studies, which became increasingly food-related, were bracketed by learning through work in food-related jobs. The summer before starting university and for two years after completing my undergraduate degree, I worked on an organic market garden in Alberta. During the summers between my university school years I worked in a high-end kitchen at a backcountry lodge. Throughout my food-related study and work, one issue that continually bothered me was the issue of social justice in the food system. The way that it is structured is far from just, for farmers, rural communities, the poor, or the environment, to name a few.

In searching for what was already being done to address these different issues I came across the work of the community food security (CFS) movement. I became curious to see first hand how CFS projects played out on the ground. How do participants find the time to cook and grow their own food and how do they get excited about doing it in the first place? Do projects like community kitchens and gardens which seem so exciting to me, actually have any lasting effect on the people who participate? Is there a relationship between participation in CFS projects and health?

These were the questions that *initially* brought me to the Garden Project. I was also driven by a desire to carry out a research project that was relevant to the community I was working with. Thus when I heard that the project was needing help with their evaluation work, I saw myself as a potentially useful match for their needs.

While I hope that my time with the Garden Project has been useful to the people involved in it, I can say with certainty that my experience with the Garden Project has been of immense value to me. As I spent time with the Garden Project my research agenda shifted, becoming more general and more specific at the same time. It became more specific in that I now had a specific project through which to explore my questions. However as I worked to critically, sensitively and openly engage with the Garden Project I started to see it as a window into a whole range of interconnected issues, and my questions began to change. I began to see health as a central interest and concern. What follows is an introduction to the key contextual pieces that I started to see as necessary for understanding the work of the Garden Project. Following this I briefly describe the

Garden Project and the research questions and research focus that emerged as I engaged with the project. This chapter ends with a brief overview of the whole thesis.

Research background and context:

Indigenous people in Canada experience ill-health disproportionately compared with the rest of the population (Adelson 2005; Newbold 1998). For example, the Indigenous population in Canada has a life expectancy five to seven years lower than the life expectancy of the Canadian population as a whole (Adelson 2005). More specifically, Indigenous people in Canada experience higher levels of chronic respiratory disease, diabetes, and cardiovascular disease to name a few (Adelson 2005; Estey et al. 2007). A key contextual factor for understanding the ill-health suffered by this population is colonization, defined as a process that includes:

...geographical incursions, sociocultural dislocation, the establishment of external political control and economic dispossession, the provision of low-level services, and finally, the creation of ideological formulations around race and skin colour, which position the colonizers at a higher evolutionary level than the colonized (Kelm 1998, xviii).

Colonization and its effects have been constantly resisted however it has had, and continues to have, a huge impact on Indigenous peoples and their communities. A few key historical processes and manifestations of the colonization of Indigenous peoples in Canada include the banning of the potlatch and residential schools. Ongoing and contemporary manifestations of colonization include the reserve system and Indigenous children being taken into 'care'.

Related to colonization, another key factor for understanding the health status of Indigenous peoples is the fact that health and healing process are not culturally neutral but rather constantly mediated by culture and history (Adelson 2000; McCormick 1996). Colonization worked to destroy many traditional health practices (Kelm 1998; Turner 2005) and has made it difficult for Indigenous people to practice traditional healing methods, which are very different from the Western biomedical methods and view of health which predominate in Canada (Marsden 2005). Given the health problems created by colonization, as well as the stark difference between Western and traditional Indigenous approaches to health and healing, scholars and activists have argued that there

is an urgent need for more holistic, culturally appropriate and self-determined approaches to health (Hutchinson 2006; Levin and Herbert 2004). Movements towards such alternative approaches to Indigenous health have already started to emerge. For example the health transfer program aims to put control of health care provision in the hands of First Nations communities rather than being under the control of the federal government (Hutchinson 2006). In an urban context Indigenous health activists in Vancouver have been working to conceptualize what holistic, culturally appropriate approach to health care might look like (Marsden 2005). Urban Aboriginal Health Centers such as Vancouver Native Health Society are other urban examples of efforts to create culturally appropriate health services by and for Indigenous people (Benoit et al. 2001). While these examples are evidence of a move towards more holistic, culturally appropriate or self-determined approaches to health, each has their own short-comings and challenges. Furthermore these types of initiatives alone cannot meet the needs of the whole Indigenous population in Canada. This suggests the continued need for more support for already existing initiatives as well as the development of new and innovative policies and programs.

While Indigenous people suffer a wide range of health inequities, two interrelated physical health challenges that Indigenous people face and which are gaining attention are diabetes and obesity. For example the Indigenous population in BC has diabetes rates three times higher than the rest of the population (VCH 2004). In Canada one study found that the odds of being obese were over two times higher for Aboriginal people (Garriguet 2008). Often the solution to diet related disease is seen as being about educating people how to 'eat right' or otherwise modify their behaviour (Garriguet 2008). This approach can be seen being taken by the Canadian government with their federal Aboriginal Diabetes Initiative, where the slogan is "Eat right. Be active. Have fun. You can prevent diabetes." (Health Canada 2005). While education campaigns like this one may in some cases be effective, I would argue that it is important to recognize that Indigenous people's health challenges such as diabetes and obesity exist with in a broader context of a population which has experienced, and continues to experience, colonization. For example, these specific health issues can be linked in part to the fact that colonization has destroyed traditional foodways, meaning that Indigenous peoples

are increasingly dependent on what is rapidly becoming a global dominant food system (Conti 2006; Milburn 2004).

The dominant food system, controlled as it is by profit seeking corporations, is oriented more towards the creation of profits than the creation of health (CNC 2004; Lang 1999; Welsh and Macrae 1998). This means that while there is an abundance of food (Lang and Heasman 2004), the food that is available is determined by what is able to generate the greatest profits, which tends to be food high in fats, salt and sugar. The distribution of food in the dominant food system is also far from equitable and food is only available to those with the money to pay for it. Additionally, this food system and the food culture which supports it distances people from the source of their sustenance (Kneen 1993), with food being produced by distant others in unseen places. In this food system, food is increasingly being consumed individually, as fuel, rather than in community and as a thoughtful practice (Curtin and Heldke 1992). This is a stark contrast to traditional Indigenous foodways which are based on intimate and spiritual connections between food, culture and the land (Milburn 2004; Turner 2005). The many legacies of colonialism in Canada² and the nature of the dominant food system lead to not just physical health challenges but to a variety of individual, community, cultural and ecological health challenges.

Research site and agenda:

The Garden Project aims to be a culturally appropriate health promotion project with urban Indigenous people, drawing on traditional Indigenous approaches to health and healing, and using community-based food work. The Garden Project is guided by the teachings of the Medicine Wheel, which states that “health will only be realized when the mental, emotional, physical and spiritual health of the individual, community and Universe are in balance” (Garden Project OMF). Its activities center on weekly community garden and community kitchen sessions, using produce from the garden in

² It is important to point out that this thesis is focused on the Canadian context. Thus when I speak about the legacy of colonialism here it should be understood that I am speaking of colonialism specifically as it played out in Canada (with strong similarities as well as important differences in the US and Australia). I am not addressing the experiences of Indigenous people in Latin America, Asia or Africa, for example. It is interesting to note that while Indigenous people worldwide have suffered as a result of colonization, the experiences and outcomes of global colonial projects have varied by location, based on the local social structures and cultures, as well as by colonizing nation.

the kitchen. The Garden Project also has regular, larger community events such as community consultations, cultural celebrations and feasts. There are a growing number of health initiatives which work specifically with urban Indigenous people in Canada. There are also growing numbers of community kitchens in Canada, over 200 in BC alone (Engler-Stringer and Berenbaum 2007). Numbers of community gardens are also on the rise in Canada (Wakefield et al. 2007), and in Vancouver there is an initiative to increase the number of community garden plots in the city by 2010 in time for the 2010 Olympics. There are, however, very few initiatives which combine a community kitchen and garden as a means for promoting health with Indigenous people living in an urban context in Canada. A systematic review of the academic and grey literature, using Web of Science, PudMed and Google Scholar did not reveal any academic or professional studies that focus on this specific type of work in Canada or North America more generally. The innovativeness and breadth in scope of the Garden Project makes it a fertile learning ground. The magnitude of health challenges discussed here makes an investigation of the Garden Project's approach and impacts important and, I hope, useful.

My time with the project took the shape of me being the Garden Project's story-gatherer. I started out by working to understand in general terms what the project was aiming to do and what it was achieving. As I spent time with the project, interacting with participants and leaders, I began to understand that the project's main goal was to be a culturally appropriate health promotion project engaged in food work. My challenge was to unravel some of the complexity embedded in this goal. What does this goal mean to those who are involved in the Garden Project? How has it been interpreted and enacted by those who lead the project? Flowing from these questions were questions on the impacts of the Garden Project and the relevance of its approach: How has the project influenced participants and their health? What challenges and successes have been experienced as the Garden Project works towards its goal? Through exploring these questions and linking my emerging understanding of the Garden Project to relevant bodies of literature, a central focus for my research emerged. This focus was to understand the Garden Project in relation to three interconnected areas of knowledge: health promotion, Indigenous health and healing and community food security.

Research purpose

As I have described above and discuss throughout the rest of this thesis, my research project and research purpose evolved over my time with the Garden Project. For the sake of clarity, however, I think it is useful to clearly state here what my overarching research purpose was. *This purpose was to describe the Garden Project's main goals and achievements from the perspective of project leaders, project participants as well as through my own observations and experiences.* Given my position as a non-Indigenous researcher doing research with a project that has many Indigenous people involved with it, and given my desire to understand the project from the perspective of those involved in it, it was essential to me that my research project be based in a participatory or 'bottom-up' approach, with me positioned as a learner and listener.

Overview of the thesis

As I was actively engaged in the Garden Project I was also reading literature that helped me explore, in a different way, some of the ideas that were coming up through my experience of the Garden Project. My thesis aims to make the voices of those involved in the Garden Project a central focus while also bringing in the insights I gained through reading and reflecting on literature. It is important for me to honour that the diverse insights that have emerged through this research project are the direct result of the thoughtful reflections, work and guidance from those involved in the Garden Project.

Chapter 2 serves as an introduction to and exploration of three main bodies of literature associated with my research project: health promotion, Indigenous health and healing and community food security. Chapter 3 outlines the approach to research that I took, which I characterize as critical and constructivist. This chapter includes the theoretical perspectives and guiding strategies for my research as well as the tools and techniques I used to carry out the research. Chapter 4 is where I present my results and discussion and is an interplay between the voices and perspectives of research participants and my own analysis. This chapter has four main subsections, addressing the history and practice of the Garden Project, the project leaders' perspectives, participants' experiences with the project and its impacts, and finally, the broader implications of the Garden Project. I have consciously not made a distinction between a results and

discussion chapter because the iterative process of data collection and analysis that I engaged in led me to think that it would be more appropriate to include my results and discussion in the same chapter. The first three sections of Chapter 4 are what might more traditionally be recognized as ‘results’, however I do also provide some analysis throughout these sections. The final section of Chapter 4 is where I take a step back and do a ‘bigger picture’ analysis of the Garden Project. Chapter 5 summarizes and concludes the thesis.

Chapter 2: Review of the literature

Introduction

Unlike many literature reviews, this literature review was not completed prior to the commencement of my research project. This is because I was not intending to do an objective and formalized evaluation of the Garden Project. Instead my research agenda was to explore the Garden Project based on the perspectives of those involved in it. I did do a systematic review of the literature on community kitchens and gardens, and community food security (CFS) more generally, before initiating my research. However, I consciously remained open to other areas of knowledge that experiences with the Garden Project led me to. Hesse-Biber and Leavy (2006) suggest that because of the iterative nature of qualitative research it is often useful and necessary to have a review of the literature occurring throughout the research process. Patton (2002, 226) has suggested that such an approach to literature review permits “a creative interplay among the processes of data collection, literature review, and researcher introspection.” Aiming for this creative interplay, my literature review process extended throughout my research project, with new bodies of literature and areas of knowledge being explored based on the experiences of the Garden Project.

As I spent time with the project it became clear that if I remained focused on understanding the Garden Project simply as a CFS project my analysis would miss other important aspects of the project. I heard people involved in the project talking about the public health approach known as health promotion and associated terms like capacity building and empowerment. This brought me to the literature on health promotion in Canada. I also heard a lot of people talk about the Garden Project’s holistic health approach and the importance of it being guided by the teachings of the Medicine Wheel. This led me to seek literature on the Medicine Wheel and more generally, literature on Indigenous approaches to health and healing. Through reading, reflecting and spending time with the Garden Project, I began to see it as a combination of a CFS project, a health promotion project and an approach to health rooted in Indigenous health teachings, each having distinct yet overlapping bodies of literature and ideas for practice.

One central theme which emerged in all three of these bodies of literature is a belief in the need for a systems-based, holistic or ecological approach to knowledge³. Duhl (1996, 259) has suggest that “concerns with health and community are connected by a web of relationships.” Studying a complex, interrelated web of relationships is not a straightforward task, especially given that the tools we are most often supplied with in the academy are oriented towards a reductionist approach to knowledge. The challenge that researchers such as myself face in taking an ecological approach to our research is not, however, simply the fault of the limited tools at our disposal. Isolating variables and studying them individually is more straightforward than a study guided by “the ecological credo of everything influences everything else” (Green et al. 1996, 273). So, how does one study such complexity? Also, how could I explore the Garden Project without recognizing the web of relationships contained within it? As Dr. Alejandro Rojas has often reminded me, the Garden Project is a microcosm of an extremely complex web of relationships. In fact I have found that my research has allowed me to explore a complex web of relationships in a concrete and manageable way, allowing me to constantly link theory back to practice and vice versa.

What follows is a brief review of three areas of knowledge that are key to my research project: health promotion, Indigenous health and healing and CFS. The aim of this chapter is to be a critical reflection on the literature which explores: a) relevant themes in each area of knowledge, b) why I have found it necessary to bring these bodies of literature together, and c) how I see my research contributing to the advancement of knowledge in terms of content and approach. Seeing my research project as interdisciplinary, and recognizing that the intended audience of this thesis is equally interdisciplinary, my intention is that this chapter also serve as an introduction to these topics and key associated terms, ideas and issues. Literature that relates more specifically to my research paradigm, methodology and methods is cited predominantly in Chapter 3. Sections of Chapter 4 revisit and further explore the literature cited here. In Chapter 4, the literature is cited within a more detailed discussion of the Garden Project and research participants’ perspectives on it.

³ These three terms are often used interchangeably in the literature.

Health promotion

While there are diverse approaches to health, my decision to focus specifically on the health promotion model⁴ is not a whim. Health promotion is an important model in the Canadian public health arena and is the model used by a key funding agency of the Garden Project, Vancouver Coastal Health. Hence the model influences the way the Garden Project is framed and evaluated. Knowing the language associated with health promotion is important because it influences how those involved in the project describe it. Additionally, understanding common issues around developing health promotion programming has helped me as I have analyzed the challenges and successes of the approach to health promotion taken by the Garden Project.

Health promotion is an internationally recognized approach in public health. It is a process for “enabling people to increase control over, and to improve, their health” (WHO 1986, 2). It is preventative and has a socio-ecological focus to promoting the health of populations. Given its importance in the Garden Project, I will now outline the ideas behind the approach and the implications of adopting this approach for health theory and practice. I will also discuss a few areas of tension within health promotion, particularly the challenges of putting this more holistic model of health into practice in a health system predicated on a biomedical approach to illness and health.

The Ottawa Charter on Health Promotion (WHO 1986), developed at an international World Health Organization meeting in Ottawa, is the key document behind the development of the health promotion movement. It posits the prerequisites for health as being: “peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity.” In order to ensure that these prerequisites for health are met, the Ottawa Charter calls for health promotion practices to center on five key areas: 1) building healthy public policy, 2) creating supportive environments, 3) strengthening community action, 4) developing personal skills, and 5) reorienting health services.

⁴ For the sake of clarity, throughout this section I only use the phrase health promotion. It should be noted though, that in some of the literature there has been a shift to the use of the term population health or population health promotion. Some suggest that the difference between population health and health promotion is significant, with the former being much less radical than the latter (Robertson 1998; Coburn et al. 2003). Others argue that the difference has tended to be more a semantic one, the shift from health promotion to population health promotion having had little impact on practice (Labonte et al. 2005).

In the Charter's explanation of the five key areas of health promotion practice listed above, the holistic nature of this approach becomes apparent. The Charter is the key document in the development of the health promotion approach, and the Charter's language appears in much of the health promotion literature, so I will quote it at length here. In explaining the need for healthy public policy the Charter argues that "health promotion goes beyond health care" suggesting that health needs to be addressed by all policy makers. With respect to creating supportive environments the Charter emphasizes the impact that the social and natural environments have on health stating that "health cannot be separated from other goals. The inextricable links between people and their environments constitutes the basis for a socio-ecological approach to health." The Charter suggests that health services need to be reoriented such that the health sector moves "beyond its responsibility for providing curative and clinical services." This will require increased emphasis on "the total needs of the individual as a whole person." In this holistic approach, the creators of the Charter see a strong role, not just for those in government or health services, but also individuals and communities, arguing for "the empowerment of communities" and "community development...to enhance self-help and social support."

Health promotion as conceptualized in the Ottawa Charter stands in contrast to the biomedical approach to health which is the dominant approach to health in Canada and other Western industrial nations. Annandale (1998) identifies certain key characteristics of the biomedical approach. One key characteristic is that disease is seen as resulting from the presence of a disease causing microorganism or the absence of certain necessary hormones or vitamins. An implication of this characteristic is that health is viewed as the absence of disease in an individual body, and health is seen as being achieved by removing a disease causing agent or supplying the right hormone or vitamin. Robertson (1998) argues that biomedicine has been the most successful and dominant discourse on health in the Western world. She suggests that biomedicine is "characterized by scientific medicine with its principles of the specific etiology and nosology of diseases, particular clinical diagnostic and treatment protocols, all in the context of the individual physician-patient relationship" (Robertson 1998, 155). Health

promotion, by contrast, can be seen as rooted in a much broader understanding of the origins of health and solutions to ill-health.

The holism of health promotion with its 'socio-ecological approach' is a hopeful development for those who believe that the dominant biomedical approach is at odds with the holism of Indigenous approaches to health and healing and thus relying on it alone may not easily lead to the improved health and well-being of the Indigenous peoples in Canada (Colomeda 1999; McCormick 1996; Poonwassie and Charter 2005)⁵. However the development of a more holistic health promotion theory as outlined in the Ottawa Charter has not meant the erasure of less holistic approaches to public health.

Public health, like clinical health, is rooted in a biomedical understanding of health and illness (Potvin et al. 2005). While there have certainly been critiques of the biomedical approach to health prior to the development of the health promotion approach, some of these critiques have failed to capture a holistic picture of health and wellness. For example, one key critique of biomedical clinical care that gained credence in the Canadian context was inspired by the 1974 report of the Minister of National Health and Welfare, Marc Lalonde. While this report was important for drawing attention to the fact that health is not simply the responsibility of the clinical health care system, it placed heavy emphasis on people's lifestyle choices, failing to account for the myriad social, economic and political factors which influence these choices. Public health practice based on ideas from this report tended to emphasize education designed to change people's 'unhealthy' lifestyles rather than focusing on the structures which constrain lifestyle choices (Robertson 1998). This more limited 'lifestyle approach' persists despite the development of the holistic discourse of health promotion (Thorogood 2002).

⁵ It is important to emphasize that I am not trying to suggest that proponents of health promotion or supporters of Indigenous approaches to health and healing see no role for biomedical medicine. Kelm (1998) for example talks about medical pluralism in Indigenous communities since the time of contact, that is, the blending of 'traditional' and biomedical approaches to health care. Nevertheless the dominance of the biomedical approach, and colonial attempts to subordinate traditional approaches to the biomedical approach have understandably created aversions to the biomedical approach. Additionally many Indigenous individuals and communities have suffered unwillingly through medical experiments carried out for the advancement of the biomedical field. These historical factors, along with the differences between the biomedical approach and the traditional Indigenous approaches to health and healing help explain why many who work to promote Indigenous health are skeptical of the ability of biomedicine alone to promote the health of this population.

Reductionist approaches to knowing and being in the world are not limited to the health field, however. Rather, they predominate⁶ in the culture, politics and economics of industrial societies more generally (Duhl 1996). Thus, putting the theory of health promotion as outlined in the Ottawa Charter into practice is not simply a matter of developing new health programs but also requires developing new ways of knowing and being which contrast with the dominant approach of industrial societies. This would require new forms of professional training as well as new ways of conceptualizing and addressing health problems. For example, currently it is challenging for someone employed by the Ministry of Health to justify doing work that ‘should’ be carried out by the Ministry of Environment or vice versa. The difficulty is that reductionist ways of knowing and being are so embedded in industrial society that they function largely without us being conscious of them.

The profound paradigm shift and structural changes demanded by the health promotion discourse has made it difficult for many practitioners to put health promotion theory into practice (Green et al. 1996; Laverack and Labonte 2000). Indeed Travers (1995) suggests that in many cases the new health promotion discourse may have had little impact on developing radically new practice. I have suggested that there are also ontological and epistemological explanations for why practitioners may struggle to put health promotion ideals into practice. Laverack and Labonte have suggested that health promotion practitioners experience a tension working to “include the concerns and issues of the community in the top-down programming approach that usually characterizes their own job descriptions and funding mechanisms” (2000, 256). Thus where ideally communities would be identifying their health and wellness concerns, with actions flowing from this, health promoters are often tasked by employers to address pre-identified problems, for example obesity or diabetes.

Another source of tension in health promotion theory and practice which relates to my area of research, is its socio-ecological approach which emphasizes the inherent

⁶ It should be noted that I am talking about dominant approaches to knowing and being in Western industrial societies. It is important to recognize that Western societies and thinkers have also created holistic approaches to knowledge, such as agroecology (Altieri 1993; Gliessman 2000). In the health field health promotion is a prime example of holistic thinking emerging in a Western context. The work being done in the field of health ecology (Honari and Boleyn 1999) is yet another example. These are very important approaches to knowledge but are not the dominant modes of knowing which function in Western society.

relationship between human and ecological health (Kickbusch 1999). In the health promotion literature the term ‘ecology’ is often used but the ecosystem which is under discussion tends to be a very human-centric one (eg family, organizations, community, culture and physical environments) with little more than passing references to the health of the natural ecosystem, and its interconnectedness with human health (eg Dooris 2005; Green et al 1996; Green and Kreuter 2005; Harris and Grootjans 2007). Furthermore this literature, as well as the literature which does more explicitly discuss interconnections between human health and the health of natural environments (Butler and Friel 2006; Kickbusch 1999; VanLeeuwen et al. 1999) has tended to be focused on theory and model building with few practical examples, suggesting either a lack of ecologically focused practice, or a lack of research carried out on such practice. This literature which points to a struggle to incorporate ecological thinking into health promotion practice is another example of the challenge that health promotion movement faces to practically incorporate the holism of its discourse.

Where health theory and practices have been dominated by reductionist approaches, so too have the practices of those researching health. Many who do research into health promotion suggest that the demands of this type of research cannot be met with the positivist tools of investigation that predominate in the health field (Coburn et al 2003; Labonte et al 2005; Labonte and Robertson 1996; Potvin et al. 2005). As Labonte and Robertson explain:

Empowerment is a very different phenomenon than serum cholesterol...To investigate empowerment using a research paradigm appropriate to the investigation of serum cholesterol, as is often the case in health promotion research, is to commit a fundamental error. It confuses two very different paradigms and their ontological, epistemological, and methodological underpinnings (1996, 433).

One alternative research paradigm suggested by some health promotion researchers is the constructivist paradigm⁷ which, unlike positivism, is not based on an assumption that there is an objective reality out there to be discovered. Instead it holds that “realities are socially constructed and ungoverned by universal laws...Constructivist methodology

⁷ This paradigm and my rationalization for its use will be expanded on in Chapter 3. It should also be noted that there are many other alternative paradigms to the positivist paradigm (see for example Lincoln and Guba 2003).

focuses on people's lived experiences, these experiences understood as being located in a particular sociohistorical context" (Labonte and Robertson 1996, 434).

