

STUDY PROTOCOL

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# Co-designing roadmaps for promoting culturally relevant food in long-term care homes for the African, Caribbean and Black populations in Canada: a multi-method, participatory action research study protocol

K. Kehoe MacLeod<sup>1,2\*</sup>, E. Hammond<sup>1</sup>, V. Wicks<sup>1</sup>, P. Cortbaoui<sup>3</sup>, R. Crisp<sup>20</sup>, J. Dort<sup>4,5</sup>, C. Dueck<sup>6</sup>, MA. Fernandez<sup>7,8</sup>, I. Giroux<sup>7,9</sup>, M. Jessri<sup>10,11</sup>, I. Kamara<sup>12</sup>, D. Kapfunde<sup>13</sup>, S. Li<sup>14</sup>, H. Neufeld<sup>15</sup>, E. Onyango<sup>13</sup>, D. Otoadese<sup>12</sup>, S. Peck<sup>21</sup>, B. Reed<sup>16</sup>, SK. Sinha<sup>17,18</sup> and M. Muray<sup>1,19</sup>

## Abstract

**Background** Access to culturally relevant foods is essential to aging well, particularly for Canadians from ethno-cultural minority groups, including African, Caribbean, and Black communities. Food insecurity is defined as inadequate or unreliable access to affordable, safe, and nutritious food that meets one's needs and preferences. While food insecurity is often framed primarily in economic terms, with limited attention to culturally appropriate food access, it is also closely linked to systemic inequities shaped by policy-making and institutional barriers that ultimately affect dietary intake, mealtime experiences, and overall health among ethnocultural minority groups. In the Canadian long-term care sector, food insecurity is exacerbated among African, Caribbean, and Black residents due to limited access to culturally congruent food options within care environments designed to accommodate the ethnic majority. This project will develop roadmaps to promote healthy aging among African, Caribbean, and Black residents in long-term care homes through culturally relevant food provision as part of resident-centered care.

**Methods** We will use a community-based research approach guided by an intersectionality framework and a Community Advisory Council. The study includes a policy analysis of legislation, policies, and regulations shaping food provision in long-term care homes, supplemented by interviews with policy and decision-makers. Focus groups with key informants in food, aging, or long-term care will identify opportunities for change at organizational and governance levels. Ethnographic site visits to community-based food programs in three Canadian provinces—Alberta, Ontario, and Quebec—will explore how social and cultural factors influence food sourcing, preparation, and provision. Interviews with long-term care stakeholders will examine how promising community practices may be

\*Correspondence:  
K. Kehoe MacLeod  
kmacleod@bruyere.org

Full list of author information is available at the end of the article



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adapted to institutional settings. Finally, we will co-create and share roadmaps to support culturally safe food services and programming for African, Caribbean, and Black residents in long-term care.

**Discussion** This equity-focused project aims to increase access to culturally relevant foods in long-term care as part of resident-centered care for African, Caribbean, and Black communities, and contributes to broader efforts to decolonize long-term care through culturally safer and more responsive care for people living in institutional settings.

**Keywords** Aging, Long-term care homes, Person and resident-centered care, Food insecurity, Health equity, Community-based research, Black, African, Caribbean, Intersectionality, Food access