Investigating the Garden Project through the lens of the constructivist paradigm can contribute a constructivist analysis to the health promotion literature in which positivist analyses continue to predominate. An analysis of the Garden Project also has a unique contribution to make as an example of an attempt to put the holistic socio-ecological health promotion discourse into practice. If we believe that part of the problem with putting health promotion theory into practice is the fact that our health care system is structured by a reductionist world view, then part of the challenge is overcoming the limits of this world view. The Garden Project works to be "a culturally and community appropriate health promotion project aiming to address the needs of Aboriginal individuals" (Garden Project OMF 2006). Because it aims at cultural sensitivity, its approach to health promotion draws on Indigenous ways of knowing. As I will discuss in greater detail in the next section, Indigenous ways of knowing and approaches to health and healing are based in a very different, more holistic and relationally focused worldview than the dominant Western worldview. Thus the Garden Project is an interesting place to explore the opportunities, as well as challenges, created through trying to implement a health promotion project guided by a worldview that is arguably more consistent with the health promotion discourse, yet doing so in a society where a contrasting worldview continues to dominate.

Indigenous health and healing

In the preceding discussion I have suggested that there are significant differences between the biomedical discourse that dominates the health care field and the discourse of health promotion. I have also suggested that there is an alternative Western worldview embedded in the health promotion discourse which stands in contrast to the worldview that dominates in the health field and Western industrialized society more generally. In this section my intention is to explore the way that Indigenous worldviews⁸ may

⁸ I recognize the huge diversity of Indigenous cultures represented in Canada alone, each culture having distinct practices and approaches to health and healing. I do not wish to diminish the importance of these differences. At the same time there are "common themes across the cultures" (McCormick 2005: 294), in

influence understandings of health and the implications this has for healing practices. An exploration of worldviews and traditional approaches to healing provides a foundation for better understanding the Garden Project's goal of being a *culturally appropriate* health promotion project. Because the Garden Project has focused its work around food, specific emphasis will be placed on the traditional role of food in promoting health.

Worldviews can be understood as emerging “from the totality of peoples’ social, political, economic, cultural and spiritual perceptions and beliefs” (Poonwassie and Charter 2005, 16). Traditional Indigenous healing practices emphasize the importance of “attaining and maintaining balance between the four dimensions of the person: physical, mental, emotional and spiritual” (McCormick 1996, 164). This reflects an Indigenous worldview that emphasizes balance, interconnectedness and spirituality (McCormick 1996). This worldview is rooted in the belief that “humans are part of the environment and not separate from it” (Colomeda 1999, 12). Thus, achieving health is not merely an individual or human endeavor. Instead health is a holistic process focused on relationships, the broad vision being “healthy environment, healthy culture, healthy people” (Colomeda 1999, 7).

The Medicine Wheel, which serves as a guide to the Garden Project, is one of the most widely recognized models of Indigenous holism, particularly as it relates to health and healing (Bopp et al. 1985; Marsden 2005). The symbolism of the Medicine Wheel represents unity, interdependence and harmony (Poonwassie and Charter 2005). The Medicine Wheel, with its circular form and cyclical understanding of time represents this interconnectivity. It uses “the patterns found in nature, such as the turning of the seasons, to understand our own selves”, and is thus a powerful “symbolic tool that helps us to see the interconnectedness of our being with the rest of creation” (Bopp et al. 1985, 41). Colomeda summarizes the approach to health of the Indigenous worldview in this way:

The whole realm of healing, the application of plants, and the understanding of the role played by the healer revolves around establishing and maintaining relationship to one's own natural health process as well as spiritual, communal, and environmental healing processes (1999, 26).

terms of worldview and approaches to health (Bopp et al 1985; Poonwassie and Charter 2005) which are emphasized here.

The differences between the dominant Western and Indigenous worldviews, and the history of colonial efforts to extinguish Indigenous peoples and their worldview, have important implications for the development of culturally appropriate health practices with Indigenous peoples in the contemporary context. One implication is that to be culturally appropriate, such programming ideally emphasizes human connections with each other, the spiritual world and the natural world. It must also work to holistically address the mental, emotional, physical and spiritual aspects of health. A second implication is that it is likely to be challenging to implement such programming in a health care system that has struggled with the breadth of a health promotion mandate which is arguably narrower than the Indigenous approach to health outlined here. A final implication is that the use of traditional teachings has healing potential due to the simple fact that it is an affirmation of cultural values which were denied and repressed through the process of colonization. In this view, culturally appropriate health programming has decolonizing potential⁹ (Kirmayer et al. 2003). In fact decolonization, which involves increased Indigenous self-determination, is seen as a central process in the health and healing of Indigenous peoples, both through the use of traditional health teachings as well through the reclamation of other cultural practices (Kirmayer et al 2003; Verniest 2006; Wilson 2005), as will be discussed in greater detail in Chapter 4.

Culturally appropriate health promotion practice with Indigenous communities could take a variety of shapes. Given my research focus, I am most interested in the traditional role of food in health and healing and the potential of food-related programs for promoting health in the contemporary context. Perhaps the most cited relationship between traditional foodways and health is in the way that these foodways promote physical health through providing a nutritionally balanced diet as contrasted with contemporary diets which are nutrient poor and high in refined foods such as white flour and sugar (Armstrong 2000a; Conti 2006; Milburn 2004; Pollan 2008).

⁹ It should be emphasized here that generations of colonial efforts to supplant the Indigenous worldview, while resisted, have had a lasting impact. Not all Indigenous people were raised with, accept, or live by this worldview. Others continue to live by it and others still are working to reclaim their traditions (Poonwassie and Charter 2005). Thus a blueprint of culturally appropriate health programming for Indigenous peoples cannot be developed and injudiciously applied because a common worldview can not be assumed. At the same time, many recognize the value, for Indigenous and non-Indigenous peoples, of the traditional teachings contained within this worldview (Turner 2005).

Beyond physical health, food has played an important role in the other areas of individual mental, emotional and spiritual health as well as the health of communities and cultures. For example, another key traditional role food has played in promoting health is through connecting people to the land and to their spirituality. Milburn has suggested that “traditional foodways are based on an intimate and spiritual connection to the land” (2004, 421), connections which have been found to be central to health and healing for Indigenous people (McCormick 2005; Wilson 2003). Food has also traditionally played an important role in bringing families and communities together, through communal gathering, preparing and feasting activities (LaDuke 2004). For example Potlatches, a practice of some coastal cultures in which feasting and food sharing are central, is a “ceremony that celebrates community, culture, history and environment and the interrelationships among them all” (Turner 2005, 105). Other cultures had their yearly calendar and seasonal ceremonies determined by culturally significant foods. For example in Tsimshian and Nisga’a cultures, the opening of the oolichan fishery in March was also the beginning of the new year (Kelm 1998).

Given the diverse and integrated ways in which food has traditionally supported health of Indigenous peoples and communities, for some the restoration of traditional foodways is seen as integral to regaining health (Conti 2006). According to Conti, this also requires restoration of access to traditional lands. In Canada, Indigenous peoples’ land was taken away through the reserve system which severely diminished the amount of land Indigenous people had to gather and grow food (Kelm 1998). Thus for many the struggle to recreate healthy relationships with food is part of a broader struggle for land sovereignty¹⁰. However, for the increasing number of Indigenous peoples in Canada living in urban areas (Levin and Herbert 2004), who have left their home communities for a variety of reasons, struggle for land sovereignty may not be the most accessible method for recreating healthy relationships with food.

There is a growing number of community gardens with Indigenous communities in BC alone (Investment Agriculture n.d.; Lifecycles n.d) as well as community kitchens

¹⁰ Land sovereignty for many on and off-reserve communities is a key part of struggles for community food security, or food sovereignty. However, given the impact of years of living through colonization, many communities are beginning to lose traditional food skills and young people may not always have a taste for certain traditional foods. Thus, while land sovereignty is a huge struggle on its own, there is also a struggle to pass down and maintain traditional food knowledge.

being run out of Friendship Centers (Marquis et al. 2001) and elsewhere, which are examples of food work being done in an urban context with Indigenous peoples. However, very little has been published which focuses on this type food work, thus it is hard to know whether these initiatives are being carried out in a culturally sensitive and supportive manner, and if so, how. My hope is that research into the Garden Project can begin to address this gap in the knowledge.

Colonization's destruction of traditional foodways plays a significant role in alienating people from their land and increasing incidences of diet related diseases. However the ill-health that has resulted from the destruction of traditional foodways is also a result of the way the dominant food system is organized, the dominant food system being understood as the globally spread system of food production, processing, marketing, consumption and disposal. While little has been written about culturally appropriate health promotion through food work with urban Indigenous peoples, the literature on Community Food Security (CFS) explores the links between food projects and health in urban contexts. Thus the final section of this chapter focuses more generally on the health problems arising from dominant food system and alternative food provisioning systems that are (re)emerging as a result.

The dominant food system and the movement for community food security

With the destruction of traditional foodways, many Indigenous people today must engage with the dominant food system, and this engagement has not led to health; Indigenous people in Canada suffer disproportionately from food insecurity and diet related diseases such as obesity and diabetes (Adelson 2005). However, in Western industrial societies generally, incidences of diet related disease are on the rise, and people are becoming increasingly alienated from their food and its production (Berry 1997; Lang and Heasman 2004; Pollan 2008). In response, diverse community based food projects and food related activism have been emerging and coalescing into what is known as the Community Food Security movement (Allen 2004). The Garden Project can be seen as part of this movement. It aims to be a culturally appropriate health promotion project and

does this through community kitchen and garden activities, that is, community based food work.

Kneen has suggested that a defining characteristic of the dominant food system in industrialized societies is distance, where people are separated “from the sources of their food and nutrition with as many interventions as possible” (Kneen 1993, 17). The dominant food system is also characterized by the commodification of food, with food being bought and sold in the market place as a commodity rather than food being treated as a natural product and a source of life and health (Curtin 1992; Friedmann 1993; Kneen 1993). There are key players who benefit from and perpetuate the distancing and commodification which characterize the dominant food system. As food travels its average of 2000 miles from field to table, a handful of horizontally and vertically integrated transnational food corporations, with increasing market power, are able to add and capture ‘value’ along the way (Heffernan 2000; Qualman 2001; McMichael 2000). The more times food and the increasing number of inputs used to produce it exchange hands, the greater opportunity there is for profit generation.

Because our food is increasingly being produced by a handful of food corporations and these corporations exist for the sake of making profit, it has been suggested that the dominant food system is oriented more towards creating profits rather than providing for human and ecological health (CNC 2004; Kneen 1993; Welsh and MacRae 1998). The negative implications of a food system oriented towards profits rather than health can be seen in the way that the food industry aggressively promotes convenience foods, which have high profit margins, despite the fact that they are known to contribute to health problems such as obesity and diabetes (Nestle 2002). It can be seen in the way that food regularly travels huge distances, meaning less fresh and nutritionally optimal food for consumers and huge expenditures of fossil fuels that damage the environment and threaten human health (Berry 1997; Heffernan 2000; Pollan 2006). It can be seen in the way consumers are increasingly becoming deskilled and dependent (Welsh and MacRae 1998; Jaffe and Gertler 2006; Kneen 1993). A population with few skills in cooking or growing food, which is therefore reliant on commodified food, is a much more lucrative one for food corporations than a population which is skilled and self-sufficient.

To respond to the myriad problems created by the dominant food system, alternative agrifood movements have emerged (Allen 2004). The Community Food Security (CFS) movement is one of the most comprehensive and well known of these movements (Allen 2004) and is focused on both human and ecological health (CNC 2004). A commonly cited definition of CFS is: “a situation in which all community residents obtain a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes community self-reliance and social justice” (Hamm and Bellows 2003, 37). Given the breadth of this goal, a wide range of activities are associated with CFS¹¹. The clearest description I have found which outlines the range of programs and policies associated with CFS and the relationships between them is in the community food security continuum, first developed by the Toronto Food Policy Council (TFPC 1994), and modified by others (CNC 2004; Houghton 2002; McCullum et al. 2005). Drawing on these different sources I have compiled a sampling of the activities associated with different stages along this CFS continuum, as shown in Table 1.

Table 1: Community food security continuum¹²

Efficiency	Transition/substitution	Redesign
-food banks -food stamps -school meal programs -diet therapy -medication	-community kitchens -community gardens -community shared agriculture -bulk-buying clubs -farmers’ markets -good food box programs -participatory nutrition education	-local food policy councils -school/workplace food policy -changing agriculture policy -changing trade/economic policy -advocacy on policy relating to food security, income stability

The idea behind *efficiency* strategies is to make the most of already existing infrastructure. These strategies tend to be focused on the individual and tend to provide more short term solutions to food insecurity (CNC 2004). This is also where the bulk of

¹¹ For many working towards CFS, health is the end goal of the CFS movement. However there are others who work in CFS where the connection to health is not as clearly made. Because of my interest in health, I am choosing to focus this discussion on those in CFS who also emphasize health.

¹² Based on CNC 2004; Houghton 2002; McCullum et al. 2005; TFPC 1994.

the energy around food insecurity has been focused, limiting efforts to try the more long term solutions (Riches 1997; Poppendieck 1998). *Transition* or substitution strategies tend to take longer to develop, but have greater potential to address a variety of food security and health issues at the same time. They also have the potential for providing longer term solutions to food security needs. *Redesign* strategies are strategies aimed at completely redesigning the food system, and for some, redesigning the economic system in which the food system is embedded (TFPC 1994). These strategies take the longest to develop, involve the greatest amount of inter-sectoral collaboration and are unlikely to be implemented until the other two sets of strategies have been attempted (CNC 2004). These strategies also hold the greatest potential for addressing multiple root causes of food insecurity.

The hoped-for outcomes of this diverse array of CFS activities are many: citizens moving away from the consumption of processed foods and towards consumption of more basic and healthful whole foods (Roberts et al. 1999), the reclamation of skills around cooking and growing food (Berry 1997; Jaffe and Gertler 2006), support for local farmers who use sustainable growing techniques thus reducing food miles, fossil fuel consumption and ecological degradation (Lang and Heasman 2004; CNC 2004), increased accessibility of healthy foods such as fruits and vegetables for those on limited incomes (Twiss et al. 2003; Winne et al. 1997), stronger citizen control of the food system, such that decisions are made with health rather than profits as a central goal (Welsh and MacRae 1998; Hassanein 2003).

While the movement for CFS is a long term project with wide ranging goals, the activities associated with CFS have begun to realize positive impacts. For example, the literature on community kitchens shows a variety of positive outcomes¹³ for kitchen participants including: increased access to a diverse and healthy diet, community building, improved food-related capacities, mutual aid, and improved nutritional knowledge and health (Crawford and Kalina 1997; Engler-Stringer and Berenbaum 2007; Fano et al. 2004). The literature on community gardens suggests that positive effects of community gardens include: improved mental health, safer neighbourhoods, community

¹³ It is important to note that some authors caution that while there may be benefits to participation, community kitchens alone are not sufficient for overcoming food insecurity that is the result of poverty (Engler-Stringer 2005; Tarasuk and Reynolds 1999; Tarasuk 2001).

building, increased physical activity, improved food-related capacities and increased consumption of fruits and vegetables (Alaimo et al. 2008; Armstrong 2000b; Bellows, Brown and Smit 2005; Twiss et al. 2003; Wakefield et al. 2007).

Of particular relevance to my research is that the impact of community kitchens and gardens that emerges as the most significant to study participants in the above cited literature, is community building or related outcomes. These outcomes appear to have little to do specifically with food. Community building also appears to have little to do with physical health. What these studies on community kitchens and gardens suggest is that while community-based food work has an important role to play in reducing incidence of hunger or diet-related disease, these outcomes are not necessarily the most important ones. Recognizing this broader range of impacts that CFS activities may have, some CFS activists argue that food and food work is a good starting point for creating community and building communities' capacity to initiate social change for the benefit of human and ecological health (Gottlieb 2001; Welsh and Macrae 1998; Lang and Heasman 2004). This suggests to me that if we are to fully understand the impact of CFS projects, it is necessary to take a holistic perspective of health, focusing not only on immediate, personal and physical health impacts but also on longer term social and ecological impacts of the projects.

As the discussion on health promotion suggested, investigating longer term social outcomes such as community building or empowerment is a challenge. Indeed many of the issues faced by those studying CFS are similar to those faced by health promotion researchers¹⁴ who have struggled with finding the appropriate methods for determining the impacts of projects and programs that aim to bring about change holistically. Being guided by the reviewed literature on health promotion and Indigenous health teachings encourages me to look at the impacts of the Garden Project with a broad understanding of health. Thus, my hope is that research with the Garden Project will contribute to the literature on CFS by providing an analysis which balances some of the immediate and personal impacts of this project as well as exploring how the work of the Garden Project addresses some of these less tangible and longer range social change objectives.

¹⁴ This similarity is not surprising because for many, CFS activities are seen as being a part of a broader health promotion strategy (Armstrong 2000; CNC 2004; Crawford and Kalina 1997; Engler-Stringer 2005; Engler-Stringer and Berenbaum 2007; Fano et al. 2004; OPHA 2002; TFPC 1994).

Conclusions

I believe that one effective way to begin understanding the web of relationships represented in the CFS movement, or the health promotion movement, or Indigenous health and healing is through looking at this web from some specific place, and seeing how key issues play out and key successes are attained, in that place. In this thesis, the Garden Project is that place. Thus what I see my research contributing to these three bodies of literature is a detailed look at the impacts of this specific project with an analysis which integrates the knowledge of each of these three areas. Bringing these three bodies of literature together has in some ways made the task of discussing the Garden Project more complicated than it would have been if I had simply made reference to one discrete body of literature. It has also made it more enriching and exciting. I am striving to do justice to what I have learned through my time with the Garden Project and I do not think that I could have happily approached a discussion of the project limited to one body of literature that only helped explain certain aspects of the project. The holistic approach that I have seen the Garden Project taking towards promoting health demands an equally holistic approach to making sense of it, its challenges and successes, and what it has meant to those who participate in it.

Chapter 3: Paradigm, methodology and methods

Paradigm

The paradigms that guided my research are the constructivist paradigm (Guba and Lincoln 1989) and critical theory, in particular postcolonial theory (Browne et al. 2005). Within the constructivist paradigm social reality is seen as “a dynamic construction that is fabricated, maintained, and modified by people during their interactions with each other and their environment” (Stringer 1999, 192). As such, a constructivist perspective is primarily concerned with understanding local realities and meanings rather than developing a meta-narrative to explain social realities (LeCompte and Schensul 1999, 49). The constructivist paradigm is important in shaping my research on the Garden Project because it makes central different stakeholders’ perspectives on what the project, and their experience of it, means to them. Rather than presupposing that I knew what is important about the project and participants’ experiences of it, based on literature I have read, the constructivist approach encouraged me to carry out my research in such a way that multiple versions of reality can be expressed and analyzed. Beyond participants’ experiences of the project, the constructivist paradigm guided my understanding of health such that health is also seen as a subjective, not-fixed concept, which is “interpreted, idealized, and enacted in various ways” (Adelson 2000, 3).

Critical theory also guided my research, although some versions of critical theory are sometimes seen to be at odds with a constructivist approach (Stringer 1999, 195). Nevertheless I felt for my research it was possible as well as useful and important to employ aspects of a constructivist and critical approach. Critical theory takes a more macro perspective, being concerned with the influence that history and the political economy has on different groups of people (LeCompte and Schensul, 1999, 45). It focuses primarily on the ways in which social justice is affected by these macrostructures, and is generally critical of the status quo and the dominant social paradigm. Postcolonial theory, a version of critical theory which more specifically relates to my research, can be understood as “a family of theories sharing a social, political, and moral concern about the history and legacy of colonialism—how it continues to shape people’s lives, well-being, and life opportunities” (Browne et al. 2005). For many critical

theorists, the aim of research within this paradigm is to contribute to challenging the injustices and constraints people face in their lives as a result of, for example, experiences of colonialism.

The value I saw in being informed partly by a critical theory perspective is because of this emphasis on history. While not wanting to assume a privileged outsider position wherein I passed judgment on participants' understanding of their experiences with the project, critical theory's emphasis on history introduced this important aspect in a way that a constructivist paradigm alone might not. Given that the project aims to serve Indigenous peoples in a culturally appropriate way, having an awareness of the history and present of colonialism was essential for me in understanding the project, as well as my role as a non-Indigenous researcher. Postcolonial theory also helped provide an important contextual framework for me as I worked at understanding people's stories surrounding their experiences with the project. I believe that the actions of the people involved in the Garden Project are based on their own individual experiences, decisions and understandings of reality, as constructivism would suggest, yet are also influenced by the political economy and history, as suggested by critical theory. Thus, following Maguire the understanding of reality which guided my research, which was constructivist and critical, is that "the social world is humanly and collectively constructed within an historical context" (1987, 18).

This understanding of reality has shaped my methodology and methods, as will be discussed below. If the social world is collectively and humanly constructed, then the idea of me, the researcher, remaining an objective outsider as a positivist research paradigm would suggest, makes little sense. As Guba and Lincoln explain, "If you assert that reality consists of a series of mental constructions, objectivity does not make sense; only interactivity can lead to a construction or its subsequent reconstruction" (1989, 87). The argument here is that it is impossible for the researcher to avoid having an influence on the research process; their values which inform the entire research process and their interactions with research participants all have bearing on the research. Rather than seeing this influence as negative, research guided by the constructivist paradigm views the involvement of researchers with research participants as beneficial. "Researchers

increase their effectiveness when they immerse themselves”, explains Stringer (1999, 61).

Methodology

My research project was guided by participatory methodologies, drawing in particular on community based action research (CBAR) and participatory action research (PAR). Here I am using *methodology* as Guba and Lincoln do to refer to the “overall guiding strategies” of my research as distinct from the *methods* which are the specific tools and techniques used for information gathering (1989, 158). Participatory research methodologies were particularly important in my research with the Garden Project. The majority of people who participate in the Garden Project are Indigenous. In Canada and elsewhere, there has been a history of research being carried out *on* Indigenous peoples and communities and in insensitive and exploitative ways, often by outside white researchers, (Castellano 2004). Much of this research is positivist in orientation and fails to fully involve those affected by the research in the research process. While there are still challenges, participatory research methodologies have often received a positive response from Indigenous communities because of their alternative and inclusive (research *with* communities as opposed to about them) methods of data gathering and validation (Castellano 2004).

As a guiding strategy for my research CBAR can be defined as a “collaborative approach to investigation that seeks to engage ‘subjects’ as equal and full participants in the research process” (Stringer 1999, 9). The methodological perspective provided by participatory research guides the research process by making sure that research participants’ voices stay central to the understanding of reality being constructed. The ultimate hope of participatory research is to create meaningful *common* constructions of reality such that action is possible. As Stringer explains, the goal of CBAR is to engage research participants in a process where they “investigate systematically their problems and issues...formulate powerful and sophisticated accounts of their situations, and...devise plans to deal with the problems at hand” (1999, 17). This methodology can be most simply explained as being an iterative process of looking, thinking and acting (Stringer 1999), or a continuous action-reflection cycle (Freire 1970).

While my research was informed by participatory research methodologies, involving research participants in the research process from design to implementation, my research was also constrained by my own objectives and by time. My research questions were very much informed by my participation in the project and interactions with the main stakeholder groups. My interpretations and analyses were developed as I continued to participate in the project and ask questions about the themes that were emerging. Nevertheless I am sensitive to the fact that in the end, I was the one who decided the final research questions and wrote the thesis. Thus, while I have worked to keep the voices of research participants central in this thesis, my voice is still in many ways the dominant one. However my hope is that my research will play a part in making the ongoing action-reflection process of all of those involved in the Garden Project more conscious, a process which I hope will not end even after my Masters is done and I leave the project.

My research with the Garden Project was also informed by evaluation methodologies. The Garden Project, focused as it is on subjective concepts in health promotion such as empowerment and community capacity demands a unique approach to evaluation. Laverack and Labonte have suggested that, “The selection of an appropriate evaluation methodology for community empowerment should account for different subjective experiences and allow these to be accessed as a part of the assessment” (2000, 261). Methodological guidance in my participatory approach to doing evaluation work with the Garden Project came from Guba and Lincoln’s approach to evaluation called fourth generation evaluation. This approach to evaluation can be understood as an “emergent but mature approach to evaluation” that works to include “the myriad human, political, social, cultural, and contextual elements that are involved” in an evaluation (Guba and Lincoln 1989, 8).

There is significant overlap between fourth generation evaluation methodologies and participatory methodologies, which is not surprising given that CBAR in particular is informed by the constructivist paradigm which is the paradigm which informs fourth generation evaluation. As with the participatory research methodologies discussed above, I have not stuck unflinchingly to the methodological processes of fourth generation

evaluation as discussed by Guba and Lincoln (1989), however I have found useful guidance from this approach.

Fourth generation evaluation is based on an iterative action-reflection cycle as are CBAR and PAR, what Guba and Lincoln refer to as the hermeneutic dialectic circle. In this circle there is a “continuous interplay of data collection and analysis” (1989, 178). The evaluation process starts with very general questions being asked as the fourth generation evaluator works to find out what is relevant to those who are engaging in the research process. Given the open and iterative nature of this process, the research design tends to be emergent, because the evaluator cannot know beforehand exactly what they do not know. The research design gets refined as the evaluation progresses and additional constructions are shared by research participants. The end result of this process is the development of a useful joint understanding, by all engaged in the research process, of the subject under investigation, recognizing that complete consensus may never be possible. The culmination of this process may be a case study report which is “characterized by a thick description that not only clarifies the all-important context but that makes it possible for the reader vicariously to experience it” (Guba and Lincoln 1989, 181). Throughout my thesis I have tried to provide such thick description.

Methods

Given the emergent nature of constructivist research design, Guba and Lincoln suggest that constructivist research such as fourth generation evaluation demands a highly adaptable research instrument. They point out that human beings are almost infinitely adaptable. They further argue that if a research project is to employ the human ‘research instrument’, namely the researcher herself, then it makes sense to use methods that are most immediate for this instrument, that is qualitative ones.

Humans collect information best, and most easily, through the direct employment of their senses: talking to people, observing their activities, reading their documents, assessing the unobtrusive signs they leave behind, responding to their non-verbal cues, and the like. Guba and Lincoln 1989, 176).

Thus, because of the flexibility and sensitivity demanded by my research project, the research methods I have used are qualitative. Specifically I have used participant

observation, semi-structured interviews and document analysis of Garden Project documents such as its outcome measurement framework and reports to funders.

Participating in and observing the Garden Project

I began participating in the Garden Project in September of 2006, and participated for almost two years from that time. As a participant in the project I spent time with the project at least once a week, although sometimes it was as many as three times a week, for approximately 6 hours at a time. Guba and Lincoln suggest that “constructivists typically enter the frame as learners” (1989, 175), which is precisely how I presented and saw myself. To explain my role in the project as a participant but also a student the project coordinator began referring to me as the project’s story-gatherer. Many participants were happy to chat with me about the project but also a whole range of other topics. Because I was also participating in the project’s day to day activities of gardening, harvesting, cooking and eating, I was able to experience, from my own perspective as a non-Indigenous person, what it felt like to participate in the project. Following each session with the project I would record field notes (Patton 2002) focusing on comments or activities that struck me from the day or issues that I wanted to find out more about.

Beyond my weekly participation in the project I also took part in almost all of the project’s major events that happened during the period of September 2006-July 2008. Thus I helped prepare for and participated in 4 of the project’s large cultural celebrations, described in greater detail in Chapter 4, as well as participating in and preparing for numerous community consultations, also described in the following chapter. I also sat in on the project’s steering committee meetings, which gave me a monthly opportunity to check in with all of the project leaders and see the project’s operation from that perspective. As a result of my participation in these various activities, over the course of the two years I spent with the project I interacted with over 200 people engaged with the Garden Project, including leaders, participants who only came to the twice yearly cultural celebrations, people who participated every week, and everyone in between.

Participant observation contributed to the credibility of the research as it provided me the opportunity to establish rapport and build the levels of trust necessary for different research participants’ reality constructs to be more fully shared (Guba and Lincoln 1989).

In constructivist qualitative research, observations and interviews often inform each other (Guba and Lincoln 1989). In terms of my research, spending time participating in the project was key to the development of my interview guides, and more important, key to creating the level of comfort necessary for project participants and leaders to share their reflections on the project with me.

Semi-structured interviews and document analysis

In addition to participant observation, I also conducted semi-structured interviews with various stakeholders. Semi-structured interviewing involves the development of an interview guide which outlines the general topics of discussion; however there is freedom within the interview to have informal and spontaneous conversations within any particular subject area (Patton 1980). The advantage of this type of interview is that while subjects and themes for conversation are identified ahead of time, there is ample flexibility for research participants to shape the conversation, avoiding topics that may be sensitive or steering the conversation towards topics I had not thought of.

The formal interviews I carried out as part of my research were with project participants and project leaders, with separate interview guides for each (Appendix A). I also carried out one interview with Mark Bomford, the program coordinator of the UBC Farm. For project participants, invitation to participate in interviews happened during regular cooking and gardening sessions and those who wished to participate were encouraged to approach me to tell me that they wanted to take part in the interviews. Most weeks I would remind participants that, if they were interested, I would be happy to set up an interview date with them. This meant that in practice the most regular Garden Project participants also got the most frequent reminders, which accordingly meant that these were the participants who were most likely to agree to do an interview with me. These interviews were carried out starting in May 2007 and finishing in December 2007.

Prior to any of the ten interviews taking place, potential interview participants were given written and verbal information on the research project. Those who agreed to be interviewed, they were given the option of giving their consent either by signing an interview consent form or providing oral consent (see appendix B). The majority chose to give oral consent, however both those who chose to give written consent and those who

choose to give oral consent were given a copy of the interview consent form for their records. Giving the option for research participants to give oral consent for their participation was deemed important for honouring the oral cultures that many of them come from. The interview guides and interview consent forms, along with the research process more generally, were approved by UBC's Behavioural Research Ethics Board. I also received written and verbal approval from the leadership of the Garden Project for my research project.

My interview guides changed many times before I even began employing them, as new insights were shared with me and new questions arose. When I started carrying out the interviews with project participants I generally stuck to asking about the three main topics of my interview guide: reasons for participating, experiences with the project, and perceived impacts on life. Within each of these topics some or all of the sub-questions were covered in a very conversational way. That is to say, I let the conversation flow freely; I wanted to give space to what participants thought was important to talk about rather than focusing too narrowly on what I had deemed important. In the same way, with project leaders I used the interview guide as a reminder of important topics that I wanted to cover in the interview, but then I let the interview run its course as a conversation, checking occasionally with the interview guide to see if the key topics were being covered. I asked for and received consent from each research participant to record their interviews with a digital recorder.

In constructivist and participatory research one engages in a continual action and reflection cycle or hermeneutic circle, where data collection and analysis move forward together (Stringer 1999; Lincoln and Guba 1989). Thus just as my interview guides were built on conversations and experiences I had with project participants and leaders, my interviews themselves built on each other and the experiences I continued to have with the Garden Project, as well as my own and others' reflections on it. This allowed me to test out themes I saw emerging in earlier interviews by asking about them in subsequent interviews, while still leaving ample space for new insights to be shared.

The formal interviews were most often carried out over food that I had provided to thank people for sharing their time with me. With some people I would sit outside with them over a snack that I had made or purchased. With others, we would sit down at a café

or restaurant together to eat a meal and then do the interview. The interviews generally lasted about an hour, ranging from half an hour to almost two hours. All research participants were given the option of having their interviews recorded or not recorded. All consented to having their interview recorded, which I then transcribed and returned to them for comment. Through this process research participants were given the opportunity to say whether they felt that what was recorded accurately represented what they wished to share about the Garden Project. It also provided an opportunity for research participants to outline any sensitive data or traditional knowledge that they did not wish to have made public.

In practice, research participants did not feel the need to change or amend anything from the interview transcriptions, however the act of me giving back the transcription created an opportunity for me to follow up on questions that had come up as I transcribed and reflected on the interviews. As I carried out the formal interviews and continued to participate in the project I would have a couple, less formal, follow-up interviews with research participants, chatting as we were weeding or cooking about themes and ideas that were emerging through the research process. Sometimes people I had interviewed would have new insights for me that they wanted to make sure I included. I had some participants come up and say things like, “You tell them x, y or z”, which I would write down and include in future analyses.

Another method of data collection used was analysis of documents related to the project that were made available to me, including funding applications, reports to funding bodies, outcome measurement frameworks, steering committee meeting minutes and facilitators’ daily logs. This helped me develop a more complete picture of the impetus behind the project, the goals and hopes of those who were guiding it, and the way that those goals and project outcomes are presented to the public and/or funders.

Description of research participants

Project leaders:

The names that I use in the following chapters when I refer to the Garden Project’s leaders are the actual names of these people, which I have permission to use. Their positions and involvement with the project are as follows.

Cease: Garden Project Cultural Coordinator (a part-time position) and Urban Aboriginal Food Enhancement Project Coordinator (including the Urban Aboriginal Good Food Box).

Ron: Garden Project Program Coordinator (full-time)

Corinne: Resident Elder with ADAPT (Aboriginal Diabetes Awareness, Prevention and Teaching) and steering committee member of the Garden Project. ADAPT is the group that the Garden Project started under, described in Chapter 4.

Sandra: ADAPT Program Coordinator/Dietitian and steering committee member of the Garden Project

Project participants:

Over the two years that I spent participating in the Garden Project I interacted with over 200 hundred participants. These participants ranged in ages from infants to Elders. They came from many different Indigenous as well as non-Indigenous cultures and backgrounds and from a range of socio-economic and educational backgrounds. Some participants came from Vancouver's Downtown Eastside neighbourhood and struggled with many of the harsh realities of that life. Others came to the project from their own homes in their own cars. Some were residential school survivors, others children of survivors.

In the following chapters where I talk about participants' perceptions of and experiences with the Garden Project I try to capture the thoughts of this whole range of participants. The direct quotations, however, come predominantly from the five project participants with whom I carried out formal, recorded interviews, which were then transcribed. These participants' ages ranged from in their 20s to in their 70s, and were otherwise fairly representative of the participants of the Garden Project. These participants, however, speak for themselves and their own experiences, not as representatives of the Garden Project participants. They are also some of the participants who most regularly participate in the Garden Project. Having said this, because I was always introduced as the project's story-gatherer, I had many participants chat with me and share their perspectives on the project. Thus while the specific direct quotations

below are from these five participants, the more general statements and reflections aim to capture the perspectives of a much broader range of people.

The participants I formally interviewed were given the choice of whether they wanted me to use their names or not. Most, but not all, wished for their names to be used. To protect the wishes of those that did not want to be identified I have alternated between using participants' names and simply saying "a participant". Thus in quotations where names are identified, those words came from the named participant. Where no name is given, the words may have come from any of the interviewed participants, not just the ones who did not want to be named. Of the participants that I interviewed, four were female and one was male.

Data analysis

The interview transcriptions and notes from follow up interviews, as well as notes made from reading the different documents listed above were coded and meaningful categories and themes were identified (Rubin and Rubin 1995; Seidman 2006). In many ways data analysis was an ongoing process that started with my first interaction with the project. Nevertheless, coding the interviews created a very concentrated period of theme identification and was integral to my analysis of the project. The coding process (Rubin and Rubin 1995) started with me reading and rereading interview transcriptions and field notes and then beginning to mark on these notes and transcriptions themes, concepts and ideas. This coding and note taking happened throughout the time that I carried out the interviews, which meant themes were being identified and explored throughout the interview process in an iterative fashion.

After I was finished carrying out all the formal recorded interviews I created a condensed version of each interview transcription based on the notes and codes I had created in the transcriptions. To this condensed version of the interview transcriptions I added notes from the informal follow-up interviews I was doing. By looking collectively at this summary document I was able to get a better overview of the common themes between the interviews, as well as important differences, collapsing some of my codes into more general overarching ones. Many themes had already been identified during the iterative action-reflection cycle that I engaged in with the research participants, however

the coding and summarizing process helped to clarify and deepen my understanding of these themes as well as to see the need for some new ones.

Once I was comfortable that the themes I had identified were appropriate, I went back to the original coded interview transcriptions and field notes and began grouping quotations and observations in a separate document together under the themes to which they belonged. Often certain observations or comments seemed to fit well with multiple themes so I would include them with both, deciding where they fit best during the writing process. Following this phase of theme development I began the writing process, where I tried to use as many quotations from research participants as possible, to make sure that their voices and ways of explaining their experiences stayed central in the final document. During the writing process, when I was quoting research participants, I would go back to the original, uncoded interview transcription to read quotations again in the broader context of the whole interview to make sure that I was not using their words out of context.

Ultimately the aim of this whole research process was to construct a detailed picture of project stakeholders' perspectives of and experiences with the Garden Project. Thus it is important to emphasize that throughout this process of data analysis I was checking regularly through conversations with Garden Project participants and leaders about the appropriateness of the themes I saw emerging. This process of verifying data and analyses with research participants, known as "member checking", is an important way to ensure the credibility of the research (Guba and Lincoln 1989, 239).

My methods of data collection and analysis have been selected with the hope of assuring the rigor of my research. However, unlike in traditional positivist research where rigor is established through criteria of objectivity, generalizability, reliability and validity, with constructivist research a different set of criteria for establishing rigor have been proposed as more appropriate (Stringer 1999; Lincoln and Guba 1985). These criteria, called trustworthiness criteria by their creators, Lincoln and Guba (1985), are credibility, transferability, dependability and confirmability. Each criterion has a set of techniques discussed at length by Lincoln and Guba which can help promote the overall trustworthiness of the research (1985, 301-331).

I will briefly describe some of these techniques that I used in my research. For *credibility*, already mentioned briefly, key techniques used were prolonged engagement with the project as well as persistent observation through my two years as an active participant. I also used three different research methods, observation, interviews and document analysis, allowing for comparison between different data sources. Member checks with research participants throughout the research process also contributed to research credibility. For the *transferability* of my research, the key technique I used was providing thick descriptions of the Garden Project, its context, project leaders' views on it and participants' experiences with it. Thick description will hopefully provide readers with enough information to see how the project is relevant or not to other situations or projects. Finally for *dependability* and *confirmability* I have maintained what Lincoln and Guba refer to as an audit trail. This is a process wherein the researcher maintains all of the raw data of the research project (interview transcriptions, field notes, documents) and provides descriptions and maintains evidence of how the data was analyzed (for example the coding process). Thus if there is ever any need to audit the research process, the trail is there.

Limits of the study

In the above discussion of my research process I have tried to give enough detail that the limits of the study are apparent. Nevertheless I feel that it is important to draw attention to a few key limitations that I have identified. One important limitation is that in practice I found it hard to fully capture the perspective of participants who came out only a few times. This is because the main way that I had to get in touch with people was through spending time with them at the Garden Project. If participants just came out to one or two sessions, they were not likely to want to get involved in my research project or give me their contact information. I asked other participants if they had friends who had participated in the project who had stopped participating and whether they thought that these people would like to chat with me about the project, however these attempts did not lead to any interviews. I would more often than not get comments that so-and-so was really busy which is why they did not come out very often. Thus, the following discussions do not reflect the views of people who tried the project out and chose not to

continue participating for any extended period of time. The thesis also does not reflect the views of people who do not wish to engage with the Garden Project at all. Once the Garden Project has been in existence long enough for it to be known in the urban Indigenous community it would be interesting to also interview people who know about the project but choose not to participate.

Another limitation of the study is the number of recorded interviews I did with participants. I feel that it would have been good to get more formal interviews with participants. At the same time, I did not want to push anyone into doing an interview that they felt uncomfortable with. I think that some of the reticence to sit down to do a one-on-one interview was the feeling of formality that this created. Many participants were also regularly sharing their perspectives with me so a formal interview may have seemed redundant. Also, the participants in the project lead busy lives with many family and other obligations, so to find time in their schedules beyond the regular trips out to the farm was a challenge. Thus chatting informally during the Garden Project activities, in little snippets here and there, was preferable to finding a place and a time outside of the project that we could meet. These sorts of chats allowed me to get a broader perspective of the project however I was unable to directly use the words of these participants as I was with the participants whose interviews I had recorded. Additionally, getting people's reflections on the project this way, while out at the project, may have had an impact on the extent to which they shared more critical perspectives on the project. However even with participants with whom I talked with about the project in a neutral location away from the project, criticisms were limited.

The study was also undeniably impacted by the fact that I was a non-indigenous person who was also a student studying food issues at the university. I see this both a limitation and strength; reflections people shared with me given who I am likely are different than what would have been shared with someone else. This does not make those reflections any less true or less valuable. In some cases, it seemed the research participants shared more with me, about their cultures, experiences in residential schools and current context, than they might have had I been a member of an Indigenous culture. They made great efforts to help educate me about their lives and backgrounds which profoundly enriched my research project.

Because I have experience gardening and working in commercial and community kitchen settings, participants sometimes saw me as a teacher or leader. I tried to make it clear, by asking lots of questions of the very knowledgeable people involved with the project, that I was as much a learner as I was a teacher. Nevertheless my past experience as well as the fact that I interacted more with all of the project leaders than a regular project participant might, may have led some participants to see me as acting in the capacity of leader as opposed to participant, which would likely have also had an impact on the reflections shared with me.

Despite these limitations I feel that a major strength of the research project was that I was able to engage in the Garden Project fully for an extended period of time. This meant that there was ample time for people involved in the project to get to know me and feel comfortable with me. This also meant that there was ample time for me to really experience the project from the inside and to have many different reflections shared with me.

Chapter 4: Results and discussion

“The truth about stories is that’s all we are.” Thomas King

“You can’t understand the world without telling a story.” Gerald Vizenor

Introduction:

In this chapter I am, in essence, telling the story of the Garden Project. This story won’t look like a regular ‘once upon a time’ story, but it is useful to think of it as a story nonetheless. In my time with the Garden Project I was introduced as the project’s story gatherer. My task here is to now take all the stories shared with me and weave them into the story that is my thesis. Thus, while what follows may in many ways look like a regular thesis chapter, I want to highlight the fact that it is a story, or one way of seeing the Garden Project. Or, to use the language of constructivists, it is one version, and I think a fair representation, of the many constructions shared with me. I have tried to use research participants’ words as much as possible in the telling of this story, and I have tried to do justice to the different stories and understandings of the Garden Project as they were shared with me, but, as mentioned in Chapter 3, in the end, I am the one who is writing this story. In writing this story I have consciously chosen to use less formal language to create a more consistent tone and feel.

In this chapter I am going to highlight key themes and teachings that I think the story of the Garden Project helps us to understand, and I will do this in relation to the bodies of literature reviewed in Chapter 2. To this end, this chapter is divided into four main sections. In the first section I describe the daily activities of the project as well as provide a brief history to try to create a sense of what it is like to be there. In the second section I try to capture the vision, or goal, that those who guide the project see themselves as working towards, addressing the research question: How has the goal of being a culturally appropriate health promotion project based in food work been interpreted and enacted? In the third section I begin to address my second research question exploring the successes and challenges experienced in reaching this goal, focusing on the perspectives of project participants. In the fourth and final section I take a step back and explore some of the broader implications of the Garden Project, as it relates to the CFS movement, health promotion and decolonization.

Section 1-Description and history

Description of Garden Project:

The Garden Project's activities center on communally tending a ½ acre organic garden plot located at the UBC Farm, which grows mainly vegetables, some fruits, as well as medicinal and culinary herbs. There are also abundant blackberries as well as some salmon berries and other wild edibles in the surrounding forest. The food from this garden and the forest forms the base of the meals cooked in the community kitchen sessions which happen during most farm visits. Leftovers from the community kitchen as well as produce from the garden are taken home by participants to be used during the following week. During the fall and winter, the kitchen becomes a more central focus, with canning, pickling, drying and other preserving techniques being shared amongst project participants and the project coordinators. Where possible, the project emphasizes growing and gathering traditional foods and medicines and celebrates eating traditional foods, such as salmon, even if they are not produced in the garden plot.

Tuesday was the day that many of the most regular participants came out to the farm; however these and other participants would sometimes come out one or two other days during the week as well. A typical trip out to the farm started with people being picked up at 10 am by the project coordinator at the Friendship Center in a van. Sometimes, however, if a participant has missed their bus or for whatever reason wasn't able to make it to the Friendship Center, they called Ron¹⁵, or Ron called them and we would swing by their place on the way out to the farm. Once we were all in the van we usually discussed what we wanted to make for lunch. At this point if any of us had brought some food to share we included that in the lunch plans. The generosity of the Elders who regularly bring out canned or frozen fish to share never ceased to amaze me. Some days some of the Elders would bring out a complete dish, like pasta and sauce or soup. Other times none of us would have brought much, and if it was the winter time and there was not much in the garden, we would stop at a grocery store to pick up some more ingredients. These ingredients were generally purchased by the project coordinator, out

¹⁵ Ron was the project coordinator at the time I carried out my research. For a description of all of the interviewed research participants, please refer back to Chapter 3, page 20.

of the Garden Project's food budget. By the time we got out to the farm it was usually 11 or 11:30. Thus the drive out was an important part of our time spent socializing together. I spent many happy hours in the van having stories shared with me of peoples' past and daily lived experiences. Some days we would all get into a conversation, sometimes related to some sort of food issue or an issue facing the Indigenous community.

Once we made it out to the farm we would all usually head into the kitchen and start working on lunch. The coordinator would often make up a loaf of organic whole wheat baked bannock with whoever else wanted to help and learn how. The division of the other tasks happened fairly organically. Often a few people would head down to the garden to pick whatever produce was available to be used in the lunch. In the winter and early spring, this tended to be ingredients for a salad, some from greens we have planted and others from edible wild plants such as chickweed. During the summer months the produce from the garden formed the basis of the lunch, with the shared or purchased ingredients contributing the protein, for example fish from participants or eggs from the Farm's chickens. Once lunch was prepared we would all sit down together to eat, usually inviting any farm staff members or student volunteers who happened to be around to join us. If the cultural coordinator, Cease, was out, she would often drum and sing a song before we ate. Other days a participant would volunteer to say some words. Lunch was another important time when stories were shared, so we rarely rushed through it, instead lingering at the table for a good while. After we finished eating, the leftovers would be divided up more or less equally amongst us, but also according to preference and need.

Once lunch was cleaned up, another communal effort that tended to organize itself organically, we would head down to the garden. In the cooler winter months this might just amount to a quick visit to our garden patch to see how our winter greens were doing or a walk through the farm's fields. In the summer we would usually put in two to three hours of work, sometimes more, depending on how many stories we got into at lunch, or whether people needed to get home by a certain time. We would usually discuss as a group the list of things that needed to be done, with Ron suggesting areas that particularly needed attention. We then tended to pick whichever tasks we felt most up to, excited by, or competent at. Some days we worked pretty intensely, other days we spent as much time sitting in the shade chatting as we did digging in the garden. The day

usually ended when it got late enough that our Cooperative Auto Network van needed to be returned, or we got tired and decided that we are ready to head home. Before heading home for the day, we would all harvest vegetables from the garden for our own use during the week. If people needed suggestions on what to harvest the coordinator or other participants would suggest what was ripe and ready to harvest. If blackberries were in season, or other wild edibles, picking berries would be more of a focus for some than the gardening activities, which was encouraged.

Beyond these weekly kitchen/garden sessions, the Garden Project hosts two main cultural celebrations every year, one in the spring to bless the land, and one in the fall to celebrate and give thanks for the harvest. These cultural celebrations are conducted by Indigenous spiritual leaders and also include a feast which blends culturally significant foods such as salmon or buffalo, with food from the garden. Project participants have tended to be the main chefs for these feasts, with upwards of 100 people attending. Preparation for the feasts would usually involve a handful of the regular participants spending the day before the feast in the kitchen preparing salads and getting the meat ready for cooking the next day. The days of the cultural celebrations generally started with the feast to make sure that everyone had been nourished before doing any physical or spiritual work. Following the feast we would head down to the garden where Elders from different cultures who are experienced in doing spiritual work would guide us in ceremonies around blessing the land or giving thanks for the harvest. Usually one of the Elders was from the Musqueam Nation to honour the fact that all of this work is being carried out on their traditional territory. Following the ceremony, guests were free to spend time in the garden. During the fall ceremony and with some guidance from the coordinator, people who had come out to the feast were able to harvest vegetables to take home.

The Garden Project also serves as a resource for other Indigenous groups and projects that make use of it in their programming. For example, Aboriginal after school programs and Aboriginal preschools have come out to the farm a few times a year to work in the garden as part of their physical activity and healthy eating programming. An Aboriginal youth exchange came out for a week in the summer of 2007 as part of their program's community service component. The Native Education center has had groups

come out for tours and the Dietitians of Canada conference saw a group of dietitians come out for a workshop on culturally appropriate health programming.

Because there is such a diverse collection of people and groups that take part in the Garden Project, ensuring that the garden meets these groups' diverse needs and desires can be a bit of a challenge. In practice, the participants who come out most regularly get most say in what gets planted, how much and where. However there are also at least two community consultations carried out in the late winter. The biggest community consultation is held at the Friendship Center, and everyone who has interest in the Garden Project is invited to attend. This consultation usually starts with a welcome and a song from the cultural coordinator, followed by lunch, often prepared by some of the more long-term participants. Following the meal, posters with different vegetables are put up around the meeting room and participants are given a set number of stickers to 'vote' for their favorite fruits and vegetables. The number of stickers or votes on the posters for each different fruit and vegetable is then tallied. This tally helps inform the planting decisions made in the spring.