## Background

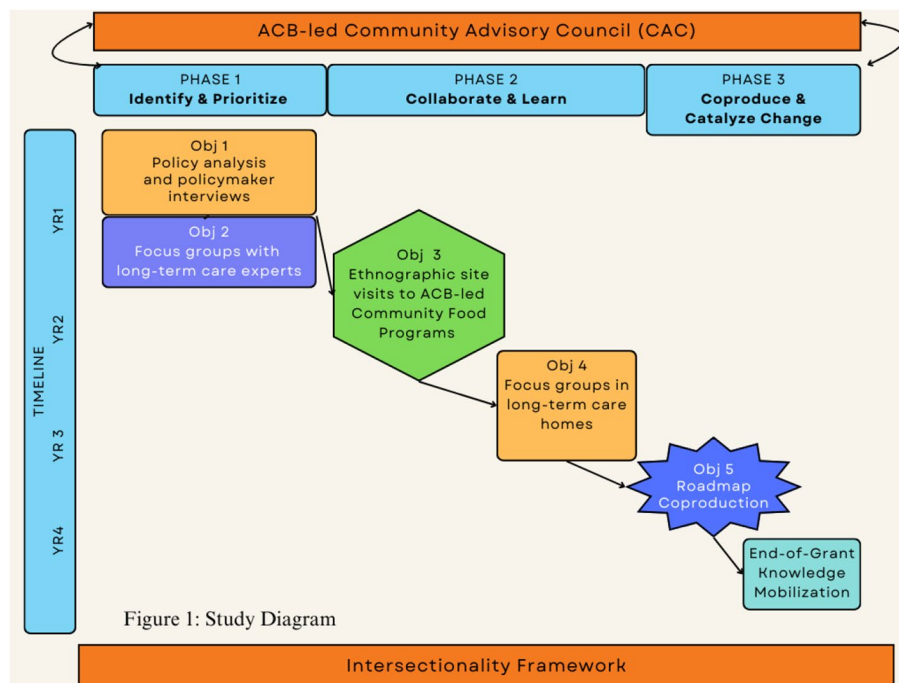
Drivers of health inequality among African, Caribbean, and Black (ACB) populations, including anti-Black racism, intersect with a higher risk of food insecurity [1]. Food security, defined as when all people, at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life [2], is a goal of a healthy and just society. Yet, the rate of food insecurity for ACB adults is 2.8 to 3.5 times higher than for non-ACB adults in Canada [3, 4]. This is associated with poorer health outcomes for ACB Canadians, specifically women [5, 6]. ACB people already have a higher prevalence of risk factors for chronic cardiometabolic diseases than non-ACB people [7, 8]. Many ACB people in Canada are from immigrant backgrounds, and their health has progressively worsened over their lifetime and across generations, in part due to dietary transitions and acculturation [9, 10]. Food insecurity in ACB individuals negatively impacts diet quality [11] and puts them at increased risk of poor nutritional status [12], and is linked to an increased risk of chronic conditions [13–16] such as obesity [17], type 2 diabetes [18], cardiovascular disease [19], depression and anxiety [18]. These circumstances contribute to a reduced quality of life [20] for many members of these communities and higher use of health care services [1, 6, 21].

Most food insecurity research focuses on the lack of physical and economic access to food; however, less attention is paid to the intersections of food access, age, gender, ethnicity, and culture and how these are shaped by structural relations of power [22, 23]. Structural racism elevates the risk of cultural food insecurity among ACB people due to persistent challenges in accessing culturally relevant foods. Some of the challenges, particularly for newcomer ACB people, include language barriers, geographic distance of ethnic food stores, high costs for culturally relevant foods—all compounded by the limited availability of cultural foods in the overall Canadian food system [24]. The challenges in accessing familiar cultural foods are also evident in institutional care settings like long-term care homes where menus follow a European-North American diet, residents have little control over their food choices [25, 26], and available food

options often do not reflect the identities and traditions of many culturally diverse residents—factors that make poor nutrition and dehydration common issues [27–29]. Evidence also shows that rates of Alzheimer's disease and related dementias are rising faster in ACB people than in non-ACB people, and with an earlier age of onset [30–32]. ACB people make up 4.3% of the Canadian population, and in 2020, there were a reported 4,800 people of African ancestry living with dementia [33, 34]. It is projected that by 2050, there will be a 507% increase in dementia cases in the ACB population [34]. Dementia is a significant issue in long-term care settings, affecting 69% of residents while 87% of residents experience some form of cognitive decline [35]. This has important implications for nutrition, as a lack of desire to eat and drink is a common symptom of cognitive impairment [36, 37], and may contribute to the estimated 75% of older adults in long-term care homes who are reported to be undernourished or dehydrated [27]. Malnutrition and dehydration among older adults have been shown to place an economic burden on the health care and long-term care systems due to poorer health outcomes, increased care needs and higher rates of hospitalization [38]. Therefore, there is a need for targeted solutions that could help mitigate these risks. Further, beyond the risk of malnutrition and dehydration, all residents could experience comfort and support for cognitive and mental health with the introduction of culturally relevant foods served in a home-like environment [39].

Though food is provided to residents, there remains a significant gap in knowledge on how to source, prepare, and deliver culturally relevant food within long-term care homes. We hypothesize that malnutrition, specifically undernutrition, may persist in long-term care settings, in part, due to limited food options offered and the lack of culturally familiar foods [27].

The delivery of culturally safe and appropriate services to African Canadians was identified as a priority in Canada's National Dementia Strategy [40]. ACB-led community food programs have developed innovative strategies to provide culturally relevant food to their ACB clients. These can inform practices in long-term care settings. Both long-term care homes and community food programs serve some of society's most vulnerable members.



**Fig. 1** Study diagram

Additionally ACB-led community food programs across Canada are leading culturally informed work providing food to ACB people. Yet, much of this is at a local level and has not been well documented. There is a need to translate promising practices that promote ACB food security in settings like community food programs by applying knowledge mobilization strategies (e.g., the development of roadmaps) across sectors. Community food programs, offer food service on a scale similar to many long-term care homes. Our team will work in collaboration with ACB-led community food programs to document, contextualize, and share practices and processes promoting access to culturally relevant foods in institutional spaces to encourage transformation in how long-term care homes serve food to their ACB residents.

### Research question

Previous research indicates limited food diversity in long-term care homes, a factor that may adversely affect the nutritional status and overall health of residents [28, 41]. Therefore, this study asks: How can food services in long-term care homes be modified to be more culturally relevant for ACB residents? This protocol paper lays out the study design for addressing the research question. We will develop roadmaps to share promising practices learned from community innovators with long-term care knowledge users to co-develop strategies to improve access to ACB relevant foods in long-term care homes.

### Objectives and methods

This three-phase descriptive, multi-method, participatory action research study aims to advance food services reform in long-term care settings to better support food security and culturally relevant care for ACB residents. See Fig. 1 for the study diagram.

### Theoretical framework

This project is framed using intersectionality theory inspired by the work of Black feminist scholars and activists [42]. Intersectionality theory argues that socially constructed identities such as gender, race, old age, and others, intersect and reflect macro-level forms of oppression and privilege, such as sexism, racism, and ageism [43]. This theory focuses on amplifying equity-denied voices and generating new knowledge of their lived experiences to challenge inequitable power structures [44] and advocate for social justice [45, 46]. This theoretical framework was selected for this study as we felt that true transformation and reform that is culturally relevant and serves the needs of ACB long-term care residents could not be possible without properly considering the structural factors that have prioritized the Eurocentric standards for nutrition that currently guide the provision of food services in long-term care settings. The intersectionality theory will enable the research team to approach the study with a holistic consideration of power, inequity and the structural factors that contribute to food insecurity and how these factors shape the ACB community's access to culturally relevant food provision

in institutional care settings like long-term care homes. It will also help identify possible barriers and opportunities for structural change. We explicitly consider the connections among food access, preparation and management, and gender identity and gender roles and how these intersect with age, race, and culture in the ACB populations. This framework also informs how we address power structures through community engagement by using a collaborative approach where community food programs, long-term care partners and residents work with policymakers and researchers to co-produce solutions that can improve the food service system.

#### ***Project governance and composition***

To ensure strong ACB representation on our research team, the project will be governed and guided by a 10-person Community Advisory Council. The council is comprised of members of the ACB community along with individuals who work in the community to address food insecurity and provide senior care among ethno-culturally diverse groups. Collectively, the background and expertise of the community advisory council include policymaking, managing Black-serving community food programs, evaluating services and programs for cultural relevance, and both lived and working experience in long-term care.

#### ***Objective 1: analyze policies and processes at the macro (governance) level for strengths, limitations, and possible opportunities for change***

We will conduct a deductive analysis of policy documents that govern food provision, access and consumption in long-term care settings in Canada at the national (e.g., the revised Canada's Food Guide, HSO Long-Term Care Services Standard) and provincial (e.g., long-term care legislation policies and regulations) levels. We will apply a semi-structured analysis matrix guided by the SHIFT framework which focuses on improving health and nutrition equity through multi-stakeholder collaboration and engagement while monitoring progress, and fostering feedback and improvement through the sharing of knowledge and experiences [47]. The framework's 4-step process will guide our policy analysis by examining how to transform the long-term care setting into a food environment that promotes equity and healthy nutrition. This analysis will help the team identify the structural and operational factors to consider as well as the key resources needed to support successful and sustainable food service reform in long-term care settings. Findings from this policy analysis will be used to create focus group guides.