All of the activities at the Garden Project are facilitated by the project coordinator with support from the project cultural coordinator. Both of these individuals are guided in their work by a steering committee which meets monthly with the coordinators to discuss events and provide general guidance. The group of people that makes up the steering committee is somewhat fluid, although a resident Elder and a dietitian employed by Vancouver Native Health Society have been constant. Other steering committee members have included service providers whose projects have been linked with the Garden Project as well as people who had originally come out as participants but were willing to expand the scope of their engagement with the project.

History

The Garden Project started as a sub-project of Vancouver Native Health's Aboriginal Diabetes Awareness, Prevention and Teaching program (ADAPT). ADAPT's mandate is to create programming that helps raise participants' awareness about diabetes and develop their skills around healthy eating and active living. The Garden Project has evolved into its own independent project, although it maintains strong ties with ADAPT.

In 2005 a group of people from the Musqueam Nation who had been gardening at the UBC Farm, which is on their traditional territory, approached a variety of groups working with urban Aboriginal people to see whether there was interest in using the garden plot. The group from the Musqueam Nation was concerned that they were not able to use the ½ acre to that they had been gardening to its full capacity, and were hoping to find others who would be able to benefit from it. A group of people came together and began to discuss the potential of using this plot in their programming. The dietitian of ADAPT at the time, along with the resident Elder, Corrine, felt that bringing groups out to the farm fit well with their mandate, so they started bringing groups out and started looking for funds to hire a coordinator for the project. Other groups that were involved initially included: a group of Elders from the Friendship Center known as the Granny Hoes, participants from the Downtown Eastside Community Kitchen (DECK), and participants from the Healing Our Spirit vocational culinary program for people living with HIV/AIDS and Hepatitis C, as well as others.

In the first season, the spring/summer of 2005, funds were found to run a pilot project with a part time coordinator. Corinne, remembering that first season, suggested that “the pilot really told a story, there was a lot of food.” The success of the pilot was also helpful in the funding applications which the dietitian from ADAPT, with support from Ron and others, continued to put out. The success of a funding application to SMART (Sharon Martin Community Health Fund) and AHIP (Aboriginal Health Initiative Program), both administered by VCH (Vancouver Coastal Health), were formative in moving the project from being an ad hoc group of people using a garden plot to an independent project with a full time coordinator. SMART funding allowed the project to hire coordinators in the late winter of 2006, before the end of the fiscal year. AHIP provided a guarantee of core funding for the first three years of the project.

The first coordinator to be hired was Ron whose academic training was in dietetics. Following his undergraduate degree Ron started gaining experience in farming and then coordinating community kitchens with DECK. When he applied for the position he was hired and a position for a cultural coordinator was created. As he explained it, “the idea was to have somebody who was stronger on the cultural and spiritual end and somebody who was stronger on the physical side of the Medicine Wheel and the

gardening and the cooking.” Essentially the steering committee saw that it was important to have a coordinator who was confident with cooking and gardening, because these are the core activities of the project. At the same time, recognizing that Ron is not Indigenous and was not deeply embedded in Indigenous culture and spirituality, they wanted to make sure to also hire someone who was. Recently a new project coordinator has been hired to replace Ron and the structure of having a full-time project coordinator and a part time cultural coordinator has remained.

Section 2-The perspective of Garden Project leaders

The above section described the Garden Project’s history and day to day activities. The following sections explore the significance of these activities. The specific aim in this section is to better understand what the project is trying to achieve and to see how the Garden Project, from the perspective of its leaders, works to achieve its goals. The views of the Garden Project leaders will be discussed according to three main themes that came up in their interviews: holistic health, empowerment and capacity building, and building relationships with food, nature and culture. I recognize that what I present in this section is in many ways the ideal version of what the project does. It is natural that those who are most intimately involved with shaping the project will see all the great potential that the project has. At the same time I think it is important to spend some time understanding what about the approach of the Garden Project makes those who work to implement it believe it is an important and relevant approach, and see how this relates to participants’ experiences of the project, which will be explored in the third section of this chapter.

Holistic health approach

As discussed in Chapter 2, how one understands health will determine the approach taken for promoting health: a biomedical interpretation of illness and health leads to a very different approach than an approach to health rooted in an Indigenous worldview. A term that came up in all of the interviews with the project leaders when they were asked to describe the approach the project takes was ‘holistic health’. As Corinne explained, “the part that’s really important with our program is, what you say in

English, holistic health. And that's the Medicine Wheel." The socio-ecological approach of health promotion and the Medicine Wheel model have already been discussed in Chapter 2. Here I explore how these models, or 'holistic health', has been interpreted by those that lead the project.

The project leaders, when speaking of the holistic health approach of the project often emphasized the importance of treating the whole person. Treating the whole person was explained as involving knowing the person and understanding their context. Sandra, the dietitian with ADAPT suggested that taking the time to know a person is an important first step to being able to holistically address their health needs. She pointed out that in her experience of hospitals and other more clinical settings, the doctors or dietitians "don't take the time to get to know you, they just tell you." As a result she has seen patients being given advice that will not or cannot be followed because those giving the advice do not understand their patients' context. Echoing this sentiment, Corinne suggested that an essential part of her work with the Garden Project and ADAPT is "understanding where community is at, what they're having to do." Thus with project participants her approach is to "see how they're doing, welcome them, maybe share a hot drink, tea, coffee, even water. And sometimes it's only a hug, just a hug." She suggested that this type of approach builds trust, which "puts you in a place that there will be commitment, you know they're going to want to get involved, they're going to want to share, be it the kitchen, be it some of the outings, if it's a workshop."

The Garden Project is seen by project leaders as being able to address multiple interconnected health needs at the same time. This is very different than the clinical setting where, Sandra explained, "everyone has very specific roles and boundaries and you don't want to over-step your boundary and do work that the psychologist or psychiatrist should be doing." She gives an example of being reprimanded by a supervisor for trying to help a client find community kitchens and free meal programs when she was working as a dietitian in the hospital. She was told: "what are you trying to be...a social worker?" By contrast, the Garden Project is designed to address multiple health needs at the same time. As explained by Cease: "if we have health problems that we're dealing with, even by being outside and gathering, even before we take that drink of tea that we made, we've already done so much for our health by getting up and

gathering.” Sandra, who is trained in a more clinical setting, saw value in working to address the health needs of the whole person saying, “I think it’s really good that I’m learning that as a health professional ...because you can’t just...divide someone up and say I’m just going to deal with your physical health if all the other parts aren’t working.”

In the context of the Garden Project the ‘other parts’ beyond physical health that the work of the project aims to address come out of the teachings of the Medicine Wheel. The Garden Project’s promotional materials explain the teachings of the Medicine Wheel in this way: “The Medicine Wheel says: Health will only be realized when the mental, emotional, physical and spiritual health of the individual, community and Universe are in balance.” Explaining this, Cease said that the Medicine Wheel teaches us to “see all the directions that we have to look at to keep ourselves healthy.” Ron explained that holistic health was always central to the Garden Project: “All of us that were involved [from the inception of the project] were interested in doing holistic health work. We recognized that being out at the garden wasn’t about just growing food.” Instead, he explained, the Garden Project “ties it all together...because people are doing physical work, people are doing emotional work and doing spiritual work.”

Beyond taking a holistic view of people’s personal well being, the leaders of the Garden Project recognize the connection between human and ecosystem health, an important focus in Indigenous approaches to health and healing. It is also, as per the discourse of the Ottawa Charter, an important focus of health promotion as well. However as suggested in Chapter 2, health promotion tends to have a very human centric understanding of the ecosystem, which often has little to do with the natural world. The way that the Garden Project’s leaders understand the human-ecosystem health intersection can be seen in Ron’s suggestion that “growing a diversity of crops...is good for human health, but...it’s good for the earth too.” It can also be seen in Cease’s assertion that plants are “medicinal, they’re powerful and they’re cleansing the earth just by growing.” In Cease’s experience, growing or gathering and consuming plants brings benefits to our personal well-being but these same plants bring benefits to the earth, for example by growing in polluted urban areas, the context in which she made the above observation about the cleansing power of plants.

The significance of the holistic health approach of the Garden Project is perhaps best understood when contextualized within the legacy of colonialism, a key determinant of health for Indigenous peoples and their communities (Moffitt 2004). Corinne contextualized the work of the Garden Project in this way saying, “It’s all within the Medicine Wheel...we use the English word of holistic. Holistic health. We really try, **but in our way**. You know when we weren’t allowed to practice our spirituality, the mental anguish around that...who are we?” At other times she talked about experiences in the residential school and the lengthy healing process that many are still engaged in as a result of these wounding experiences. Cease suggested that “society consistently reminds us that we’re colonized, that nothing belongs to us”, drawing my attention to the fact that, while all the residential schools are now closed, colonialism is not a thing of the past but a present reality. Because of this historical legacy and present context, the leaders of the Garden Project saw great value in promoting health ‘in our way’, that is, in a way that honours and celebrates cultural traditions, such as spiritual practices, guided by the Medicine Wheel. This conviction is similar to the perspectives presented in the reviewed literature which suggest that recovering traditions is a key step in the path to healing for Indigenous peoples (Hunter et al. 2006; Kirmayer et al. 2003).

In the leaders’ description of the holistic health approach of the Garden Project one can begin to see how the project is a blend of health promotion and Indigenous approaches to health and healing. Health promotion is more holistic than biomedicine in recognizing that health is more than the absence of disease in an individual, emphasizing the health of the whole person and the health of communities, a view of health that can be seen in the words of the project leaders. Indigenous health teachings go even further, however, emphasizing the interconnections between the health of individual, the community, and the universe, and the role that the spirituality plays in all of these interconnections. The leaders similarly emphasized these different levels of health: they spoke of the four areas of health of the individual, the need to recover from colonial legacies for the health of the community and the need for ecosystem health for the health of the Universe. They also emphasized an important role for spiritual work and ceremony in all of this. The project leaders’ emphasis on themes from both health promotion and Indigenous health teaching is likely the result of the project having been developed as a

health promotion project by and for Indigenous people. As Ron put it, “there needs to be culturally appropriate programming of this sort, for Aboriginal people, not just, okay here’s a model and let’s invite Aboriginal people.”

Empowerment and capacity building

Empowerment and capacity building are two concepts that were regularly referenced, implicitly and explicitly, in the interviews with project leaders. While these concepts were not clearly defined by project leaders, plenty of examples and elaboration were provided. Empowerment and capacity building are also central concepts in the health promotion literature. From this literature a useful definition of empowerment is: “The means by which people experience more control over decisions that influence their health and lives” (Laverack and Labonte 2000, 255). Capacity building is seen as occupying a similar conceptual space as empowerment and can be defined as an “increase in community groups’ abilities to define, assess, analyze and act on health (or any other) concerns of importance to their members” (Labonte and Laverack 2001, 114). It should be emphasized that in this view community capacity is not a static property but rather a constantly evolving set of relationships, between individuals, groups and other communities (Labonte and Laverack 2001). The aspects of empowerment and capacity building that Garden Project leaders most often associated with the Garden Project were power sharing, skill development and relationship building, which will be the focus of this section.

Power sharing- When I asked Cease to explain the purpose of the project to me, one of the first things she said was that it was “an empowerment tool for Indigenous people” which “empowers [participants] because it is their own experience, and nobody is telling them how to react.” Corinne further explained the importance of people having their own experience and the ability to make their own choices saying, “There is a history where that was removed. We had no choice, we were under command. And if we didn’t follow the commands there were serious reprimands.” In this light, Corinne suggested, even seemingly simple decisions take on a new significance, for example a participant who feels tired and has “made a decision, they’re going to sit under a tree and enjoy, because they’re taking care of themselves.”

Use of the community kitchen model is another place where one can see power sharing in the Garden Project. As Ron explained this model, a key characteristic is that “the work is shared [and] the decision making is shared.” Thus Ron, as the coordinator, did not make the decision on what is planted or what is cooked, but rather facilitated a group decision making process. In the community kitchen component of the project this shared decision making often happened informally on the way out to the farm or a week in advance at the end of a farm visit. For planting, the shared decision making was somewhat more formalized in the form of community consultations where veggie voting happens as described above. Corinne, reflecting on the veggie voting with the Elders group at the Friendship Center says, “that was so easy to do...they were allowed a choice, there was this excitement that they really could participate...” Power sharing is particularly important given participants’ often negative experiences in learning environments, such as residential schools. As Ron put it, “I didn’t want to be another white person telling Native people what to do, like in school.”

Skill development- The skill development that happens in the Garden Project also demonstrates power sharing. Participants develop skills through learning from each other as much as they learn skills through the ‘teaching’ activities of project leaders. As Sandra explained “we learn from other participants...the Elders who come out have a lot of knowledge about different plants and different ways of growing.” The skill building that happens around cooking and growing skills is also intended to happen in such a way that participants feel free to make mistakes without fear of punishment or reprimand. This was emphasized by Corinne who spoke of the fear she and others who have experienced residential schools have around making mistakes. For Sandra building skills in a supportive atmosphere is also about building self-esteem, “working for themselves” rather than having a meal made for them as tends to happen in many of the charitable food organizations of the Downtown Eastside. The other project leaders echoed this idea of the project being about building self esteem and maintaining dignity. As Cease put it “it’s another one of these projects that is a hand-up not a hand-out. It’s a project that fulfills the people within the project and helps them to find way of owning a space that was possibly once theirs.”

Ron's hope was that eventually the skills that participants gained in the garden could lead them to starting gardens in their own backyards or patios. Ultimately he saw the project as being about "building capacity in the community." He suggests that "a lot of people see access as the biggest piece around food security needs." By contrast, while the project does provide vegetables as well as cooked food for participants to take home, providing access to food is not the sole or main focus of the project. Instead Ron saw the Garden Project as addressing community food security through "giving people all those skills and building their capacity and teaching people about food security and food sovereignty." He suggested that when it comes to the ill-health suffered by many Indigenous people "eradicating people's ability to do for themselves [is] one part of it...deskilling...I think that that's a huge part of it." Thus, helping people to gain or regain skills around cooking and growing food can be powerful way of helping people to take control of their own health.

Relationship building-Perhaps even more than skill building, the project leaders have identified the relationship building as an important way that the Garden Project empowers and builds community capacity. Ron explained that he came to understand the importance of relationship building while he was working with the Downtown Eastside Community Kitchen (DECK): "I had realized, holy, this is not just about skill-building in the kitchen...people were saying things like, I just really like getting together with people and talking, and that was what they got out of it." Cease, in describing the Garden Project said that "it's a project that brings people together" and Corinne in almost exactly the same words described one of the key aims of the project as "bringing people together." Sandra spoke of the project as providing a place for "building relationships and people getting to know each other and having a good time and having a good meal."

Sandra explained the importance of bringing people together through the Garden Project when she suggested that "you might meet friends, so have a support network even when you're not at the garden." Ron proposed that the project creates a safe space for people to talk and get support: "and we're not therapists...but we talk about things and we allow people to have a forum to talk to each other and us about things." Ron also suggested that the community kitchen model is a model that can "cross cultural boundaries and a model that can cross socioeconomic boundaries", allowing diverse

groups of people to come together and share in a safe space. Cease said that the Garden Project “is really a cross cultural tool, using food and story telling as our system of reaching out to people.” By creating a safe and comfortable place for participants to be together the Garden Project creates a mutually supportive community¹⁶. Cease explained: “There’s more than a garden and a kitchen going on. There is a whole community that is building and going to thrive.”

Relationship (re)building with food, nature and culture

While I have included a discussion on relationship building in the above section on capacity building and empowerment, I am purposely creating a separate section for the relationship building that project leaders discussed related to food, nature and culture. This is because relationships with food, nature and culture are not typically associated in the health promotion literature with capacity building or empowerment. The project leaders’ emphasis on the importance of building these relationships is another way that it becomes clear how the teachings of the Medicine Wheel and the broader movement for CFS influence the approach to health taken in the Garden Project. The combination of approaches to health can be seen in Ron’s assertion that “the work that we do is capacity building work, whether it’s emotional, or spiritual or physical...whether it’s about nutrition or gardening or about reconnecting to culture or reconnecting to the land.” In an attempt to create greater clarity I have divided this section into three subsections focusing on how project leaders see the project building relationships with food, nature and culture. However in practice, as will be seen in the quotations and comments below, these subsections are all profoundly interconnected.

Food-For Ron the work of the Garden Project was about “having a relationship with food.” For Corinne this relationship is a key component of a healthy life and a central part of her cultural teachings. Thus in her view the Garden Project offered “something that is basic in life. We talk about food. Food is medicine.” However, the relationship between food and health is not a simple one-way relationship where if you put the right

¹⁶ Many who do work and research in the field of community development have struggled with the parameters of ‘community’. A useful definition of community, from Laverack and Labonte, suggests that: “practically, community is best considered to be organized groups that are important enough to their individual members that they identify themselves, in part, by that group membership” (2000:258).

food or right medicine in you become healthy. Instead, humans and food exist in a reciprocal relationship and part of the work of the Garden Project is raising awareness about this relationship. Corinne explained this, suggesting that the project is about: “really telling the truth about food, you know, where food comes from. And if you’re going to take good care of it it’s going to share back with you. You be good to it, you nurture it, you weed it, you give it water, have good thoughts out there and it’s going to grow.”

Relationship building around food was seen by project leaders as happening in a diversity of ways. Sandra suggested that you are more likely to try a vegetable that you have grown yourself. Cease saw the Garden Project providing a place for people to reconnect with the wonder of food: “I just think in this field we’re never going to lose that look of enthusiasm and wonder, from either a child or Elder.” Even for participants who do not come out to the project regularly, the community consultation events and twice yearly cultural celebrations are a way to encourage people in the urban Indigenous community to be thinking about food. As Ron explained, these events “get people together talking about vegetables, thinking about vegetables, thinking about what their history is in terms of what they grew up with.”

Nature- The relationship building that happens around food in the Garden Project is closely linked to creating or recreating connections with nature. Cease pointed out that Indigenous peoples have “always gathered, we’ve always worked with plants, we’ve always had this connection with the earth.” However for some, this connection has been lost. Cease has observed that “a number of people are totally urban Native people, and if they were touching the earth and working with plants, it was so long ago that it was almost forgotten for them.” Given this, Cease suggested that the way that the Garden Project connects people with the earth is powerful: “just feeling that connection and smelling it, smelling the earth.” Cease explained that this connection helps build health through “a revitalization of [the] spirit” because “it’s our land, it’s where we come from.”

Ron similarly saw the Garden Project as building health through connecting people with the earth: “One thing that we try to do is to show people that healing your relationship with the earth, or healing people’s relationship with the earth is one key to healing people.” Often the way the Garden Project was seen as creating a healthy

relationship with the earth and facilitating participants' healing, was in the simple fact of bringing people out of the city. Corinne talked about the importance for participants of "getting away from the city...and finding their way." Sandra suggested that the project has mental health benefits because participants are "bit out of the city...it's quiet and there are birds and flowers...And a lot of people feel like it reminds them of somewhere back home." Ron described the Garden Project as "a place where [participants] could go and do some healing and just be out in nature."

Culture- Reconnecting with history and cultural traditions is central to the work of the Garden Project and mention of it can be seen in many of the quotations from project leaders cited above. Cease, the project's Cultural Coordinator is specifically responsible for ensuring that the project does the work of (re)connecting people with cultural traditions. Explaining her role Cease said:

...the work that I do involves bringing in spiritual people and cultural people to help bring another element to the program, so that it's not just your average garden project/community kitchen project, it's everything...we bring in spiritual people to do ceremonies, to teach us cultural teachings, bringing us back to the land, back to old stories of our people, and just encouraging and nurturing that spiritual and cultural element of the program.

Along with the times when spiritual or cultural components are formally present in the project, as is the case during the twice yearly feasts and cultural celebrations, Cease suggested that much of the work of the Garden Project can be seen as linked to cultural traditions: "it's going back to our roots, we always cooked together, everybody brought food together and we shared." Corinne similarly pointed out how the Garden Project provides a place for people to reconnect with the traditional importance of sharing food and being together around food: "and it's this method of sharing...sharing was always big with food, sharing, coming together, it's family, it's talking, it's discussing, announcements, you know and there's always food around." As a result of the role food played in her past experiences, Corinne explained that the Garden Project seemed like "common sense" to her, saying that the food work the project engages in "has been there for a long time for me."

Because of the diversity of ages and life experiences reflected in the project's participants, the role project leaders saw the project playing in connecting people to

cultures and traditions was different for different participants. In some cases the project was a place for participants to remember positive past experiences. Corinne explained: “always the talking, telling stories, remembering happy times.” Cease pointed out that many participants have “skills and abilities from their culture...but they have nowhere to use it.” Thus the Garden Project becomes a place to practice and maintain these skills, providing for some “a reconnection to the past.” While gardening in the way that the Garden Project gardens is not a traditional method of attaining plant foods for Indigenous peoples from this part of the world, Cease still saw it as a relevant way for people to reconnect with their history: “I think that what’s really exciting about the garden is that even though this isn’t our traditional method of working with plants, it’s still working with plants, we’re digging up roots, we always dug up roots.” For participants who have been removed from cultural traditions for generations, Ron’s hope was that the project could “be a bridge for those people to...traditional ways.”

The perspectives of the project leaders touch on each of the foci outlined in Chapter 2, namely health promotion, Indigenous health and healing and community food security. The project leaders’ emphasis on outcomes such as empowerment and community capacity link the project with a health promotion approach. In their discussion on the holistic approach of the Garden Project and particularly their assertions of the need to treat the whole person and move health care beyond the clinical care, they connect the work of the Garden Project with the ideals of the Ottawa Charter. At the same time, they also draw heavily on Indigenous health teachings, emphasizing the importance of promoting the mental, emotional, physical and spiritual health of individuals as well as the health of communities and the ecosystem. They also emphasized the importance of making and maintaining connections or relationships between humans, the spiritual world and the natural world. It is this emphasis on spirituality and the natural world which makes the approach of the Garden Project as explained by its leaders unique as a health promotion project yet rooted in tradition as an Indigenous approach to health and healing.

Themes from the community food security movement also emerge as important to the Garden Project approach. As mentioned in Chapter 2, there is much overlap between CFS and health promotion. When project leaders talked about capacity building, some of

the key capacities that they saw being developed through the Garden Project were food related capacities. This increase in capacity was seen as being able to increase access to and consumption of vegetables. The project is also seen as being able to increase awareness about food and where it comes from as well as creating a context for people to reflect on and come together over food. These three central themes of health promotion, Indigenous health and healing and community food security are discussed from a different, and perhaps more personal perspectives, by project participants. Participants' perspectives on the project are the focus of the next section of this chapter.

Section 3- Participants' perspectives, project successes and challenges

For a wide range of reasons, over two hundred people choose to come out and participate in the Garden Project over the course of the year. Many participants first came out because of personal invitation. Other participants were introduced to the project through the cultural celebrations or community consultations and decided to get more involved. The aim of this section is to give space to the voices and perspectives of people who have chosen to participate in the Garden Project. I will explore the stories and thoughts shared with me during my time with the project, drawing predominantly on the five formal interviews I carried out with project participants, as well as the conversations and experiences I had with participants in my capacity as story-gatherer. This section is divided into three main sub-sections. The first focuses on participants' reflections on why they appreciate the Garden Project. The second sub-section focuses on the impacts participants feel that the project has had on their lives and health. The final sub-section compares participants' and leaders' perspectives on the Garden Project, summarizing key successes and challenges.

Why participants like the project, what they get out of it

When I talked with participants about what they had hoped to gain through participation, their answers tended to be wrapped up with what they like about the project or what they saw themselves as having gained through participation. Here I will focus on the four main themes that came up when participants talked about why they liked the

project and what they felt they have gained: learning diverse food skills, being in nature, having an opportunity to meet and/or spend time with friends, and being in a safe supportive and informal atmosphere. I will also draw attention to areas where participants saw gaps or would have liked to learn more.

Food skills- Developing skills, both in the kitchen and in the garden, is a major draw for participants of the Garden Project. Val said that she came out for the sake of “learning how to cook things and how to grow things, right from seed.” Curtis suggested that the type of skills he sees himself developing through the Garden Project is “knowledge that I’m gaining for my own independent sustainability.”

Some participants come to the Garden Project with a lot of cooking skills, but not growing skills or vice versa. Other participants have skills and experience in both areas but have not had the place or time to use them in recent years. For others it’s all new. As a result of this mix of skill levels there is a lot of sharing of skills that happens between participants as well as between participants and the project coordinators. For example, one participant explained how she has learned about seasoning from some of the Elders who participate in the project: “plus Peggy and them always talk about how they can put [herbs and spices] in their food.” Another participant, speaking of how participants are able to share skills and abilities with each other explained: “I learn a lot from [the Elders]. I really appreciate my Elders. I like their energy, it’s very mellow, very learned...I like being able to help them too, because I know that I have more endurance and stuff like that...but then they help me too by encouraging me, teaching me...telling me stories, I like to hear their stories.”