To further understand how legislative, financial, and regulatory barriers and facilitators may impact our efforts to reform food services in long-term care, we will

host four virtual focus groups with relevant provincial and federal policy and decision-makers (one focus group in each of the participating provinces and one at the federal level; n=8–12). Using convenience sampling, we will identify 2–3 policy and decision-makers from each partnered provincial government (Ontario, Alberta, and Quebec— provinces selected due to large populations of ACB people) and the federal government to engage in a focus group. Focus groups will be used to solicit feedback from a limited group of relevant policy and decision-makers on areas where they see windows of opportunity for policy reform regarding food in long-term care. Consistent with best practices in qualitative research [48] and to facilitate participant-driven data, a flexible, semi-structured focus group guide featuring open-ended questions will be used. The focus groups will be audio-recorded and transcribed verbatim. To support rigor, researchers will engage in reflexive journaling after each focus group [49]. This technique will allow for a log of focus group procedures, methodological decision points, evolving perceptions (e.g. of power dynamics among participants and possible implications), and personal introspections as researchers make meaning from the focus group data [50]. The focus groups will be led by members of the research team trained in qualitative research methods and who have experience in facilitating focus groups.

Focus group transcripts and reflexive journals will be analyzed by the research team using reflexive thematic analysis developed by Braun and Clarke [51]. Reflexive thematic analysis is a six-phase iterative and interpretative approach to qualitative data analysis that facilitates the identification and analysis of patterns or themes in a given data set [51]. It is appropriate for this project, since it will allow data to be analyzed in a manner that respects the subjectivity of participants' accounts, while also acknowledging the reflexive influence of researchers' interpretations. The 6 steps of this method involve becoming familiar with the data, generating initial codes, searching for themes in the data set, reviewing potential themes to ensure that they adequately capture the story in the data, defining themes that represent responses within the data set, and producing a report to disseminate the findings [51]. The team will follow all 6 steps of Braun and Clarke's approach and leverage three coders who are trained in the method to sense-check ideas and interpretations of the data. Since codes and themes evolve over the course of the analysis, the research team will use memos during coding and analysis to document the process of developing interpretations [52]. Memos will be recorded in the MAXQDA software that will support data analysis. Findings from the analysis will be used to develop the focus group guide for Objective 2.

**Objective 2: collaborate with people with living/lived experience and expert knowledge of long-term care to identify opportunities and barriers to changing food service delivery in long-term care**

The research team, the community advisory council, representatives from long-term care and community food programs, and knowledge user partners will come together for a one-day, hybrid Start-of-Grant Workshop using an action research study design. Action research is a methodology that prioritizes identifying problems, developing solutions and implementing changes through collaboration between researchers and participants, and our research team will conduct the workshop activities guided by these principles [53]. In the morning, we will conduct 4 focus group consultations [54] in 2 concurrent sessions (each person will participate in 1 focus group in each session, 2 total) to identify meso and micro level opportunities and barriers to changing food service delivery in long-term care by soliciting the perspectives of our community advisory council and collaborators, as key informants. These key informants (n = 10) have been pre-selected for their diverse perspectives (e.g., research, operations, living/lived experience) and knowledge of food insecurity and long-term care. Each group will be kept as homogenous as possible to reduce impacts of power differences [55] and we will emphasize equal rights to participation [56]. Replicating the methods used in Objective 1, these focus groups aim to help us: (1) understand perspectives and research priorities of each group and the diverse understandings of how food is rooted in traditional and cultural history, gender roles, lived experience, and healthy aging, and (2) share the findings from the policy analysis in Objective 1 and solicit additional perspectives on barriers and facilitators to changing food service delivery in long-term care. The first set of two concurrent focus groups will focus on the meso (facility) level and the second set on the micro (staff, resident) level. All participants will complete a self-reflexive journal entry at the end of each focus group session. Findings will provide local level context for Objective 1 results, helping to ensure that we are moving along a path to develop recommendations that both align with, and/or address gaps in, government strategic priorities while also being aware of the realities of the long-term care home context. This will increase the likelihood that roadmaps will catalyze meaningful change. Findings from Objective 2 will be shared with all focus group participants to prioritize transparency, used to identify key variables for study in Objectives 3 and 4, and will inform the co-production of roadmaps in Objective 5. The research team will debrief after the focus groups to discuss key themes. Using reflexive thematic analysis, the team will triangulate data from debrief notes, transcripts, and self-reflexive journal entries to consolidate findings to inform

question guides for the Objectives 3 and 4 interviews and focus groups.

**Objective 3: site visits to ACB-led community food programs in three provinces**

The project will include seven ACB-led community food program sites in Ontario, Alberta, and Quebec. The research team and members of the community advisory council will participate in six in-person 4-day ethnographic site visits [57] to ACB-led community food programs in Canadian cities with the highest Black population as a percentage of the population—Toronto, Montréal, Ottawa-Gatineau, and Edmonton [58]. We used purposive sampling to recruit the sites by leveraging the pre-existing relationships of our community advisory council, research team, and community partners. Ethnography will be used to get a deeper understanding of each community food program's culture, practices, and functioning [59]. This method allows us to learn both about the operations of these programs and the culture and leadership of the organizations. For site visits, we have selected the rapid, team-based, site-switching ethnographic method [57], which requires a short period of intense in-person data collection by a diverse research team at each research site. This approach is justified by the need for researchers to engage in trust-based, equitable partnerships with community partners to create spaces where they can work together to engage with food insecure ACB adults in community food programs (who are a vulnerabilized [60] population that have been proven hard to engage in research). We will use an etic approach where we are external parties to the community food programs, looking in on their procedures and functioning. Each member of the research team and a representative from each project site will be involved in at least one site visit to gather viewpoints from many different disciplines and perspectives. This will facilitate a holistic, inclusive, and 'fresh eyes' approach to data collection [57].

Researchers will use observation and interaction to identify practices of ACB-led community food programs to offer culturally safe and relevant food to ACB clients. Observation techniques will involve being present during the activities of the community food programs, accompanying staff and volunteers as they complete tasks, and taking notes and photos. Where appropriate, researchers will also participate in the activities of the respective community food programs e.g. by assisting with packing and delivery of food hampers, and the planting and harvesting at community gardens. Researchers and partners will have been taught the qualitative techniques of participant observation during the afternoon methods training as part of the Objective 2 Start-of-Grant Workshop and will use reflexive field notes to document their

observations and experiences. We will be looking at what and how ACB-led community food programs source, prepare and/or deliver foods that are culturally relevant for their ACB clients. We will also ask participants to share their perspectives on if/why making culturally relevant foods accessible to ACB clients is meaningful to them, the costs of foods, how they determine their menus, how they incorporate client preferences and feedback, challenges they encountered and if/how they were overcome, etc. We will take photos and videos and informally collect stories from staff and clients. To support rigor, researchers will engage in reflexive journaling at the end of each day of site visits [59].

During visits, we will work with our site partners to recruit research participants (n=35) to participate in semi-structured in-person interviews (duration:1-h). We will use purposive sampling to recruit staff (n=3) and community food programs clients (n=2) at each site being sure to recruit a diversity of gender identities. These interviews aim to explicitly consider the roles of gender, culture, race, aging, and power relations in food insecurity interventions for ACB people and understand how these factors shape contributions to food production and preparation in ACB communities. We will employ the Change Champions Advocacy Model as our analytical lens to help us understand the ways in which ACB-led community food programs have garnered support from staff, clients, community members, and funders to tackle the issue of culturally safer food for food insecure ACB adults. This change management model shows that engaging “Change Champions” (individuals who lead by example and support others in their organization through a process of change) can increase the likelihood that promising practices (practices worth sharing with others) will become standard policy, helping the organization to sustain momentum for change [61, 62]. As we move through this project, we will need to identify and build buy-in from ACB Change Champions in long-term care to assist the research team in advocating for and facilitating transformative reform of long-term care food services. The opportunity to learn about ACB community food programs’ Change Champions will assist us in understanding the shared characteristics and roles of these actors. A flexible, semi-structured interview guide using open-ended questions will be informed by Objectives 1–2. The interview guide will be developed in collaboration with the project’s community advisory council. Data analysis will use the same methods as in Objective 1. Our interpretation will be guided by our intersectionality theoretical framework in partnership with our community advisory council. The research team will look holistically at visual data sources (photos, videos) alongside written documents (interview transcripts, field notes, memos, and reflexive journal entries) to