Even though many participants came to the project with a wide range of skills, almost all of the participants I interacted with felt that they had gained new skills through their participation. For example Peggy who is talented in the kitchen has learned quite a bit about gardening. She spoke of learning about helping put a cover crop in before the winter to “put some nourishment back.” Another participant mentioned learning about crop rotation explaining “once you’ve grown a crop in one part of the garden you need to put it in another part next year so that it doesn’t take too much of the nutrients from the soil.” Other participants highlighted knowledge they had gained in the kitchen. One

participant for example felt that the project had taught her about eating vegetarian meals: “I’ve learned...you can put together a meal without using meat.” A different participant felt that the cooking process had been demystified for her: “I think I’m learning to cook...I’m noticing that it doesn’t have to be this really expensive recipe. It can be very tasteful and healthy.” She especially appreciated the creativity of the cooking that happens in the Garden Project: “being able to go pick stuff out of the garden and just make something with whatever we have. That’s really fun. I like the creative part.”

Participants also spoke of increased confidence around food skills as a result of the Garden Project. For example one participant explained: “I’m starting to learn some of the cooking skills and bring them home.” Julie spoke about how she has learned new vegetables since coming out to the Garden Project. She told a story of how her granddaughter was trying to identify a vegetable. The granddaughter asked her father who wasn’t able to help her, but when she asked Julie, Julie knew the answer: “I was so honoured. I said that’s a tomatillo!” Curtis talked about learning jarring and other preservation techniques: “There’s different formulas so, you know, I’m still learning about those things, but just being a part of it and being around it is great. It’s like, I can do this.” Val became inspired by the stir fry type meals that we regularly cooked in the kitchen with garden vegetables and went out and bought a cook book on stir frying to do more experimentation at home.

Despite the increased confidence many participants felt with respect to their cooking and growing abilities, some participants explained that they did not have the confidence to garden on their own. As Julie explained, “Well being fisher people...No I wouldn’t know what to do and how...just tell me what to do and I’ll do it.” Another participant explained: “there needs to be someone there to help people out because not everyone is familiar with the garden...and as people mature in the garden maybe they’ll be able to go out and do things on their own.”

Some participants were experiencing gardening for the first time through the project, so as Val explained when I asked her whether she saw herself gardening on her own at some point: “I’m just learning right now, these are the first ones I’ve planted.” Val, like many of the participants, was modest about her abilities, but admitted that she was learning: “I still don’t know much but I’m learning...um weeding you know. What’s

weeds and what's the real thing." Peggy regularly said that she does not have a clue about much of what is going on in the garden, although she tended to be much more competent and able to gauge what needed to be done in the garden than she let on. Some participants also felt that they would like to see more formal teaching in the project around the foods that we grow and eat. As one participant put it: "how are the herbs good for our body...how about the veggies, how will they heal our body. That's what I'm looking for."

Connecting with nature- Getting out of the city and being with nature was another important factor that drew people to the project and a major benefit that many participants identified with participation. Julie suggested that the draw of the project for her was that "it's very relaxing. It's so nice to get out of the city and to just go there and just hang out, just be with nature." Val echoed this sentiment explaining: "I like the peace...there's no cars or anything, there's just people and trees...[I like] smelling the fresh air." One participant explained that being out at the Garden Project provided the mental and physical space to slow down and garden in a way that the city does not: "you just kind of get into the momentum of the city right and...it's hard to relax and make a garden." Other participants spoke of the way that the project allowed them to have the opportunity to enable their children to connect with nature. As one parent explained: "I want [my child] to experience nature...and to see vegetables growing and then picking them out of the garden." Another parent said of the Garden Project: "There's so much that [my child] is able to connect with."

Curtis explained the importance of having projects that allow people to connect with nature saying: "a lot of people are disconnected, living in urban centers. Instead of hearing crickets at night we hear these monster trucks and planes and trains and humming of the lights and all of these unnatural, colonial things. And we need to connect ourselves with the naturalness of this world. A lot of us have been disconnected." For some participants this connection with nature is also a reconnection to their past. For example many of the Elders who participate in the project spoke to me of how being out at the project and picking berries brought back memories of picking berries back home. One participant explained this saying: "I used to go and pick berries just to get away from everything."

Participants also spoke of connecting with their food more, another way of connecting with nature: “I have an interest in gardening and I like being able to grow my own food...yah it saves money for us but it’s also getting in touch with my food. I like being a part of its growth.” In this light, the project can be seen as a way for participants to develop a healthy relationship with food as a natural product: “in a super market, you can just pick a can of this a box of this and that, where does it come from? What effort does it take to make that? You just kind of don’t really think about that. I like...appreciating my food more.”

Meeting and being with friends- For the vast majority of the participants who came out to the project on a regular basis, a major draw and benefit of the project was the other people who participate in the project. For example Val talked about coming to the project to be “with the people that I miss for a week.” Another participant explained that she felt that there is “a neat little community” at the Garden Project. Peggy, who was one of the project’s most long term participants and generally came out on Tuesdays, often talked about the importance to her of her “Tuesday family” explaining that it had become “a different kind of family” for her. Curtis described the Garden Project saying: “It’s community, it’s love, it’s family, it’s belonging. There’s a lot of people that belong out there.”

Curtis captured the essence of many of the thoughts that participants shared with me around the three themes I have discussed so far when he explained to me what he got out of the project:

It’s a necessity for me to be a part of the land, and this project is enabling that and creating that opportunity for me. And, it’s a great thing, it’s a beautiful thing to be able to connect with the land, with the earth, with my relatives...I’m getting a great balance from both, from being in the kitchen and out on the land. For one, just being able to be in the process of growing the food, and then bringing it into the kitchen and preparing it, whether it’s through cooking or whether it’s through canning, preserving it...when I was younger, I would see my mother can but to recapture that, to be involved in that again...it’s a great thing, it’s a beautiful thing. It’s a great thing to be a part of the kitchen as well, and being taught things and hearing the Elders talk about different strategies of what they do to prepare food or, you know, whatever stories...Just being around people and relating to each other around life...I think we have great conversations.

Informal, safe, supportive atmosphere- An important theme that came up in most of the conversations that I had with project participants about the Garden Project was that it was not just the content of the Garden Project's activities that was important, but also the way that the project was run. Many people talked about how the project felt like a safe place where, as Peggy explained, "nobody pushes us." She appreciated the fact that the project has a relaxed atmosphere where "everything's so informal." She also explained that she goes to the project because she wants to, not because anyone makes her go, a feeling echoed by other participants as well: "this is like a real learning experience, it's not like anybody's twisting my arm to go there." Others spoke of the supportive atmosphere they felt at the project. One participant explained it this way: "I feel pretty free to do what I want to do at the garden. If I want guidance I can receive it...I haven't had anyone come down hard on me...It's pretty positive, it's a pretty positive group." As mentioned above, in this supportive atmosphere participants are encouraged to share their knowledge and skills with each other, rather than simply looking to the coordinators for guidance.

One of the main things that makes the atmosphere of the project feel safe and supportive that participants spoke about and I observed as well, is the joking and humour which is ever present. Often humour is used around issues that might otherwise be too sensitive for participants to talk about. When I was chatting with Peggy about how she felt about Ron, the project coordinator, she said "I think he's really gotten used to us." The example she used to prove that this was the case was the joke Ron had made about the fish Peggy had brought from her freezer the day that she was getting fresh fish from her home community. He had said "oh sure, feed the white guy the old fish" and she had responded "Oh yes, eat your heart out, I'm having fresh fish tomorrow..." She figured that Ron's joking about this was a sign that he understood the participants better than he had initially: "Like he wouldn't have said that 'you want to feed the white people old fish'", she explained.

Because some of the participants came out very regularly, a comfortable sense of community developed, particularly amongst the participants who came out on Tuesdays, the day of the week that the project most consistently brings groups out. Val explained that this regular participation with the same group of people has made her more

comfortable learning at the Garden Project: “I’m being more confident in myself and able to speak and not feel stupid that I said something wrong.” Curtis explained that he learns in this informal environment by asking questions: “You know I always ask questions and pick up little understandings here and there about certain things.” Another participant spoke about how she felt that the project was good for her learning style: “the oral thing [works for me], I don’t like reading.”

Others, while they appreciated the informal approach of the Garden Project, wanted the pace of the activities to slow down so that there was more time for explicit explanation: “if he could explain as he goes...that way I could learn.” Despite the fact that explicit explanation of different activities in the kitchen and the garden are not always provided, some participants felt that learning by doing or simply watching was, at times, effective. As one participant explained: “I’m learning how to can stuff. I wasn’t really taught. But I stood there and watched.” One participant explained that when she first started coming to the project she felt that there was not enough team work or communication from the project coordinator about a given day’s activities. However after a few months she felt that that dynamic had shifted and the participants and coordinator became more used to each other and were able to work as a team.

Another participant reflected that part of the reason that things sometimes felt chaotic at the Garden Project was because of the diversity of people who come out: “sometimes it’s a little bit chaotic because there’s a lot of different circles mixing. But I find it nice too.” Indeed many participants explicitly expressed to me how much they appreciated the diverse mix of people at the project. One participant explained that she appreciated how people were able to work together across cultural groups: “[There’s] no Metis way to do it, no...Northern BC way to do it...west coast...” Val explained how she appreciated the mix saying: “I just like coming out here and to see the people that are like me...or not like me...” The younger participants, as seen in some of the above quotations, appreciate being around their Elders, and the Elders in turn often expressed how much they enjoy being around the energy of the children and youth.

Impacts of project on participants' lives and health

Above I have presented Garden Project participants' and my own reflections on the skills that participants learn, the relationships that they make, and the physical and social environment that they spend time in as a result of participating in the Garden Project. All of these taken together have had an impact on participants' health and life. For some participants the impact is greater than for others, in part depending on how regularly they come out, with regular participants expressing greater impacts. Specifically, participants gave examples or I was able to see examples, of the development of social support networks and increased community capacity to act on health and other life concerns. Additionally, most participants felt that their health was impacted holistically through participation, citing mental, emotional, spiritual and physical health impacts.

Community capacity and social support networks

As discussed in Chapter 2, much of the literature on community kitchens and gardens suggests that community building and the development of social support networks is often a key benefit of participation (eg Engler-Stringer 2005; Wakefield et al. 2007). The literature on health promotion emphasizes that a key determinant of health is social support networks (Labonte et al. 2005; WHO 1986). The fact that many participants spoke to me of the social importance of the project, and have relied on the social networks and social capital developed as a result of participation in the project suggests that this is one key area where the Garden Project is succeeding as a health promotion project.

When Curtis spoke to me about why he thought the Garden Project was a relevant project, he explained that: "we're lacking the connections, the one to one relationships...so it's balancing it out...you know interacting with people." He suggested that what he sees himself and the people in his community needing is a "space to gather with good energy and good thoughts", and in his mind, the Garden Project is an example of such a space. The result of people being able to gather with good thoughts and good energy is that people are able to support each other both within and outside of the project. People are also able draw on the resources that the project coordinator has access to, even

resources not directly connected to the actual project activities. I will discuss a few examples here.

Peggy's experience with the Garden Project is in many ways an ideal example of what can happen as a result of participation. Her presence and energy is greatly appreciated by all who participate in the project, participants and leaders alike. She has promoted the project in the community, bringing family members and friends out. Other friends who have participated in the project with her have reflected that the social time of the project has been a benefit to her. "She used to isolate herself" a friend explained to me. Peggy agrees, saying of the project "it keeps me going". In the spring of 2008, after over two years of participating in the project, Peggy fell and broke her hip. Many of the participants of the project, as well as the new project coordinator, who started work in the spring of 2008, visited Peggy in the hospital regularly. They brought her food and updates from the garden and made sure that she was getting taken good care of, helping to facilitate her getting an appropriate wheel chair and eventually a walker.

Peggy often spoke with me of the difficulties she has had with the health care system, from finding a good family doctor who she can trust and understand, to getting the care and support she needs from her doctors. She also often told me of the physical, mental and emotional health issues she struggled with as a result of having experienced residential schools. She feels, as will be discussed more below, that the Garden Project is able to provide a place where a variety of her health needs are met. As the story of her broken hip shows, the Garden Project also provided a network of people to help her when she was placed in a situation of needing to interact with the formal health care system.

Some participants have been able to link themselves or family members to other services offered by Vancouver Native Health, such as their medical and dental clinics, since participating in the project. Others have been able to turn to the project coordinator when they needed support that they couldn't get elsewhere, for example a letter of support in a custody case. A few participants have been able to request referrals which have allowed them to shop at Quest, a food recovery service which sells food at greatly reduced prices, but requires an agency referral for people to be able to shop there. A couple of participants were also able to participate in a community development short course, aimed at career development, because of being recommended by the project

coordinator. Another participant took part in a health promotion conference, as a presenter, along with the project coordinator. The Garden Project has provided some participants with skills in the kitchen and garden which have helped them in applying for jobs. As one participant explained: “I’d like to see myself heading in some sort of direction similar to that...I’d like to grow herbs maybe, medicinal herbs and work with herbs and stuff like that.”

The mutual support that participants are able to provide each other is consistent with findings from other community kitchen studies (Engler-Stringer 2005; Tarasuk 2001). Some, such as Tarasuk, fear that short term activities such as community kitchens ultimately fail to address the structural barriers that participants face as a result of being financially, racially or otherwise marginalized. However, the ability of participants to access resources through association with the Garden Project as outlined here, suggests that the impact of the Garden Project extends beyond the confines of the project itself.

Laverack and Labonte explain the significance of this type of relationship:

Rather than being a time-limited or one-off educational or marketing activity, the programme becomes essentially a vehicle through which longer term relationships between the health authority or NGO and community members are built, via the health promoter. Through this relationship, various financial, material, human and knowledge resources become available to community members that help to enhance their capacity (Laverack and Labonte 2000, 258).

Holistic health

When participants spoke of how the project has had an impact on them, a variety of health and healing effects were mentioned. Many of these impacts have already been touched on in the quotation and discussion above. However because the Medicine Wheel is central to what happens at the Garden Project, and I spoke specifically with participants about the four areas of health that the Medicine Wheel teaches about, I have chosen to include a separate section that outlines health impacts from the Garden Project in each area. Some participants were more comfortable talking about the Medicine Wheel and how they saw it working in the Garden Project. For example one participant explained to me: “The Medicine Wheel is all about balance and cycles and stuff like that, and I think that that totally relates to the garden. And holistic health, I think that’s basically what the Garden Project’s about.” Others spoke more generally about holistic

health or simply different types of health impacts, including mental, emotional, physical and spiritual health.

What was notable in all of the conversations I had with participants, whether interviews or more informally, was that the perceived health impacts of the project were never limited to physical health. While participants saw physical health benefits, their conception of health and how their health was impacted by the project was a much broader and more integrated vision. For the sake of simplicity I will speak of the four general areas of health emphasized by the Medicine Wheel separately. However there is overlap between each area because they are fundamentally interconnected and can be simultaneously addressed, as Curtis explained:

...we look at the sacredness of the fours, and specifically in health, we're looking at the mental, physical, emotional, spiritual aspects of health. Now, it's important to maintain balance amongst those aspects. And being on the land, and being connected and having a relationship, could definitely give attention to all of those things...it definitely does.

Physical

Participants generally saw their physical health being affected through increased activity levels and changes in eating patterns. As one participant explained, the project provides the opportunity for “being active and eating well.” In terms of increased activity levels, Peggy, with her characteristic sense of humor spoke of the physical labor involved in mulching tomatoes. After a day of mulching she said “I’ll sure be somebody’s hunkette today!” While Peggy tended to joke and downplay the amount of work she was able to do, she also reflected quite seriously that she felt the project had improved her mobility, saying “I think I’d probably be in a scooter by now...I’ve been through so much pain.” She compared when she first started with the project to two years later saying, “I’m not even scared to go down [on my knees to weed] now. I used to be real scared about getting back up...so I’m really moving, where I could quite easily be an invalid by now.” Other participants also appreciated the opportunity that the gardening activities provide for physical labor, and specifically physical activity that happens outside. Some participants who preferred not to ride the van out to the UBC Farm took the bus to the nearest bus stop which introduced another opportunity for physical activity because they end up walking at least fifteen minutes one way.

Many participants explained that they generally ate vegetables on their own but that the Garden Project had introduced them to new vegetables and increased their access to certain vegetables. As one participant explained: “it’s increased my taste for veggies. I’ve always had veggies but it’s expanded to other stuff.” Another participant said that she “never ate all these greens before”, and had recently discovered that she loved the taste of kohlrabi. Many participants also spoke of how special it was to be able to eat vegetables that they had grown themselves, admitting to trying vegetables they would not have eaten otherwise: “I think I’ve fallen in love with vegetables. It’s like, wow, I grew this? And then eating it is so rewarding.” The Garden Project enabled some participants to eat a greater quantity and diversity of vegetables than they would be able to with the budget or grocery stores that they have access to. Additionally it is closely linked with the Urban Aboriginal Good Food Box, run by Cease, which is another way project participants were able to more affordably access fresh fruits and vegetables. Some participants were even able to access enough vegetables from the garden throughout the summer to put some by for the winter. Julie, for example, was able to freeze enough beans to last her the winter.

Being able to eat in community was seen by some participants as integral to their healthy eating experiences with the project. Val explained this saying: “I think I eat too much at home. This slows me down. And I can eat more veggies when I’m out here...I guess that’s when I enjoy eating my healthy foods, when I’m out here, or when I’m around other people.” Another participant explained that for her the Garden Project is “not only eating, it’s about getting people together. And you know driving through the drive thru, eating a hamburger, fries and pop on your way to a meeting, in like five minutes is definitely not healthy.” This version of eating is contrasted with the more health giving process of the Garden Project: “Instead of the fast food thing, the process of it growing, and watching it grow, and working at it and...then the reward of having your food...” In these comments it becomes clear that for these participants the relationship between food and health extends beyond the content of the meal or the physical health benefits of the foods eaten.

Mental and emotional

Even more than physical health, participants spoke to me of the mental and emotional health benefits they saw as a result of participation. Participants rarely made a distinction between mental and emotional health, instead speaking of them collectively. I also did not find much clear distinction or description of how these two areas of health differ in the literature I read on the Medicine Wheel and so I have chosen to discuss them collectively here.

The Garden Project is a place where many participants are able to get away from their other concerns. One participant explained this by saying “when you’re out there you forget about everything.” Another participant suggested: “it gets my mind off of things.” For Curtis “it’s truly therapy to be there”. He explains the mental and emotional benefits for him of coming out to the Garden Project saying: “at times my stresses are completely gone. I feel stress free, I feel like when I’m in the garden, the important thing is where I’m at, in the moment...I’m doing a little work, focusing on what I need to focus on.” Some participants were somewhat surprised at the mental or emotional health benefits they were experiencing. As one participant put it, the Garden Project affects “even my mental health, I feel at peace when I’m there.”

Many participants felt that a major benefit of the Garden Project is the community of people involved in it. These participants explained to me that this group context has had an important influence on their mental and emotional health. One participant explained, “Being in the group is good for me.” Peggy has often spoken to me of how she feels emotionally safe at the Garden Project, which she feels has helped her socially. She explained that “the way I brought myself up in the residential schools...[is] if I don’t like somebody I just avoid them.” By contrast, she explained, the Garden Project has helped her feel comfortable and safe interacting with a wide range of people. Another participant told me that for her, “hanging out with the Elders made me more confident in myself...I began to open up.” She explained the importance of this increased confidence saying: “I guess I can build up a good relationship with my daughters that way, being more confident about myself...and I’m not as angry as I used to be...”

The Garden Project is also a place where participants are able to practice self-care. One participant spoke of “learning to take care of myself well” through

participating in the project. For Peggy participating in the Garden Project was a way of giving herself the opportunity to learn and experience things that she was not able to earlier on in life: “I worked more or less as a single parent, so I didn’t get too much in the way of farming or dining and such. So it’s new, it’s all new to me, and I’m still learning.” Val chose to look after herself by finding ways around the motion sickness she experiences in the van: “I don’t like the drive, but I don’t mind teaching myself to come out [by bus] on my own, be more independent...”

Curtis emphasized that having a relationship with the natural world has important mental and emotional health impacts: “Now emotional...it’s a relationship. You know we have a relationship and we’re building this relationship with the earth and we’re helping [the plants] to grow along, come along...you know and you put your feeling into it, you put your heart into it. And, it’s a relationship. The land loves us, we love the land.” He also suggests that being in nature with other people positively affects your relationship with them: “You know, you’re able to see people in a different way if you have a common relationship with the land and with each other.”

Spiritual

Spirituality or spiritual health was the area of health that participants spoke least of. However for a couple of participants, spirituality was a very significant element of the project. Additionally, for participants who come out primarily for the project’s cultural celebrations, because ceremony is the focus of these events, the spiritual significance of the Garden Project is more central.

For the participants who articulated the connection between the Garden Project and spiritual health, this connection was explained as arising due to the way the Garden Project allowed them to connect with their spirituality. One participant described the garden of the Garden Project as “a nice sanctuary”. She spoke of the project as an important way to get in touch with Mother Nature and the Creator: “When I go there I’m just like, wow, watching an eagle fly over me, feeling my hands in the earth, the fresh air around me, good people to be chatting with...seeing the fruits of our labour, it’s just beautiful.” Another participant explained to me: “my spirit is happy when I’m there”. Curtis suggests that “part of the Medicine Wheel [is that] we’re all brothers and sisters

right? And we all have different responsibilities and [the Garden Project] is a space where we can create that, be a part of that and look after the spiritual aspect of that.”

As participants spoke about spirituality, they often made connections to the natural realm: “that whole cycle of life, the whole cycle of planting, that’s very spiritual, being in touch with the earth and being thankful to the Creator for helping us work and giving us strength and helping us finish our garden.” Curtis similarly made this connection speaking of plants as “gifts” and “blessings”. The connection that the Garden Project provides between the natural and spiritual realms can also be seen in the awe that participants expressed around gardening. Speaking of the experience of growing tobacco, a plant with great ceremonial and medicinal importance Curtis explained: “That was truly a blessing. I’m so amazed at how they grew. I was like wow. I planted this? I put these in the earth? It’s truly amazing!”

Comparative perspective on the Garden Project’s challenges and successes

For the most part there was significant overlap between the views of project leaders and project participants with respect to the Garden Project. However there were also interesting divergences in perspective and language used to describe the project. My aim in this section is to highlight these and other areas of overlap as well as divergence between the perspectives of project leaders and project participants, summarizing key successes and challenges of the project.

Project leaders and project participants clearly have distinct relationships to and stakes in the Garden Project, so it is to be expected that their perspectives on it would differ. For example when project leaders were reflecting on the Garden Project, they reflected on their role as health care providers working with communities. In particular, they highlighted how they promote holistic health by working collectively to treat the whole person, understanding their context, and addressing people’s interconnected health needs. They distinguished this from the work done in a clinical health care setting.

The Garden Project is a volunteer or self-care activity for project participants, not a job. They rarely spoke of it in relation to the broader health care system. Despite this difference, project participants actually made similar observations regarding the way the

project promoted health. For example where leaders emphasized the difference from the clinical setting, participants emphasized how much they enjoyed the informal atmosphere and learning from each other. Where leaders spoke of understanding participants' contexts, participants mentioned that the project started to feel more comfortable for them as the coordinators "got used to" them. The project leaders' aim to treat the whole person was reflected in participants' reflections on the physical, mental, emotional and spiritual health impacts they saw through participation.

In other areas, project participants and project leaders were very consistent with each other in their reflections on the project. For example both groups spoke specifically about the importance of getting out of the city and being with nature. They also both identified being in community and building support networks as central to the Garden Project experience. There was also fairly strong consistency in the belief that the activities of the Garden Project were connected to "what we've always done". That is, the communal food activities were seen by both groups as a way of connecting with peoples' cultural food practices which are similarly communal in nature.

Both groups also highlighted skill development as a key outcome of the project, however there were important differences in the way each group talked about it. For example project leaders often spoke of skill development as a way of empowering participants and building community capacities, drawing on the health promotion discourse. Participants on the other hand spoke more specifically about the different cooking and growing skills they saw themselves gaining. They did not speak the language of empowerment; instead they spoke about increased confidence. Similarly, while project leaders spoke of empowerment through shared decision making and group learning, participants simply spoke of enjoying learning from each other and appreciating the informal way the project operated.