triangulate the data using reflexive thematic analysis. Triangulation (i.e., use of multiple data sources) will enable the team to develop a comprehensive understanding of the culture and workings of each community food program and, in this type of qualitative research, is viewed as a strategy to test validity through the convergence of information from different sources [63].

**Objective 4: collaborate with a diverse group of long-term care knowledge users to identify facilitators and barriers to translating promising practices from community food programs into long-term care**

The research team will contextualize Objective 3 findings by engaging with long-term care residents, family caregivers, staff care providers, food services personnel, finance, managers, dietitians, and administrators through in-person interviews (1-h) at 5 long-term care homes serving ACB residents to solicit feedback about how the promising practices identified in Objective 3 could be translated into long-term care settings. This team is highly experienced in engaging in long-term care research and asserts that in-person engagement is by far the most fruitful research approach in this setting because it allows researchers to build trust and rapport with their participants in ways that virtual methods or surveys cannot. Using purposive sampling, research participants at each long-term care home will be recruited using strategies that will be developed in collaboration with long-term care home administrators to ensure appropriateness and effectiveness in each context. Given the anticipated depth required for our research questions and informed by the literature [64, 65], we propose an a priori sample size of 10 participants in each long-term care home (n=50). We will seek data saturation when sampling in Objective 4 and will cease interviewing when no new information is discovered in data analysis [66]. The targeted distribution of participants at each home includes: long-term care home administrators (n=1), finance managers (n=1), food services staff (e.g., dietitians, directors) (n=2), care providers (n=2), ACB residents (n=2), and ACB caregivers (n=2) so we can sufficiently capture the potential diversity of ACB cultures, perspectives and priorities of each group. The research team will analyze interview data using the methods outlined in Objective 1. A flexible, semi-structured interview guide will be developed with the community advisory council based on findings from Objectives 1–3. It will focus on: (1) understanding issues of relevance, feasibility, and acceptability in translating learnings from the community into the long-term care setting; (2) identifying the approaches which have been tried or are already in use to customize food for ACB residents in their long-term care home, as well as areas where there are opportunities for meaningful intervention; (3) exploring where

participants see ACB Change Champions as particularly necessary catalysts for change, and receiving suggestions for individuals who may be most suitable to act in this role. The interview guide will incorporate the MoSCoW prioritization method [67, 68] which involves four stages of categorization: must-have, should-have, could-have, and will not have (or will not have right now). This will be used to capture participants' priorities for reform and will help the research team, guided by the community advisory council, to determine which promising practices to focus on when developing roadmaps in Objective 5 and in future intervention planning [69].

#### **Objective 5: co-produce roadmaps as a key research output**

Replicating the format of the workshop from Objective 2, we will host an End-of-Grant Workshop to co-develop roadmaps. Along with inviting participants from Objectives 1–4, we will also leverage the connections we formed during Objective 4 to include potential ACB Change Champions in long-term care (n=10). The aim of co-developing roadmaps with a diverse group of knowledge users and collaborators is to ensure that our roadmap recommendations are resident-centered and to build buy-in for future transformative reform of food services in long-term care settings using an equitable, inclusive process. In bringing together four focus groups, we will ensure that these discussions explicitly consider the intersectionality of gender, race, culture, and age in food preparation within the long-term care context, where structural and social determinants of health and unequal power relations shape whose needs and preferences are considered and prioritized. These considerations will inform the content and how it is shared in the roadmaps. In collaboration with the community advisory council, we will create two roadmaps: one for new ethno-specific long-term care homes primarily serving ACB residents and another for existing long-term care homes with a subset of ACB residents, recognizing that different contexts require distinct approaches. Each roadmap will be informed by the results of Objectives 1–4. The roadmaps will outline the opportunities for reform identified in our policy analysis and show how these opportunities align with the priorities expressed by policymakers and long-term care knowledge users in the Objective 1 and 2 focus groups, as well as the specific barriers and facilitators that will influence the ability to act on these opportunities. Roadmaps will also include findings from Objective 3 to highlight the promising practices being used in the community to provide culturally relevant food as inspiration for LTC homes that are interested in learning from the methods of community food programs in sourcing, preparing and delivering culturally relevant food. The roadmaps will then integrate findings from Objective 4 to contextualize the insights from Objective 3 within the

lived experiences, priorities and perspectives of long-term care staff, residents, management and food service directors. This will help to outline the feasibility of reform initiatives, while identifying the specific resources and Change Champions whose input will be necessary to implement any future interventions aimed at improving the food service practices of long-term care homes.

A draft of the roadmaps will be shared with participants from Objective 4 to obtain their feedback and to continue to build buy-in for a future implementation phase of this research program. In each of the five homes, we will hold an in-person interview for discussion of the draft roadmaps using a semi-structured interview format with all available participants from Objective 4. Sessions will be audio recorded, transcribed, and analyzed using reflexive thematic analysis. We will also meet in-person or virtually with both the family council and resident council in each home to present and discuss the draft roadmaps. Thematic findings will be shared with the community advisory council and used by the research team to refine the roadmaps, ensuring that any concerns regarding feasibility and acceptability are considered in our final outputs.

#### **Scientific rigor**

To facilitate trustworthiness of our data, the team will be trained in ethnographic methodology by project leads. Interviewers will engage in reflexive journaling as part of the interviews, focus groups, and site visit processes with iterative coding and memo writing during the analysis to allow for a log of procedures, methodological decision points, evolving perceptions, and personal introspections as researchers make meaning from the data. To ensure credibility, the research team includes members from multidisciplinary backgrounds and career levels, many who self-identify as belonging to the ACB community. Our community advisory council is composed of ACB members with lived experience, including a patient partner and nursing home staff. To maintain accountability, we will debrief with the community advisory council throughout the project to ensure that relational accountability remains at the forefront of how we gather, analyze, and disseminate knowledge. We will also create opportunities for various members of the research team to collaborate and participate in data analysis, throughout the study. To ensure that our findings are transferable to wider community settings, we will contextualize all findings with our community advisory council and knowledge user partners and meet with LTC homes in Ontario, Alberta, and Quebec to revise our draft roadmaps to ensure that various perspectives are represented and the voices of ACB long-term care residents are heard. We will meet all aspects of COREQ, a well-established reporting checklist for qualitative research. [70]

### Knowledge mobilization

Our knowledge mobilization strategy, guided by the Knowledge-to-Action Framework [71, 72] and co-created with our Community Advisory Council, will be community-driven, context-specific, and aligned with long-term care stakeholder priorities. We will host food cafés at participating long-term care sites to share and discuss recommendations with ACB communities, providing culturally relevant foods and accessible materials to encourage broad participation and feedback. Findings will be shared widely through a public website, tailored policy briefs for federal and provincial partners, infographics to inform potential updates to Canada's Food Guide, and conference presentations and open-access publications targeting academic audiences. All activities will prioritize equity, accessibility, and meaningful collaboration with partners and knowledge users.

### Discussion

#### Impact

This project leverages collective strength to address priorities identified by the ACB community through roadmaps that will guide future social justice-focused intervention planning in LTC settings by describing: 1) promising practices employed by community food programs that can inform change to food service practices in LTC homes to better meet the needs of ACB residents; 2) priorities of long-term care staff and residents and barriers and facilitators for change; 3) areas where policy and decision-makers have identified opportunity and capacity for change; 4) characteristics and roles of ACB leaders who can act as advocates for change; and 5) resources and partnerships that will be needed to facilitate future intervention work. This project will inform future work of policy and decision-makers around culturally relevant, and safer, more equitable care for older adults. Roadmaps can also be used as a guide for future work to improve access to culturally informed food for other ethno-cultural minority groups living in LTC and other congregate settings, as well as for other service providers (e.g., Meals on Wheels) seeking to offer nutritious options that reflect the increasing diversity of Canadians.