One hope of project leaders connected to skill development was that participants would take these skills home and use them there. Some participants reflected that they were indeed taking cooking skills home with them. However, when it came to gardening skills, many participants would talk about how they were "still learning", lacking the confidence to garden on their own, at home or out at the farm, as project leaders might have wished. Building confidence in gardening skills to take back home may be a

function of time. However, given the importance of the community of the Garden Project to project participants, I wonder if a desire to garden at home would also be fostered by having a group of people in the neighbourhood or housing complex to do the gardening with.

Another significant difference in what project leaders emphasized versus what project participants emphasized about the project was the connection between the health of the ecosystem and human health. Project leaders hoped that the project would help highlight the relationship between Mother Earth, or the ecosystem, and human health. Participants did not tend to talk explicitly about the relationship between their own health and the health of the ecosystem, with the notable exception of Curtis, who mentioned this relationship a number of times. Nevertheless, a number of participants quoted earlier spoke about learning gardening techniques like cover cropping and crop rotation for nourishing the soil, suggesting an increasing awareness of the impact the health of soils can have on food production. Participants' emphasis on the value of being in nature for mental or emotional health or a sense of peace also suggests implicit recognition of the connection between ecosystem and human health. Many participants also spoke to me regarding their concerns about the health of the rivers and oceans which their communities traditionally depended on for food, suggesting that for some participants, awareness of the relationship between human and ecosystem health was likely already present and integral to their experience of the world.

The differences between what the two groups emphasized about the Garden Project may be the result of a variety of factors. One factor that I have alluded to is the different positions of participants and leaders vis-à-vis the health care system, as well their educational and professional backgrounds. While a wide range of educational and socioeconomic backgrounds are reflected in the Garden Project participants, for the most part project leaders tended to have more formal education and professional background in health. This can help explain why leaders tend to reference concepts from health promotion such as empowerment and capacity building more than project participants. This difference in position may also explain why they spoke more abstractly about concepts surrounding human and ecosystem health. Project participants, without necessarily specifically mentioning empowerment or capacity building or the

interconnectedness of human and ecosystem health by name, were able to address the complexity of such concepts, speaking almost entirely from personal experience.

The differences between what the two groups emphasized may also be a reflection of the types of questions I asked during the interviews. I tended to ask participants about their personal experiences with the project whereas I tended to ask project leaders more overarching questions about what they saw as the general significance of their work. My interviews and conversations with project participants did sometimes point towards their impressions of the broader significance of the project. Nevertheless, it would be interesting to go back and ask project participants questions that looked beyond the personal significance of the project, getting more specifically at some of the interconnections they saw, or didn't see, between the project and the health of themselves, the land, their community and culture.

Despite some interesting differences, the fact that there was significant overlap between project leaders and participants in their reflections on the Garden Project suggests that the project is, for those who have participated, doing an effective job of meeting its goal of being a culturally and community appropriate health promotion project. Taken together, the perspectives of the leaders and of the participants also suggest that using communal cooking and growing activities in a safe, supportive and informal atmosphere is an effective way to create community and build skills.

The Garden Project has had many successes, as discussed above. There have also been many challenges that it has faced and continues to face, some of which have emerged in the preceding discussion. I wish to draw attention to some of these challenges before taking a step back to look at the project's broader implications.

One key challenge that the Garden Project has faced is in maintaining year round momentum given seasonal and even weekly ebbs and flows of participation. Some days there will be over a dozen participants, other times there will be a number of consecutive weeks in which there are only one or two participants who come out. Part of this fluctuation is due to the many demands that participants have on their time, but part of it may also be that there simply are not as many regular participants in the project as there perhaps could be. The solution to this might come with time, as the Garden Project becomes better known in the urban Indigenous community. Another solution, which is

discussed again in section four of this chapter, is to find ways to incorporate more community input into the way the project runs, making it even more responsive to where the community is at. The fluctuations in participation and moments when there are very few participants may also be addressed by more outreach work. On the other hand I understand the perspective of the leaders, in particular Ron, who explained that they don't want to be too aggressively promoting the project or convincing people that they want to come out. The preference is for participants to feel as Peggy does, that nobody is twisting her arm to come out, but that she comes because she wants to for her own well-being and learning.

Despite this challenge, there are signs that momentum is building in the Garden Project. The cultural celebrations are getting bigger every year, and in the summer of 2008 the project added another celebration, a youth barbecue and tobacco reclamation event. This event is also aimed at addressing another challenge of the Garden Project; engaging Indigenous youth. While there are youth who regularly participate in the project, so far the most consistent group has been Elders and middle aged people. In working to engage more youth and more participants generally, the challenge for the Garden Project will be to maintain the intimacy and sense of community that it has currently, which has made it so beneficial to the participants I spoke with.

Another challenge, which is also a strength of the project, is the mixed nature of the participants. Having a diversity of cultural, socioeconomic and educational backgrounds represented across a wide age range creates many opportunities for breaking down stereotypes and building a positive mixed community. Participants and leaders have expressed that they feel that this mixing is beneficial. At the same time, this mixing is not always easy and sometimes tensions arise. For the most part these tensions have been effectively resolved leading to stronger connections between participants, but the worry is that some participants may simply stop coming. I do not believe that the solution to this concern is to create segregated groups which come out on separate days. Given that one of the Garden Project's key stated goals is to build community, it is important for participants in the project to have the experience of interacting with a diversity of people and facing and overcoming conflict in a safe space. To help mediate conflicts that may arise through the mixing of different groups of people, it could be useful for

coordinators, and perhaps also peer leaders, to have formal training in facilitation and conflict resolution. The challenge will be to find the funding for this type of training in an already tight budget.

Another major challenge and strength of the project is that it is very much based on relationships. One very important relationship in the project is the one between the project coordinator and the participants. The project, because it is flexible and responsive also inevitably gets shaped, to a certain extent, around the skills and strengths of the project coordinator. This is not to suggest that the essence of the project changes dramatically with a change in coordinator. However it does point to the importance of building in a significant training/overlap time between an outgoing and incoming coordinator, to allow participants to get used to the new coordinator with the old coordinator still present, and to allow the new coordinator to have plenty of time to get used to the job, ask questions and see the old coordinator in action. An overlap of a few weeks would be ideal but is dependent on there being sufficient funds to pay two coordinators for a period of time. It is also potentially constrained by the flexibility of the outgoing coordinator.

A final challenge, which is external to the Garden Project but is absolutely central in terms of its potential impact, is the future of the UBC Farm. There are currently discussions underway which could see the farm moved and dramatically downsized, to make way for housing. Participants tended not to talk about challenges, weaknesses or worries that they had about the Garden Project, however a number of them specifically raised concerns about the fate of the farm. As one participant put it: “if they take away the farm it will break my heart.” While the UBC administration has stated that there will always be a farm, their understanding of the farm currently appears to be limited to intensively cultivated fields. When the participants talk about the Garden Project and how it allows them to be with nature, or allows them to get out and pick berries, their conception of what is important includes not just the cultivated fields but the forest and non-cultivated areas which surround the farm. If the farm is moved or downsized, not only might it negatively impact the experience of future project participants, it might prevent the project from existing entirely, depending on what is prioritized in a future, potentially more spatially limited farm.

Section 4- The big picture-building CFS, engaging in decolonization, promoting health

In sections two and three of this chapter I worked to give space to the voices of the people I spoke with over the course of my research. The thoughts, ideas and experiences that were shared with me echoed many of the themes that came up in the literature discussed in Chapter 2. My aim in the last section of this chapter is to highlight some of these themes and extend my analysis of the project. I will do this by taking a bit of a step back, looking collectively at research participants' hopes for, thoughts about, experiences of, and impacts from the project, as well as my own observations of it, to explore what the project's implications might be in the long run and at a broader scale. Specifically I will discuss how the Garden Project relates to the CFS movement, decolonization processes, and the movement for health promotion.

Connection to CFS movement

As can be seen by the fact that the predominant response to food insecurity in Canada has been charitable food distribution (CNC 2004; Davis and Tarasuk 1994), food insecurity is often narrowly seen as being an issue of hunger, with access to food being the key concern. In this understanding of food insecurity, the Garden Project would not be a strong contributor to food security. Ron explains the situation this way:

The reality is we grow about, between 1000-1200 pounds of vegetables, fruits and medicines each year...we harvest that much anyways...That's not a lot...But in giving people all those skills and building their capacity and teaching people about food security and food sovereignty and the fact that people have the ability to do those things and people understand those concepts...I think that's where our sort of legacy will be.

The community food security movement¹⁷ takes a broader view of the reasons for food insecurity, including not just lack of access to food but also lack of skills, the structure of

¹⁷ It is important to note that the community food security movement is not the only response to food insecurity that sees the problem as broader than just access to food, or hunger. Antipoverty advocates such as Tarasuk (2001) and Power (1999) have also suggested that food insecurity is not just an issue of dealing with hunger. They suggest that food insecurity results from the erosion of the welfare state, inadequate minimum wages and other factors that challenge people's income security and thus ability to afford a healthful diet. Some antipoverty activists are concerned that the CFS movement's emphasis on broader issues such as sustainable agriculture or community self reliance risks drawing attention away from these

the current food system, the health of the ecosystem and so on, as discussed in Chapter 2. My aim here is to explore how the Garden Project relates to some of the longer term and broader scale objectives of the CFS movement, such as building food democracy (Lang and Heasman 2004; Welsh and MacRae 1998) through reducing corporate control of the food system, reskilling citizens and decommodifying food.

Welsh and MacRae (1998, 239) have argued that “community food security needs to be focused on the concept of food citizenship or food democracy, which requires that we move beyond notions of food as a commodity and people as consumers.” They suggest that simply focusing on anti-hunger advocacy fails to challenge the notion of people as empowered only in terms of their role as a consumer with, or without, purchasing power. The point is not to undermine the importance of food access, but rather to suggest that the solutions to the myriad problems of the dominant food system must enable people to think of themselves as more than consumers and act in capacities beyond the confines of consumerism.

An issue that is often raised in discussions on building community food security through empowered food citizens is that of skill, or rather the loss of skill. Jaffe and Gertler (2005) have suggested that people are being deskilled as food corporations increasingly gain control of the food system and promote their more processed food products which require less skill from consumers and have higher profit margins for their sellers. Welsh and MacRae suggest that projects and policies which wish to address deskilling must focus on skill development that “relates not only to food-related practices but also to understanding the systems in one’s community and to gaining a sense of being able to maneuver within them” (1998, 248). It is important to emphasize that skill development being discussed here is seen as necessary across society, not just with the lowest socioeconomic groups. The broad scope, intended audience, and understanding of deskilling which underlies these suggestions for skill development, distinguish them from the justifiably criticized education campaigns aimed at ‘teaching’ the most marginalized in society cooking and shopping skills. These education campaigns have often failed to

important issues of income adequacy and an economic system which entrenches inequality and makes food available to some and not to others. I support the work of antipoverty activists but, as the current discussion works to show, I also believe that tackling some of the broader concerns of the CFS movement, such as deskilling or commodification, can lead not just to changes in the food system, but to a critique of the economic system in which it is embedded.

recognize the considerable skill set that many who are targeted for 'education' already draw on (Tarasuk 2001).

The Garden Project is a space where participants come together to learn and share food-related skills helping to address deskilling. It is unique compared to most of the community kitchens and community gardens discussed in the literature because of having both the cooking and gardening foci, meaning it is able to address deskilling in more than one area. Additionally, the Garden Project is a place where participants learn about and discuss the food system. Ron is concerned about the dominant food system and this concern is conveyed and discussed at the Garden Project. As he explains "we need to have access to these foods and what will help us have access is if we have control over where it comes from, whether through democratic action or through the fact that we're taking action ourselves in growing our own food, cooking our own food...".

Some participants have voiced similar concerns and have been very articulate in describing what they see as the problem with the dominant food system and how the Garden Project addresses it. One participant explains her concern saying: "we've left it to just a few people to do and it's important for us to know too..." Another participant explains: "I appreciate all the knowledge that I'm gaining, you know, and it's important for us to have these understandings. We can't be dependent on [the current] society...because it's failing..." Thus the reskilling that happens in the Garden Project can be seen as a way to challenge corporate control of the food system, by allowing people to avoid dependency on these corporations for their sustenance.

Because the Garden Project takes place at the UBC Farm which is an integrated, production scale organic farm with its own farmers' market, participants also learn about organic farming and direct marketing, two important components of a sustainable, community self-reliant food system. One participant who came out as part of a youth exchange started volunteering with the farm to learn more about production scale agriculture. Val, through participating in the Garden Project and working at the UBC farmers' market selling coffee and bannock as a fundraiser for the project, has found that she prefers shopping at the farmers' market. She feels she is able to learn more about the food she is buying in this context than the grocery store context: "I think maybe they talk about [the food] more without me having to ask."

While I see reskilling as central to what happens at the Garden Project I think it is also important to emphasize that participants are not all leaving the project self sufficient and confident in all food related skills. As seen in some of the above quotations, participants often felt that they had improved their food-related skills but also had a desire for continued direction and facilitation. In the health promotion literature, some authors suggest that because capacity building and empowerment are such long range projects, one should not expect immediate lasting changes. Laverack and Labonte suggest that “too short a programme time frame runs the real risk of initiating healthy community changes, only to end before such changes have reached some degree of sustainability” (2000, 258). Nevertheless, an important challenge for the Garden Project will be to find ways to increase and expand community ownership of the project so that the positive changes that are being made do reach a degree of sustainability.

That fact that the community has not started to run the project on its own at the present time, does not, however, mean that there is not already community buy in, or ownership of the project. One excellent example of the type of ownership that is developing of the Garden Project is in the cultural celebrations and other major feasts that the Garden Project puts on. Increasingly participants have taken on the role of cooking for these feasts, so that, as Ron explains it, it has become more about “people feeding people rather than the project feeding people.”

The Garden Project is also a place where food starts to become decommodified, in particular for younger participants or participants who did not grow up in more rural contexts. As one participant explained, reflecting on what she had learned at the Garden Project: “you know what I think it is? It’s that I’m not a slave to the market anymore. It’s like I’ve figured out the secret code to survival.” Other participants grew up hunting, fishing and gathering food and so for them food as a commodity is, in some senses, still more the exception than the rule. For example Peggy decided one day that we should make seafood chowder. We stopped at a variety of stores on the way out to the farm and Peggy kept laughing about how confusing it all was given that she had never actually bought mussels before. Thus, participants who grew up fishing and gathering food, may find that the Garden Project is a place for them to reconnect with that experience, as seen in the preceding quotations on berry picking, and the emphasis that participants place in

the veggie voting activity on berry picking as an important focus of the Garden Project for them. Gardening may be a way to build a non-commodified relationship with food for those who did not grow up gathering/hunting/producing. However berry-picking, or gathering medicinal plants in the forest, as Cease does with participants, is a much more familiar and traditional way of having a non-commodified relationship with food.

Through building food related skills, increasing knowledge of the food system, reducing reliance on the corporate-dominated food system, and creating a space to experience and celebrate food as a natural product rather than a commodity, the Garden Project contributes to the longer term goals of the CFS movement. However the question remains, if the problems of the dominant food system are seen as resulting from interplay of local, national and international factors, how can small local projects like the Garden Project have any long term and structural impact? This is an important concern for many in the CFS movement. Johnston and Baker caution that “romanticizing local programming...and naively hoping for a seamless scaling out across the country runs the risk of doing too little too late” (2005, 321). Local programs alone are not enough.

Lang and Heasman (2004) and the many researchers and practitioners who developed the community food security continuum discussed in Chapter 2, have argued that policy is an important way to impact the structure of the food system and work towards long term redesign. The Garden Project is not directly involved in policy work, although the leaders of the project are involved with the BC Food Systems Network and the BC Working Group on Indigenous Food Sovereignty both of which engage in policy advocacy. Through these networks and the health authority which funds the project as well as the recently formed Vancouver Aboriginal Community Food Action Network, also funded by AHIP, the experience of the Garden Project is able to filter into the policy arena. As the CFS continuum suggests, ideally CFS work happens at all stages of the continuum in a mutually supportive way. Thus Welsh and MacRae (1998) have suggested that policy development and community action must happen in such a way that the one reinforces the other. The Garden Project, focused as it is on the community action side of the equation, still has the potential to affect policy.

The challenge for the Garden Project, but also the CFS movement more generally, is to find ways to make sure that the experience of grassroots community-based projects

makes it into policy discussions and is taken seriously in these arenas. Food policy councils are one way that this is beginning to happen, however the Vancouver Food Policy council, for example, still lacks Indigenous representation.

While I agree that policy development is important for system redesign to happen, I think that Lang and Heasman's (2004) argument about the importance of changing our food culture is also central. This is where I see the Garden Project making a significant contribution. By creating a space for a diversity of people to build health-giving relationships with food, from seed to table to earth, and by being a place for people to come together and be in community around food, the Garden Project takes an important step towards refashioning the dominant food culture. The food culture that the Garden Project is participating in creating is one where the role food plays in the mental, emotional, physical and spiritual health of individuals and in the health of communities and the environment is recognized and honored. Compared to where our food system is now, this vision of what the food system could be is no less than revolutionary. Cease explains this saying: "the real revolution is getting your hands dirty...you're armed with pitch forks and you're armed with vegetables and you're armed with seeds."

Decolonization for Indigenous health and healing

The reskilling that happens at the Garden Project can be viewed in a slightly different light, as Curtis helped me see. He explained that learning food skills at the Garden Project "is decolonization. Part of the colonization that we live in is dependency." He went on to explain the problems with dependency and the importance of having food skills:

You know, they're saying, 'come over here, depend on this, this is the safe way to go.' Truly it's not the safe way to go. Because all of sudden if there was war, there was natural balance, also known as natural disasters to the colonizer, and there was no way to import and export foods...And imagine if Safeway wasn't there. That's not so safe...you know, it's the unsafe way. The safe way to go is out on the land. That's my safe way. The garden is my safe way!

Just as colonization is a process with many facets, so is decolonization. One useful definition which relates closely to Curtis' explanation of decolonization states that:

Decolonization is the process of the oppressed regaining self-determination and independence in social, economic, cultural, and political structures, and an

identity as individuals, families, communities, and nations. Strategies for decolonization range from Aboriginal self-government in areas of social, economic, cultural, and political systems to consciousness-raising regarding oppression. The process of decolonization will be different for various Aboriginal populations because of the diversity among Aboriginal peoples and their beliefs (Verniest 2006).

Along with building skills to overcome dependency, the Garden Project can be seen as contributing to this ongoing process of decolonization which many see as central to Indigenous health and healing. In particular it contributes to health and healing through celebrating culture, honouring traditional health practices and challenging racial and other forms of stigmatization.

Using and celebrating traditional healing practices

Kirmayer and colleagues (2003) discuss the notion of healing traditions as integral to decolonization. They explore two understandings of healing traditions, one being revitalization in the use of traditional healing practices and the other being the healing potential of celebrating cultural traditions given the long history of denial and repression. The Garden Project can be seen as engaging in both versions of healing traditions. In terms of using traditional healing practices, the Garden Project, as discussed at length above, aims to work within the framework of the Medicine Wheel, one model of traditional health teachings. Traditional health teachings also emphasize the role that the spiritual realm and natural realm play in health (McCormick 2005). In the Garden Project, both realms are recognized and celebrated as important. Connection with the spiritual realm can be seen through the cultural celebrations of the project as well as the day to day spiritual work carried out by the project's cultural coordinator and others, whether it's drumming and singing before meals, or singing and providing tobacco offerings when seeds are planted or food is harvested.

By the very nature of the Garden Project being focused in part on outdoor work, the role of the natural realm in health is affirmed. The importance of the natural realm to healing can be seen in the many comments participants have made about enjoying being with nature, getting out of the city and finding peace out at the Garden Project. The Garden Project can also be seen reflecting cultural teachings on the reciprocal relationship that exists between the land and people (Milburn 2004). Ron explains that

part of the task of the Garden Project is “making the connections with the earth as well, that we need to look after her.” Curtis and Corinne also both discussed this relationship, as quoted above, explaining that humans must take care of the land as the land takes care of them.

Ceremony is also an important component of traditional healing practices (McCormick 2005). Because of the traditional importance of ceremonial work for healing, one of the project’s earlier cultural coordinators helped shift the focus of the yearly feasts away from being simply celebrations and towards being celebrations with a ceremonial focus. Because ceremonies vary greatly from culture to culture, and because years of repression of ceremonial work has meant not all ceremonial knowledge has been passed down to subsequent generations, the ceremonies of the Garden Project are in some senses new ceremonies drawing on many very old traditions. Ceremonies are traditionally important for maintaining a healthy food system: “Native foodways are based on an intimate and spiritual connection to the land, the plants, and the animals. Ceremony and prayer help maintain this relationship” (Milburn 2004, 426). One participant, echoing this explanation discussed how the project’s ceremonies create a space for “honouring the Creator and honouring each other and the earth, the land”.

Reclaiming other traditions

With respect to the second sense in which Kirmayer and colleagues discuss the role of healing traditions in overcoming the legacy of colonialism, namely recovering traditions, the Garden Project can also be seen playing a role. Traditional approaches to healing are, of course, an important area where the Garden Project can be seen working to recover traditions, and because traditional health teachings are so integrative and holistic, it is somewhat misleading to discuss these traditions as if they could be separated out from other cultural traditions. Nevertheless there are a few areas where I see the Garden Project having relevance to recovering cultural traditions in the face of colonialism that have not been covered in the discussion on traditional health teachings. I will touch briefly on those here. It is important to note that not all participants articulated that they saw themselves engaging in a process of recovering their traditions. Others however, are explicitly seeking and finding this. As one participant explained, “It would

be nice to go back to our own culture.” It is also useful to remember that, just as with the cultural ceremonies the Garden Project engages in, the traditions that are being recovered through the Garden Project are a combination of old traditions as well as practices based in tradition but modified given the current context. Cease explained this well when she spoke of the value of gardening, pointing out how the plants grown in the Garden Project are not all traditional plants that Indigenous people from this area would have worked with historically, but that the act of digging, gathering and tending plants is very much rooted in tradition. It is important to think of tradition in the Garden Project with this explanation in mind.

One important area where the Garden Project can be seen helping to recover traditions is in the opportunity it provides for people to reconnect to seemingly mundane, daily practices. Communal cooking and eating was one area in particular that was often mentioned as something that was familiar to people from ‘back home’. Many of the Elders, and others involved in the project, participants and leaders alike, often would say to me “we used to do this”, or some variation, when speaking of the way that we cook big meals together and have big feasts at the Garden Project. For some participants who have lived in urban areas for a long time, sometimes their whole lives, there is not necessarily that same sense of ‘we used to do this’, so as Ron explains “We need to be a bridge for those people to those traditional ways.” Thus the Garden Project can act as place for people to connect or reconnect with important daily cultural traditions.

Another way that I see the Garden Project being a place where participants practice certain cultural norms is in the opportunity it provides for sharing. The Elders involved in the project in particular were constantly sharing food with all of us and I hadn’t picked up on the cultural importance of this until Peggy explained it. One day Peggy had offered to bring salmon out for the next week’s community kitchen and Ron had said that that would be great if she could spare it. She gently corrected him saying it wasn’t about being able to *spare it* but that she wanted to *share it*. She then explained to me that in her culture it is important to share. After this and many other similar comments and explanations I started to see how much sharing was central to what happened at the Garden Project. Participants would spend hours in the bush picking blackberries or out in the field picking strawberries and then take home only a bit for

themselves, carefully doling out the berries amongst everyone else who was out that day. It was also the participants who started the tradition of sharing meals with the farm staff who were sometimes around the kitchen when we sat down to eat, insisting that they come and join us in our meal. Curtis, reflecting on the way that Elders are able to impart not just hard skills but these kinds of cultural teachings, said: “That’s real knowledge, that’s the learning I want to learn.”

Overcoming racial and other forms of stigmatization

Kelm (1998) has suggested that a key component of colonization is racism where the colonizer is seen as being at a higher evolutionary level than the colonized. There are many expressions of racism, from racial stereotyping of Indigenous peoples to the residential school system which took children away from their families, or in the contemporary context, the disproportionate number of Indigenous children being taken into ‘care’.

The Garden Project is not an overtly activist organization working to overcome institutionalized racism. However, in its own way, it works to overcome racism, as well as classism and ageism by allowing people of different classes, races and ages to be together in a safe space and learn from each other. Mark, the UBC Farm program coordinator, has suggested that one of the strengths of the Garden Project is that rather than university students going to the Downtown Eastside to work with people there, it welcomes people at the university, a place that often seems remote and elitist, but which is in theory a public institution. At the same time the Garden Project allows the participants of the project the opportunity to welcome and offer hospitality to the university students who work and volunteer at the farm, challenging the notion that the university is doing service to the community and suggesting that it really goes both ways. The way that university students and people from the Garden Project interact, where often it is project participants who are doing the giving, also challenges the view that people from higher socioeconomic groups or those with more formal education have more to offer.

Just as colonization was, and is, a process with many expressions, so is decolonization. For many Indigenous peoples, struggles for self determination and land

sovereignty are central in the process of decolonization. However decolonization also involves recovering self-sufficiency skills as Curtis explained as well as reclaiming cultural traditions, including healing traditions, and overcoming the racism that continues the oppression of the colonized. It is in these latter senses that I see the Garden Project contributing to the decolonization process. At the same time I do not wish to suggest that we should be overly confident that projects like this alone can overcome the burdensome legacy of colonialism. As I suggested with the movement for community food security, what is needed is efforts in different arenas and at different scales. In the decolonization process this may involve direct protest and blockades when traditional food sources are being threatened, and it may involve political action and lobbying as well as projects like the Garden Project.

The Garden Project's activities are clearly not working at the same scale as direct action and political protest. Some might argue that without directly challenging the colonial power little change is possible. While there may be some truth to this, I would also suggest that projects like the Garden Project are able to engage in the decolonization process people who do not see themselves as being very political or as being activists, or who do not talk the language of decolonization. Creating a place where these people, as well as those who may see themselves more as activists, can come together to and learn from each other and honour traditional ways together, a place where those from the colonizing culture can be educated, allows a broader range of people to engage in the decolonization process. This can help create a context which is more supportive of political, economic and social change in the long run.

Negotiating top-down versus bottom-up approaches to health promotion

Travers has suggested that “when the social world is the source of nutrition problems, the solutions to those problems lay in social change” (Travers 1997, 61). I would argue more generally that when the social world is the source of ill-health, the solution lies with social change. The preceding two sections have discussed certain ways in which the Garden Project can be seen as engaging in social change. Many who write in the field of health promotion have suggested that social change is integral to a health

promotion agenda, as evidenced by its emphasis on community empowerment and capacity building (Duhl 1996; Labonte et al. 2005; Laverack and Labonte 2000; Potvin et al. 2005; Robertson 1998; Travers 1997). An important question, however, is how this change is to be implemented and who is to drive the agenda. For example what is the role of an outsider in the empowerment of communities? Can empowerment be facilitated and if so, how? My intention here is to explore what the Garden Project can teach us about the top-down versus bottom-up health promotion agendas, as well as how these two different approaches might be bridged.

Raphael (2006) has pointed out that public health in North America has tended to be preoccupied with promoting health through health education aimed at changing individuals' behaviour. Health promotion *theory* with its socio-ecological discourse, aims to move beyond individual level behaviour change and towards broader health objectives such as community empowerment, objectives which are tied up with a social change agenda (Labonte et al. 2005; Laverack and Labonte 2000; WHO 1986). However, health promotion *practice*, because it is situated within the broader field of public health that is still rooted in biomedicine as discussed above, is often caught between these two approaches. Laverack and Labonte explain this suggesting that:

Health promotion often comprises a tension between 'bottom-up' and 'top-down' programming. The former, more associated with concepts of community empowerment, begins on issues of concern to particular groups or individuals, and regards some improvement in their overall power or capacity as the important health outcome. The latter, more associated with disease prevention efforts, begins by seeking to involve particular groups or individuals in issues and activities largely defined by health agencies, and regards improvement in particular behaviours as the important health outcome (2000, 255).

The Garden Project provides an opportunity to explore this tension. In some senses the Garden Project activities can be seen as a form of individual health education, focused as it is on building skills around cooking and growing 'healthy' foods. It can be seen as promoting individual level behaviour change, encouraging healthy eating and active living. There is certainly nothing inherently wrong with this. In fact participants' assertions that they feel like the Garden Project has helped them become more active or eat a healthier diet can be seen as a very positive outcome. At the same time, if the Garden Project was too narrowly focused on promoting healthy eating and active living, I

believe it would fail to achieve many of the other positive health outcomes related more to the community empowerment side of the dichotomy, such as the sense of community and feelings of ownership that the project is able to foster.

A useful example which illustrates this point was the day that one participant bought a chocolate cake at the grocery store to bring to the project to celebrate another participant's birthday. She explained that she felt it was always important to celebrate people's birthdays "with a bit of decadence" because birthdays were never celebrated in the residential schools. We all celebrated her decision to bring the cake and ate with enthusiasm. A birthday cake high in processed sugars and fats has little to do with healthy eating, but, especially when viewed in the context of its ability to help overcome some of the wounds inflicted through colonization, it has much to do with promoting health. The way that the Garden Project honours people's decisions to do things like celebrate birthdays with 'unhealthy' cakes, demonstrates the utility of the project not being too dogmatically attached to promoting healthy eating at the expense of being sensitive to what is important for project participants.

Just as the Garden Project can be seen as straddling the community empowerment/disease prevention dichotomy, it can also be seen as straddling, or perhaps better stated bridging, the top-down agency directed approach to health promotion and the bottom-up community driven approach. As the section on the history of the Garden Project explained, the project was developed through the coming together of various health practitioners and other community workers and their programs, and thus did not grow out of a community identified need per se. As Ron put it, initially it was more of an "if you build it they will come" kind of approach. However, as the project developed, its leaders worked hard to be responsive to the desires of the community.

Part of what has helped facilitate this responsiveness is that the leaders of the project did not take a narrow view of health and the causes of ill-health. They recognized that health has mental, emotional, physical and spiritual components, and that promoting the health of the individual as well as community, culture and ecosystem is essential. Furthermore they have identified, and thus worked in recognition of, social causes for ill-health such as colonization and a corporate controlled global food system. The project's responsiveness to participants' needs and desires is also facilitated by the way that the

project coordinators work to be facilitators as opposed to experts, constantly encouraging input. It is further formalized by the standing offer to project participants to join the steering committee, an offer which has been taken up by a few participants.

To encourage participation and responsiveness at a broader community scale, the Garden Project holds regular community consultations as discussed earlier. It has also served as the spring board and administrative home to the Vancouver Aboriginal Community Food Action Network (VACFAN), whose purpose is to bring together health professionals, community activists and community members to dialogue about community food security and the urban Aboriginal community.

My intention is not to suggest that the Garden Project has managed to be entirely driven by the community it aims to serve. There is definitely room for improvement, in terms of who drives it and how input is solicited, how frequently, by whom and from whom. Nevertheless, I would argue, following Labonte and Laverack (2000), that the experience of the Garden Project suggests that the dichotomy between top-down and bottom-up programming is bridgeable. That is to say, it is possible for a project started by an agency to be responsive to and increasingly guided by the needs and desires of the community with which it works. I recognize that this is a risky argument to make, and that there are very real concerns regarding the ability of agency-directed programming to promote the empowerment of communities (Travers 1995).

Given these very legitimate concerns rooted in the less than empowering history of public health, I would suggest that it is important for health promotion practitioners, such as the leaders of the Garden Project, to engage in regular critical examination of their own practice. In many ways the steering committee is a key place where this can be seen happening, as the leaders reflect with their peers as well as project participants on the project. While this is a potentially useful structure for increasing community ownership of the project, it is worth asking why it is that more participants do not choose to sit on the steering committee. Is it lack of time? Do meetings happen at an inappropriate time or location or are meetings perhaps an uncomfortable mode of engaging in leadership of project?

A somewhat more complex question is whether the project would be more beneficial or have more community buy-in if it were completely driven by the

community. At the same time an entirely grassroots approach to health promotion is challenging because community groups often lack the stability, infrastructure and access to funds that agencies do, as activists in the CFS movement have pointed out (CNC 2004). One scenario which Ron and other leaders of the Garden Project hope for is that the community who participates in the Garden Project begins to take ownership of the project, so that in the long run the project is run entirely by the community. A community-run project would also have the potential to reach a broader range of people than a project run primarily through one agency and one full-time coordinator. But what sort of structure would replace it? The group of people who participate in the Garden Project and the broader urban Indigenous community of Vancouver are certainly not a homogenous group. How would diverse community interests and needs be negotiated? Would there be coordination between different user groups? Who would do this coordination? Would community members be able to access funds to hold special events like the cultural celebrations and feasts or pay the UBC Farm for tractor time and kitchen space?

I don't have answers to these questions, nor does the Garden Project yet. It will be interesting to see what new challenges are presented if the project does evolve into a less facilitated, more community driven, project. Alternatively, if facilitation through a health agency such as Vancouver Native Health continues, it will be interesting to see if there are changes in community members' sense of, or expressions of, ownership of the project. Will ownership increase with project longevity or will the project begin to feel like an established institution of the health agency with which it is associated? Based on what I have seen of the Garden Project I am hopeful about its ability to become increasingly driven by the urban Indigenous community, however achieving this will not always be straightforward or easy.

Chapter 5: Summary and conclusions

The aim of my research project was to engage with the Garden Project and through this engagement develop a holistic picture and analysis of its goals and impacts. In my desire to develop a research project that was useful to the community I was working with, I was guided by participatory research and evaluation methodologies and methods, which saw me interacting with the project in an iterative cycle of action and reflection, data collection and analysis. The Garden Project was also a wonderfully rich place to explore a variety of micro and macro scale issues related to health promotion, Indigenous health and healing and community food security. The aim of this chapter is to briefly summarize my research project, highlighting key findings and key lessons that the Garden Project can teach us, as well as outlining some possible areas for future research.

I have suggested that the work of the Garden Project should be understood within the broader context of colonialism, which has created myriad health challenges for Indigenous peoples. Closely related to colonialism is the issue that traditional Indigenous worldviews and approaches to health and healing are very different from the dominant biomedical approach to health which dominates Canadian society. Another important contextual piece for understanding the Garden Project is the challenges of the dominant food system which Indigenous people are increasingly relying on as they move away, or are forced away, from traditional foodways. The dominant food system in industrialized nations such as Canada is focused more on profit generation than the provision of health, resulting in a whole range of human and ecological health problems.

Within this broader context, the Garden Project works to be a culturally appropriate health promotion project using community-based food work. Throughout this thesis I have explored the work of the Garden Project, from the perspective of project leaders and project participants as well as through my own experiences and reflections. In this exploration I have discussed the unique approach of the Garden Project and suggested that it has achieved many positive outcomes, at a diversity of levels, along with facing some challenges.

Through talking to project leaders I found that they saw the Garden Project working to treat the whole person, addressing interconnected health needs, and recognizing the connection between human and ecological health. They suggested that

decision making and power were shared in the project, that food skills were developed in a collaborative environment, and that a supportive community emerged as a result of project activities. They also saw the project playing an important role in building health-giving relationships with food, nature and culture.

Project participants' reflections on the project suggested that many of the hopes and ideals that project leaders had about the project were being achieved. Participants discussed their appreciation for the opportunity the project provided for gaining food skills, connecting with nature, and being with friends in a safe, supportive and informal atmosphere. Their experiences and reflections pointed to a diversity of personal physical, mental/emotional and spiritual health impacts as well as community health impacts through increased community capacities and social support networks.

Taken collectively, the views of Garden Project leaders and participants suggest that the Garden Project can be seen as a CFS project, a health promotion project and a project rooted in Indigenous approaches to health and healing. For example it can be seen as a CFS project in the way that it connects participants with food as a natural product and builds skills around cooking and growing food and knowledge about food system issues. It can be seen as a health promotion project in the way that it builds community and social support networks, works to treat the whole person and empowers participants to take actions around their own health needs. It can be seen as rooted in Indigenous approaches to health and healing in the way it promotes individuals' physical, mental/emotional, spiritual health while simultaneously promoting the health of the community, through cultural revitalization, and the health of the universe through the opportunity it provides for awareness about ecosystem health.

I have suggested that the Garden Project, through engaging in movements for CFS, decolonization and health promotion, takes steps towards addressing certain structural causes for ill-health, such as the legacy of colonialism or the dominant food system. It also provides an interesting place to explore questions around how social change is to be effected and who should drive the agenda.

However just as the Garden Project has diverse individual, community, societal and ecological benefits, it also faces diverse challenges, as outlined in this thesis. At the project level, one key challenge is attracting consistent numbers of participants to the

project, in particular youth participants. Other challenges include finding sufficient funds to better support the training of new staff given the very relational and sometimes idiosyncratic nature of the job, and finding ways to increase the project's capacity in facilitation and conflict resolution. At a broader scale, challenges of the Garden Project include finding ways to increase ownership of the project by the urban Indigenous community as well as finding avenues to translate the experience of the project to the policy arena.

My experience doing research with the Garden Project also points to a diversity of important future research opportunities. One key short-coming of my research and a potentially very interesting area of exploration is what the broader urban Indigenous community feels about the Garden Project and its approach to food and health. My research suggests that there are diverse health benefits that can be derived through the Garden Project, however these findings are based predominantly on the experiences of people who participated in the Garden Project on a fairly regular basis. It would be interesting to know what the constraints are which prevent more people from participating. Is it lack of interest in the approach and activities or a lack of awareness of the existence of the project and how to become involved? What types of connections between food and health would people in the urban Indigenous community like to see being made? Is participating in communal food work an interest or priority for this community? What other health priorities does it have?

Given my experience doing research with the Garden Project, working to address these questions in Vancouver's urban Indigenous community could likely only be sensitively done by someone already engaged with this community, or by someone willing to commit considerable time to becoming embedded in the urban Indigenous community. I spent a lot of time with the people involved in the Garden Project. Through going to community consultations around food at the Friendship Center and Native Education Center, and participating in dialogues around Indigenous Food Sovereignty, I see that I have only begun to scratch the surface in terms of understanding these issues and the context of the urban Indigenous community. I have also seen that discomfort that participants of the Garden Project experienced if people they didn't know well directly asked them questions about the project or their lives. All of this suggests to me the value

of a researcher spending the time necessary to become educated by the community, as well as the time necessary to become known by the community. In the end I only interviewed a relatively small number of people. My perspective is that these were comfortable and often fun experiences for all involved. Engaging in a research project with a broader scope and considerably larger group of research participants would require, I believe, significantly more time.

There are also policy questions which emerge from the research I carried out with the Garden Project. My research focused predominantly on the on-the-ground work of the Garden Project. I have suggested a few areas that this work can be seen being linked to the policy arena, however these connections deserve further investigation. For example, it would be interesting to explore the perspective of those in the health agency, such as administrators for the Aboriginal Health Initiative Program, or health professionals from Vancouver Coastal Health, or policy makers in the city to see the impact that the experience of grassroots projects like the Garden Project has on their work. Do these grassroots experiences translate up and scale-out? If so how, if not why not and what would be necessary to make scaling up and out more possible?

There are plenty of questions that still could be asked related to the themes discussed in this thesis. Despite limitations however, the current study of the Garden Project gives many reasons for hope. I would suggest that a key lesson from the Garden Project is that, carried out in a culturally sensitive manner, food work with Indigenous people is a powerful leverage point for promoting health and beginning to effect social change. Specifically, the Garden Project helps to show the power of thoughtfully growing, gathering, cooking and eating in community. This form of communal food work has the potential to meet certain immediate needs, such as the need for community, time in nature or fresh, healthy food, while also contributing to health-supportive social change. In the words of Cease, these seemingly simple acts may in fact be revolutionary.

However the Garden Project also serves as a window into the many interconnected issues which threaten health. If we take the teachings of the Medicine Wheel seriously, recognizing the need for balance in the health of the individual, community, and Universe, there is much to remain concerned about. We need to start seeing climate change and other ecosystem threats as direct threats to human health, as

ecosystem and human health are inseparable. Colonialism and the continued colonial context needs to start being seen as a challenge to be overcome, not just through the work of Indigenous people but also through the work of non-Indigenous people working in solidarity. Furthermore, the dependency that Curtis talked about threatens not just Indigenous peoples but all other peoples as well, given the vulnerable state of our current food systems, ecosystems and economic systems.

An important question that I am left with is: how can we extend these lessons, both of hope and of caution, to the broader society, particularly those who do not see their vulnerability as clearly as those who are faced with it daily? I would argue that projects such as the Garden Project should exist by and for Indigenous peoples. At the same time, I would argue that we need to get *more* people's hands dirty, learning some of the lessons that the Garden Project taught me, lessons about honouring the earth, the spirit, ourselves and each other. Our health depends on it.

Works cited

- Adelson, Naomi. 2000. *'Being alive well': Health and the politics of Cree well-being*. Toronto: University of Toronto Press.
- Adelson, Naomi. 2005. The embodiment of inequity-health disparities in Aboriginal Canada. *Canadian Journal of Public Health* 96 (supplement 2): S45-S61.
- Alaimo, Katherine, Elizabeth Packnett, Richard Miles, and Daniel Kruger. 2008. Fruit and vegetable intake among urban community gardeners. *Journal of Nutrition Education and Behavior*, 40 (2): 94-101.
- Allen, Patricia. 2004. *Together at the table: Sustainability and sustenance in the American agrifood system*. Pennsylvania: The Pennsylvania State University Press.
- Altieri, Miguel. 1993. Sustainability and the rural poor: A Latin American perspective. In *Food for the future: conditions and contradictions of sustainability*, ed. Patricia Allen, 193-209. New York: John Wiley and Sons Inc.
- Annandale, Ellen. 1998. *The Sociology of health and medicine: A Critical Introduction*. Cambridge: Polity Press.
- Armstrong, Donna. 2000a. A community diabetes education and gardening project to improve diabetes care in a northwest American Indian tribe. *Diabetes Educator* 26(1): 113-120.
- Armstrong, Donna. 2000b. A survey of community gardens in upstate New York: Implications for health promotion and community development. *Health and Place*. 6(4): 319-327.
- Bellows, Ann, Katherine Brown, and Jac Smit. 2005. Health benefits of urban agriculture. www.foodsecurity.org/UAHealthArticle.pdf Accessed October 7th, 2008.
- Bell-Sheetter, Alicia. 2004. Food Sovereignty Assessment Tool. Fredericksburg, VA: First Nations Development Institute. <http://www.wkkf.org/default.aspx?tabid=101&CID=383&CatID=383&ItemID=5000498&NID=20&LanguageID=0> Accessed October 7th, 2008.
- Benoit, Cecilia, Dena Carroll, Lisa Lawr, and Munaza Chaudhry. 2001. Marginalized voices from the Downtown Eastside: Aboriginal women speak about their health experiences. <http://www.cewh-cesf.ca/PDF/nnewh/marginalized-voices.pdf>. Accessed October 7th, 2008.
- Berry, Wendell. 1992. *Sex, economy, freedom and community*. New York, NY: Pantheon.

- Berry, Wendell. 1997. *The unsettling of America*. San Francisco: Sierra Club Books.
- Bopp, Judie, Michael Bopp, Lee Brown, and Phil Lane. 1985. *The sacred tree*. Lethbridge: Four Worlds Development Institute.
- Browne, Annette, Victoria Smye and Colleen Varcoe. 2005. The relevance of postcolonial theoretical perspectives to research in aboriginal health. *Canadian Journal of Nursing Research*. 37(4): 16-37.
- Butler, Colin, and Sharon Friel. 2006. Time to regenerate: Ecosystems and health promotion. *PLoS Medicine* 3(10): e394. [doi:10.1371/journal.pmed.0030394](https://doi.org/10.1371/journal.pmed.0030394) Accessed October 7th, 2008
- Castellano, Marlene. 2004. Ethics of Aboriginal research. *Journal of Aboriginal Health* 1(1): 98-114.
- CNC (Community Nutritionist Council). 2004. Making the connection: Food security and public health. Paper submitted to the Ministry of Health Services and the Health Authority of British Columbia by the Community Nutritionist Council of BC. <http://www.fraserhealth.ca/HealthInfo/PublicHealth/FoodAndNutrition/Food+Security.htm> Accessed October 7th, 2008.
- Coburn, David, Keith Denny, Eric Mykhalovskiy, Peggy McDonough, Ann Robertson, and Rhonda Love. 2003. Population health in Canada: A brief critique. *American Journal of Public Health*. 93(3): 392-396.
- Colomeda, Lorelei. 1999. *Keepers of the central fire: Issues in ecology for Indigenous Peoples*. Sudbury, Massachusetts: Jones and Bartlett Publishers.
- Conti, Kibbe. 2006. Diabetes prevention in Indian country: Developing nutrition models to tell the story of food-system change. *Journal of Transcultural Nursing* 17(3): 234-245.
- Crawford, Sara. and Laura Kalina. 1997. Building food security through health promotion: community kitchens. *Journal of the Canadian Dietetic Association*. 58(4): 197-201.
- Curtin, Deane. 1992. Food/Body/Person. In *Cooking, eating, thinking: Transformative philosophies of food*, ed. Deane Curtin and Lisa Heldke, 3-22. Bloomington: Indiana University Press.
- Curtin, Deane and Lisa Heldke. 1992. *Cooking, eating, thinking: transformative philosophies of food*. Bloomington: Indiana University Press.

- Dapice, Ann. 2006. The Medicine Wheel. *Journal of Transcultural Nursing*. 17: 251-260.
- Davis, Barbara, and Valerie Tarasuk. 1994. Hunger in Canada. *Agriculture and Human Values*. 11(4): 50-57.
- Dee Letendre, Angeline. 2002. Aboriginal traditional medicine: where does it fit in? *Crossing Boundaries—An Interdisciplinary Journal*. 1(2): 78-87.
- Dooris, Mark. 2005. Healthy settings: Challenges to generating evidence of effectiveness. *Health Promotion International*. 21(1): 55-65.
- Duhl, Lawrence. 1996. An ecohistory of health: The role of 'Healthy Cities'. *American Journal of Health Promotion*. 10(4): 258-261.
- Engler-Stringer, Rachel. 2005. *Collective kitchens in three Canadian cities: impacts on the lives of participants*. Unpublished PhD thesis. Saskatoon, Saskatchewan: University of Saskatchewan.
- Engler-Stringer, Rachel, and Shawna Berenbaum. 2007. Exploring food security with collective kitchens participants in three Canadian cities. *Qualitative Health Research*. 17(1): 75-84.
- Estey, Elizabeth, Andrew Kmetc, and Jeff Reading. 2007. Innovative approaches in public health research: Applying life course epidemiology in Aboriginal health research. *Canadian Journal of Public Health*. 98(6): 444-446.
- Fano, Tara, Sheila Tyminski, and Mary Flynn. 2004. Evaluation of a collective kitchens program: Using the population health promotion model. *Canadian Journal of Dietetic Practice and Research*. 65: 72-80.
- Friedmann, Harriet. 1993. After Midas's feast: Alternative food regimes for the future. In *Food for the future: conditions and contradictions of sustainability*, ed. Patricia Allen, 213-234. New York: John Wiley and Sons Inc.
- Freire, Paulo. 1970/2000. *Pedagogy of the Oppressed*. New York: Continuum.
- Garden Project OMF (Outcome Measurements Framework). 2006. OMF for the Urban Aboriginal Community Kitchen Garden Project, April 2006-March 2009.
- Garriguet, Didier. 2008. Obesity and the eating habits of the Aboriginal population. *Health Reports* (Statistics Canada, catalogue 82-003-X). 19 (1): 21-36.
- Gliessman, Stephen. 2000. *Agroecology: ecological processes in sustainable*. Boca Raton: Lewis publishers.

- Gottlieb, Robert. 2001. *Environmentalism unbound: Exploring new pathways for change*. Cambridge and London: The MIT Press.
- Green, Lawrence. and Marshall Kreuter. 2005. *Health program planning: An educational and ecological approach*. Boston: McGraw Hill.
- Green, Lawrence, Lucie Richard, and Louise. Potvin. 1996. Ecological foundations of health promotion. *American Journal of Health Promotion*. 10(4): 270-281.
- Guba, Egon, and Yvonna Lincoln. 1989. *Fourth generation evaluation*. Newbury Park: Sage Publications.
- Hamm, Michael, and Anne Bellows. 2003. Community food security and nutrition educators. *Journal of Nutrition Education and Behaviour*. 35(1): 37-43
- Harris, Neil, and John Grootjans. 2007. The potential role of ecological health promotion in progressing healthy ageing. *Ageing International*. 31(4): 276-282.
- Hassanein, Neva. 2003. Practicing Food Democracy: a pragmatic politics of transformation. *Journal of Rural Studies*. 19: 77-86.
- Hesse-Biber, Sharlene Nagy, and Patricia Leavy. 2006. *The Practice of qualitative research*. Thousand Oaks: Sage Publications.
- Heffernan, William. 2000. Concentration of Ownership and Control in Agriculture. In *Hungry for Profit: The Agribusiness Threat to Farmers, Food and the Environment*, ed. Fred Magdoff, John Foster, and Frederick Buttel, 61-76. New York: Monthly Review Press.
- Health Canada. 2005. Aboriginal Diabetes Initiative. <http://www.hc-sc.gc.ca/ahc-asc/activit/marketsoc/camp/adi-ida-eng.php>
- Honari, Morteza, and Thomas Boleyn. 1999. *Health Ecology: Health, culture and human-environment interaction*. London: Routledge.
- Houghton, Joanne. 2003. *Framing Community Food Security: Connecting the Personal to the Political*. Unpublished PhD thesis.
- Hunter, Linda, Jo Logan, Jean-Guy Goulet, and Sylvia Barton 2006. Aboriginal healing: regaining balance and culture. *Journal of Transcultural Nursing* 17(1): 13-22.
- Hutchinson, Peter. 2006. First Nation/State relationships and First Nation health: an exploratory analysis of linkage social capital as a determinant of health. *Pimatisiwin*. 4(1): 105-118.
- Investment Agriculture. No date. Aboriginal Agriculture Initiative: Approve Projects

- 2003-2007. http://www.iafbc.ca/funding_available/programs/AAI/aa1.htm
Accessed October 7th, 2008.
- Jaffe, JoAnn, and Michael Gertler. 2006. Victual Vicissitudes: Consumer deskilling and the (gendered) transformation of food systems. *Agriculture and Human Values*. 23: 143-162.
- Johnston, Josee, and Lauren Baker. 2005. Eating outside the box: FoodShare's good food box and the challenge of scale. *Agriculture and Human Values*. 22: 313-325.
- Kelm, Mary-Ellen. 1998. *Colonizing Bodies: Aboriginal health and healing in British Columbia 1900-50*. Vancouver: UBC Press.
- Kickbusch, Ilona. 1999. Good planets are hard to find. In *Health Ecology: Health, culture and human—environment interaction*, eds. Morteza Honari and Thomas Boleyn, 37-58. London: Routledge.
- King, Thomas. 2003. *The truth about stories: A Native Narrative*. Toronto: Anansi.
- Kirmayer, Laurence, Cori Simpson, and Margaret Cargo. 2003. Healing traditions: culture, community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry*. 11 (supplement): S15-S23.
- Kneen, Brewster. 1993. *From Land to Mouth: Understanding the Food System*. Toronto: NC Press.
- Labonte, Ronald, and Glenn Laverack. 2000. A planning framework for community empowerment goals within health promotion. *Health Policy and Planning*. 15(3): 255-262.
- Labonte, Ronald, Micheal Polanyi, Nazeem Muhajarine, Tom McIntosh, and Allison Williams. 2005. Beyond the divides: Towards critical population health research. *Critical Public Health* 15 (1): 5-17.
- Labonte, Ronald, and Ann Robertson. 1996. Delivering the goods, showing our stuff: the case for a constructivist paradigm for health promotion research and practice. *Health Education Quarterly*. 23(4): 431-447.
- LaDuke, Winnona, and Sarah Alexander. 2004. *Food is Medicine: Recovering Traditional Foods to Heal the People*. Honor the Earth and White Earth Land Recovery Project.
- Lalonde, Marc. 1974. *A new perspective on the health of Canadians*.
<http://www.hc-sc.gc.ca/hcs-sss/com/fed/lalonde-eng.php> Accessed October 7th, 2008.

- Lang, Tim. 1999. Food Policy for the 21st Century: Can it be both radical and reasonable? In *For Hunger-Proof Cities: Sustainable Urban Food Systems*, ed. Mustafa Koc, Rod MacRae, L.J.A. Mougeot, and Jennifer Welsh, 216-224. Ottawa: International Development Research Centre.
- Lang, Tim, and Michael Heasman. 2004. *Food Wars: the global battle for mouths, minds and markets*. London: Earthscan.
- LeCompte, Margaret, and Jeab Schensul. 1999. *Designing and conducting ethnographic research*. Walnut Creek: Altamira Press.
- Levin, Ron, and Margot Herbert. 2004. The experience of urban Aboriginals with health care services in Canada: Implications for social work practice. *Social Work in Health Care*. 39 (1-2): 165-179.
- Lincoln, Yvonna, and Egon Guba. 1985. *Naturalistic Inquiry*. Beverly Hills: Sage Publications.
- Lincoln, Yvonna, and Egon Guba. 2003. Paradigmatic controversies, contradictions, and emerging confluences. In *The landscape of qualitative research: theories and issues*, ed. N. Denzin and Y. Lincoln, 253-291. Thousand Oaks: Sage Publications.
- Lifecycles. No date. HomeGrown Project.
http://www.lifecyclesproject.ca/initiatives/home_grown/ Accessed October 7th, 2008.
- Maguire, Patricia. 1987. *Doing Participatory Research: a feminist approach*. Amherst, Massachusetts: Center for International Education, University of Massachusetts.
- Marquis, Sandra, Christine Thomson, and Ann Murray. 2001. Assisting people with a low income to start and maintain their own community kitchens. *Canadian Journal of Dietetic Practice and Research*. 62(3): 130-132.
- Marsden, Dawn. 2005. *Indigenous wholistic theory for health: enhancing traditional-based Indigenous health services in Vancouver*. Unpublished PhD dissertation. UBC.
- McCormick, Rod. 2005. The Healing Path: What can counselors learn from Aboriginal people about how to heal? In *Integrating Traditional Healing Practices into Counseling and Psychotherapy*, ed. Roy Moodley and William West, 293-304. Thousand Oaks: Sage Publications.
- McCormick, Rod. 1996. Culturally appropriate means and ends of counseling as described by the First Nations people of British Columbia. *International Journal for the Advancement of Counseling*. 18:163-172.

- McCullum, Christine, Ellen Desjardins, Vivica Kraak, Patricia Ladipo, and Hellen Costello. 2005. Evidence-based strategies to build community food security. *Journal of the American Dietetic Association*. February: 278-83.
- Milburn, Michael. 2004. Indigenous nutrition: using traditional food knowledge to solve contemporary health problems. *American Indian Quarterly*. 28 (3&4): 411-434
- Nestle, Marion. 2002. *Food Politics: How the Food Industry Influences Nutrition and Health*. Berkley: University of California Press.
- Newbold, K. Bruce. 1998. Problems in search of solutions: Health and Canadian Aborigines. *Journal of Community Health*. 23(1): 59-73.
- OPHA. 2002. A systemic approach to community food security: A role for public health. A position paper adopted by the Ontario Public Health Association. <http://www.opha.on.ca/foodnet/cfs.html> Accessed October 7th, 2008.
- Patton, Michael. 2002. *Qualitative research and evaluation methods*. Thousand Oaks: Sage Publications.
- Patton, Michael. 1980. *Qualitative evaluation methods*. Beverly Hills: Sage Publications.
- Pollan, Michael. 2008. *In Defense of Food: An Eater's Manifesto*. New York: Penguin Press.
- Pollan, Michael. 2006. *The Omnivore's Dilemma: A Natural History of Four Meals*. New York: Penguin Press.
- Poonwassie, Anne and Ann Charter. 2005. Aboriginal Worldview of Healing: Inclusion, Blending and Bridging. In *Integrating Traditional Healing Practices into Counseling and Psychotherapy*, ed. Roy Moodley and William West, 15-25. Thousand Oaks: Sage Publications.
- Poppendieck, Janet. 1998. *Sweet Charity? Emergency food and the end of entitlement*. New York: Viking.
- Potvin, Louise, Sylvie Gendron, Angele Bilodeau, and Patrick Chabot. 2005. Integrating social theory into public health practice. *American Journal of Public Health*. 95(4): 591-595.
- Power, Elaine. 1999. Combining social justice and sustainability for food security. In *For Hunger-Proof Cities: Sustainable Urban Food Systems*, ed. M. Koc, R. MacRae, L.J.A. Mougeot, and J. Welsh, 30-37. Ottawa: International Development Research Centre.

- Qualman, Darrin. 2001. *The Farm Crisis and Corporate Power*. Ottawa: Canadian Center for Policy Alternatives.
<http://www.policyalternatives.ca/index.cfm?act=news&do=Article&call=469&pA=BB736455&type=2,3,4,5,6,7> Accessed October 7th, 2008.
- Raphael, Dennis. 2006. Social determinants of health: Present status, unanswered questions, and future directions. *International Journal of Health Services*. 36(4): 651-677.
- Riches, Graham. 1997. Hunger in Canada: Abandoning the right to food. In *First world hunger: food security and welfare politics*, ed. Graham Riches, 46-77. New York: St. Martin's Press Inc.
- Roberts, Wayne, Rod MacRae, and Lori Stahlbrand. 1999. *Real food for a Change*. Random House of Canada.
- Robertson, Ann. 1998. Shifting discourses on health in Canada: from health promotion to population health. *Health Promotion International* 13(2): 155-166.
- Rubin, Herbert, and Irene Rubin. 1995. *Qualitative Interviewing: the art of hearing data*. Thousand Oaks: Sage Publications.
- Seidman, Irving. 2006. *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. New York: Teachers College Press.
- Stringer, Ernest. 1999. *Action Research: Second edition*. Thousand Oaks: Sage Publications.
- Tarasuk, Valerie. 2001. A critical examination of community-based responses to household food insecurity in Canada. *Health Education and Behavior* 28(4): 487-499.
- Tarasuk, Valerie, and Randi Reynolds. 1999. A qualitative study of community kitchens as a response to income-related food insecurity. *Canadian Journal of Dietetic Practice and Research*. 60(1):11-16.
- TFPC (Toronto Food Policy Council). 1994. Reducing urban hunger in Ontario: policy response to support the transition from food charity to local food security. TFPC Discussion Paper Series, Discussion Paper 1.
http://www.toronto.ca/health/tfpc_discussion_paper.htm Accessed October 7th, 2008.
- Thorogood, Nicki. 2002. What is the relevance of sociology for health promotion. In *Health Promotion: Disciplines, diversity, and developments*, ed. Robin Bunton and Gordon Macdonald, 53-79. London: Routledge.

- Travers, Kim. 1995. "Do you teach them how to budget?": Professional discourse in the construction of nutrition inequities. In *Eating agendas: Food and nutrition as social problems*, eds. D. Maurer & J. Sobal, 213-240. Hawthorne, NY: Aldine.
- Travers, Kim. 1997. Nutrition education for social change: critical perspectives. *Journal of Nutrition Education*. 29 (2): 57-62.
- Turner, Nancy. 2005. *The Earth's Blanket*. Vancouver: Douglas & McIntyre.
- Twiss, Joanne, Joy Dickson, Shirley Duma, Tanya Kleinman, Heather Paulses and Liz Rilveria. 2003. Community Gardens: Lessons Learned from California Healthy Cities and Communities. *American Journal of Public Health*. 93(9): 1435-1438.
- VanLeeuwen, John D., David Waltner-Toews, Tom Abernathy, and Barry Smitt. 1999. Evolving models of human health toward an ecosystem context. *Ecosystem Health*. 5(3): 204-219.
- VCH (Vancouver Coastal Health). 2004. Aboriginal health strategic plan. <http://www.vch.ca/aboriginalhealth/planning.htm> Accessed October 7th, 2008.
- Verniest, Laura. 2006. Allying with the Medicine Wheel: social work practice with Aboriginal peoples. *Critical Social Work*. 7(1). <http://www.criticalsocialwork.com/> Accessed October 7th, 2008.
- Viznor, Gerald. 1990. Cited in Laura Coltelli *Winged Words: American Indian Writers Speak*. Lincoln: University of Nebraska Press.
- Wakefield, Sarah, Fiona Yeudall, Carolin Taron, Jennifer Reynolds, and Ana Skinner. 2006. Growing urban health: Community-gardening in South-east Toronto. *Health Promotion International*. <http://heapro.oxfordjournals.org/cgi/content/full/dam001v1> Accessed October 7th, 2008.
- Welsh, Jennifer, and Rod MacRae. 1998. Food citizenship and community food security: Lessons from Toronto, Canada. *Canadian Journal of Development Studies*. 19 (special issue).
- Wilson, Angela. 2005. Reclaiming our humanity: decolonization and the recovery of Indigenous Knowledge. In *War and border crossings: ethics when cultures clash*, eds. P. French and J. Short, 69-87. Lanham: Rowman and Littlefield.
- Wilson, Kathleen. 2003. Therapeutic landscapes and First Nations peoples: and exploration of culture, health and place. *Health and Place*. 9: 83-93.
- Winne, Mark, Hugh Joseph, and Andy Fisher. 1997. *Community food security: A guide to*

concept, design and implementation.

<http://www.foodsecurity.org/pubs.html#cfsguide> Accessed October 7th, 2008.

WHO (World Health Organization). 1986. Ottawa Charter for Health Promotion.

www.phac-aspc.gc.ca/ph-sp/phdd/pdf/charter.pdf Accessed October 7th, 2008.

Appendices

Appendix A: Interview guides

Guide for semi-structured interviews with project participants:

Reasons for participation/background:

1. How did you first hear about the project?
2. Why did you want to become involved?
3. What experiences did you have with cooking your own food before involvement?
 - a. From whom did you learn cooking skills?
 - b. Who do you tend to eat with?
 - c. Significance to you of the above two?
4. What experiences did you have with growing/gathering your own food before involvement in the project?
 - a. From whom did you learn these skills?
5. What relationship has food (cooking, eating, growing, gathering) had to health in your life and the life of those around you?
 - a. Any traditional teachings which relate food and health?
 - b. Importance of traditional foods to health?
 - c. Importance of non-traditional foods to health?
 - d. Importance of relationship to Mother Earth to health?

Experiences with the project:

1. Can you tell me about favorite memories or stories from your time with the project?
2. Can you give me examples of any new recipes or cooking tricks that you've learned?
3. What have you learned about different vegetables?
 - a. Taste?
 - b. How to plant?
 - c. How to tend?
 - d. How to harvest?
4. Can you share with me any new traditions that relate to food or medicine (cooking, eating, growing, gathering) that you have learned through the project?
5. The project tries to help people have a seed-to-table experience. What does having a seed-to-table mean to you? In what ways or to what extent have you had such an experience?
6. Can you tell me any stories about times you have shared your experiences and/or food from the garden with friends/family/neighbours?
7. Who have you met through participation in the project? What do these relationships mean to you?
8. Of everything that you've experienced with the project, what has been most significant to you? Why?
9. Can you share with me ideas of what you might like to see change in the project?

- a. It's structure?
- b. Kind of food/medicine grown or cooked?
- c. Other activities that would be useful to you?

Influence of project on life, health, food skills and habits:

1. How do you feel the project has affected you?
 - a. Has what you eat at home changed at all?
 - b. Do you grow any food/medicine at home now?
 - c. Have you ever shared any of the things you learned with friends or family (for example cooking ideas or growing skills)?
2. What opportunities, if any, have you found to hang out with people that you met at the project outside of the project?
3. To what extent is there spiritual or cultural significance to you in what you do out at the project?
4. Do you have access to places to grow food?
 - a. Would you have any interest in gardening if there was a community garden in your neighbourhood?
 - b. Would you feel confident in your ability to grow food in your patio/yard/community garden plot? Is that something you see yourself doing?
5. Do you see any relationship between your participation in the project and your health?
 - a. The way you eat?
 - b. Time spent outside?
 - c. Connection to others?
 - d. Connection with nature/Mother Earth?

Guide for semi-structured interviews with coordinators and steering committee members

1. How did you come to be involved in the Urban Aboriginal Community Kitchen Garden project?
2. How would you characterize your involvement?
3. What, in your view, was the impetus behind starting the project?
4. What would you say the major goals of the project are?
5. What relationship do you see between the project and community food security?
6. What vision of health do you see the project working towards?
7. How do you understand the project's goal of being culturally appropriate?
8. The project is guided by the teachings of the Medicine Wheel. Where did the idea come from to use these teachings as a guide? What does this mean to you? Do you feel that this is a useful framework?
9. How do you see the teachings of the Medicine Wheel being put into practice in the work of the project?
10. How do you feel the project in general and the teachings of the Medicine Wheel in particular influences participants?
11. What major strengths and weaknesses do you see in the project?

12. What has your involvement in the project meant to you? How has it influenced you and your life?
13. Are there any other reflections on the project, or your involvement with it, which you'd like to share with me?

Appendix B: Interview consent form

Principal Investigator: Art Bomke, Associate Professor, Faculty of Land and Food Systems, University of British Columbia (UBC)

Co-investigator: Erika Mundel, phone: 604 708-8314, email: erikamundel@hotmail.com

Story gathering with the garden project:

The purpose of this project is to gather stories and experiences that people who have participated in the Urban Aboriginal Community Kitchen Garden Project have from their time with the project. Participant stories are being gathered to develop a holistic picture of what the project has meant to people. The hope is that your stories and feedback will help the project continue in a way that is as useful and fun for everyone involved as possible. Also, your stories will help develop a clearer picture of what promotes or hinders the effectiveness of this type of project, allowing us to make suggestions to other people hoping to start similar projects. Finally, this story gathering project will be a way of recognizing and honoring the knowledge that each participant in the garden project brings to the project and thereby enriches the experiences of all who participate.

Interview Procedure:

You have been invited to participate in this story gathering project because of your involvement in the Urban Aboriginal Community Kitchen Garden Project. You will be asked about what brought you to the project, your experiences with the project and whether the project has had any influence on your life, health, and food skills or habits. If you agree, the interview will be tape recorded. Following the interview process, the recording of the interview will be transcribed, that is, written out word for word. You will be given this transcription to review and make any changes that you want. If you would prefer to not have the interview recorded, Erika will take notes during the interview. She will then write these notes out for you to review and make any changes that you wish. You may also outline which parts, if any, of the interview transcription or interview notes that you don't want disclosed to the general public. After the initial interview Erika may also do one or two, shorter and less formal, follow-up interviews with you. These will not be recorded but Erika will write up notes afterwards. You may see these notes at any point if you wish. The interview/story gathering process will take approximately three hours of your time (one hour for the interview, one hour to review the transcript and one hour for the follow-up interviews).

Confidentiality:

You will not be identified by name in any reports or articles produced through this project, unless you agree to your name being used. Only those listed on this consent form (Art Bomke, who is Erika's professor, and Erika Mundel) will have access to the data that links your name to your interview notes/transcription and this information will not be shared with anyone else. All computer documents related to this story-gathering project will be saved on a password protected computer accessible only to Art Bomke and Erika Mundel.

Storage and access to recording and transcriptions:

Copies of all the recordings and transcriptions will be kept locked in Art Bomke’s office. Access to the recordings and transcriptions will be limited to Erika Mundel and Art Bomke. After five years, all data will be destroyed.

Thesis:

Some of the information from the recordings and transcriptions may be used for Erika Mundel’s Master’s thesis for the UBC. This thesis will be a public document. Your name will not be used in this public document, unless you ask it to be.

Other uses of data:

Some of the information from this project may be made available to the general public. It may also be used in reports to the Urban Aboriginal Community Kitchen Garden Project’s funding agencies. Once again your name will not be used, unless you express a desire for it to be used.

Contact:

If you have any further question regarding this project, please don’t hesitate to contact Erika Mundel. If you have any concerns regarding your role as a participant in this project, please contact the Research Participant Information Line at Research Services, UBC at 604-822-8598.

Consent:

Please fill out the following. If you prefer not to give your consent in writing please feel free to give your consent orally to Erika Mundel.

I, _____ understand that my participation in the Urban Aboriginal Community Kitchen Garden story gathering project is entirely voluntary. I understand that I can withdraw from the study at any time. I understand that there will be no consequences if I withdraw from the study.

I give my consent to participate in this story gathering project as outlined in this consent form, a copy of which I have received for my records.

Participant’s Signature

Participant’s name

Date

Please initial if you agree to have your interview recorded: _____

Please initial if you wish to have your name used in reports and documents:

Appendix C: UBC BREB certificates of approval



The University of British Columbia
Office of Research Services
Behavioural Research Ethics Board
Suite 102, 6190 Agronomy Road,
Vancouver, B.C. V6T 1Z3

CERTIFICATE OF APPROVAL - FULL BOARD

PRINCIPAL INVESTIGATOR: Arthur A Bomke	INSTITUTION / DEPARTMENT: UBC/Land and Food Systems	UBC BREB NUMBER: H07-00668
INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT:		
Institution		Site
N/A		N/A
Other locations where the research will be conducted: UBC Farm		
CO-INVESTIGATOR(S): Erika Mundel		
SPONSORING AGENCIES: N/A		
PROJECT TITLE: Story-gathering with the Urban Aboriginal Community Kitchen Garden Project		
REB MEETING DATE: April 12, 2007	CERTIFICATE EXPIRY DATE: April 12, 2008	
DOCUMENTS INCLUDED IN THIS APPROVAL:		DATE APPROVED: May 11, 2007
Document Name	Version	Date
Consent Forms:		
Interview consent form	N/A	April 25, 2007
Advertisements:		
Letter of invitation	N/A	April 30, 2007
Other Documents:		
Interview guides	N/A	March 19, 2007
The application for ethical review and the document(s) listed above have been reviewed and the procedures were found to be acceptable on ethical grounds for research involving human subjects.		
<p>Approval is issued on behalf of the Behavioural Research Ethics Board and signed electronically by one of the following:</p> <hr/> <p>Dr. Peter Suedfeld, Chair Dr. Jim Rupert, Associate Chair Dr. Arminee Kazanjian, Associate Chair Dr. M. Judith Lynam, Associate Chair Dr. Laurie Ford, Associate Chair</p>		



The University of British Columbia
Office of Research Services
Behavioural Research Ethics Board
Suite 102, 6190 Agronomy Road,
Vancouver, B.C. V6T 1Z3

CERTIFICATE OF APPROVAL – MINIMAL RISK AMENDMENT

PRINCIPAL INVESTIGATOR: Arthur A Bomke	DEPARTMENT: UBC/Land and Food Systems	UBC BREB NUMBER: H07-00668
INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT:		
Institution	Site	
N/A	N/A	
Other locations where the research will be conducted: UBC Farm		
CO-INVESTIGATOR(S): Erika Mundel		
SPONSORING AGENCIES: N/A		
PROJECT TITLE: Story-gathering with the Urban Aboriginal Community Kitchen Garden Project		

Expiry Date - Approval of an amendment does not change the expiry date on the current UBC BREB approval of this study. An application for renewal is required on or before: April 12, 2008

AMENDMENT(S):	AMENDMENT APPROVAL DATE: June 1, 2007	
Document Name	Version	Date
Consent Forms:		
interview consent form	N/A	May 29, 2007
Advertisements:		
letter of invitation	N/A	May 29, 2007
The amendment(s) and the document(s) listed above have been reviewed and the procedures were found to be acceptable on ethical grounds for research involving human subjects.		
<p>Approval is issued on behalf of the Behavioural Research Ethics Board and signed electronically by one of the following:</p> <hr style="width: 50%; margin: 0 auto;"/> <p>Dr. Peter Suedfeld, Chair Dr. Jim Rupert, Associate Chair Dr. Arminee Kazanjian, Associate Chair Dr. M. Judith Lynam, Associate Chair Dr. Laurie Ford, Associate Chair</p>		



The University of British Columbia
 Office of Research Services
Behavioural Research Ethics Board
 Suite 102, 6190 Agronomy Road,
 Vancouver, B.C. V6T 1Z3

CERTIFICATE OF APPROVAL- MINIMAL RISK RENEWAL

PRINCIPAL INVESTIGATOR: Arthur A Bomke	DEPARTMENT: UBC/Land and Food Systems/Agroecology	UBC BREB NUMBER: H07-00668
INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT:		
Institution		Site
N/A		N/A
Other locations where the research will be conducted: UBC Farm		
CO-INVESTIGATOR(S): Erika Mundel		
SPONSORING AGENCIES: N/A		
PROJECT TITLE: Story-gathering with the Urban Aboriginal Community Kitchen Garden Project		

EXPIRY DATE OF THIS APPROVAL: March 25, 2009

APPROVAL DATE: March 25, 2008

The Annual Renewal for Study have been reviewed and the procedures were found to be acceptable on ethical grounds for research involving human subjects.

Approval is issued on behalf of the Behavioural Research Ethics Board

Dr. M. Judith Lynam, Chair
 Dr. Ken Craig, Chair
 Dr. Jim Rupert, Associate Chair
 Dr. Laurie Ford, Associate Chair
 Dr. Daniel Salhani, Associate Chair
 Dr. Anita Ho, Associate Chair