#### Anticipated challenges and mitigation strategies

There is a need for different considerations for different cultural groups. While there is a common experience of anti-Black racism, members of the ACB community have distinct cultural traditions. To ensure meaningful inclusion of cultural groups, we prioritized diversity when selecting our community advisory council members, community partners and research sites to include representation from different cultural groups.

To mitigate possible recruitment challenges of ACB-led community food programs and long-term care home

partners interested in reforming food delivery and programming to better suit their ACB residents, we have engaged a diverse and cross-provincial team of ACB researchers and collaborators. We have representatives from three provinces, a diverse community advisory council, and a research team that is well-connected in ACB communities across Canada.

### Conclusion

This study will generate critical insights into how policies, practices, and community-led initiatives can inform the development of culturally safer and responsive food services and programming for ACB residents in LTC settings. By combining policy analysis, partner engagement, and community-based ethnographic field work, the project will co-create practical guidance to support equitable food access and quality culturally meaningful and resident-centered care, that alleviates the burden of cultural food insecurity within Canadian LTC settings.

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#### Authors' contributions

MM and KKM conceptualized and designed the study. MM, KKM and EH will lead various phases of data collection and analysis. KKM and VW drafted the manuscript based on the grant application prepared by KKM, MM and EH. KKM, MM and EH reviewed and revised the manuscript for important intellectual content. All authors read and approved of the final manuscript.

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#### Data availability

No datasets were generated or analysed during the current study.

### Declarations

#### Ethics approval and consent to participate

This study was approved by the Bruyère Health Research Ethics Board (M16-25-013) and the University of Ottawa Research Ethics Board (H-05-25-11701). We will obtain written and verbal informed consent from all study participants. De-identified interview and focus group data will be stored on a secure server at Bruyère Health Research Institute.

#### Consent for publication

Not applicable.

#### Competing interests

Community Advisory Council members receive compensation as remuneration for their advisory role. All other authors declare that they have no competing interests.

#### Author details

<sup>1</sup>Bruyère Health Research Institute, 85 Primrose Ave, Ottawa, ON K1R7G5, Canada

<sup>2</sup>Department of Family Medicine, University of Ottawa, Ottawa, Canada

<sup>3</sup>M. A. Gilliam Institute for Global Food Security, McGill University, Montreal, Canada

<sup>4</sup>School of Pharmaceutical Sciences, Faculty of Medicine, University of Ottawa, Ottawa, Canada

<sup>5</sup>Department of Biochemistry, Microbiology and Immunology, Faculty of Medicine, University of Ottawa, Ottawa, Canada

<sup>6</sup>Family Council Network 4, Hamilton, Canada

<sup>7</sup>School of Nutrition Sciences, Faculty of Health Sciences, University of Ottawa, Ottawa, Canada

<sup>8</sup>School of Public Health, College of Health Sciences, University of Alberta, Edmonton, Canada

<sup>9</sup>Institut du Savoir Montfort, Ottawa, Canada

<sup>10</sup>Faculty of Land and Food Systems, University of British Columbia, Vancouver, Canada

<sup>11</sup>Centre for Health Services and Policy Research (CHSPR), Faculty of Medicine, University of British Columbia, Vancouver, Canada

<sup>12</sup>Sinkunia Community Development Organization, Edmonton, Canada

<sup>13</sup>School of Public Health, University of Alberta, Edmonton, Canada

<sup>14</sup>School of Medicine, University of Ottawa, Ottawa, Canada

<sup>15</sup>School of Public Health Sciences, Faculty of Health, University of Waterloo, Waterloo, Canada

<sup>16</sup>DESTA Black Community Network, Montreal, Canada

<sup>17</sup>Division of Geriatric Medicine, Department of Medicine, University of Toronto, Toronto, Canada

<sup>18</sup>National Institute On Ageing, Toronto Metropolitan University, Toronto, Canada

<sup>19</sup>School of Nursing, Faculty of Health Sciences, University of Ottawa, Ottawa, Canada

<sup>20</sup>Brampton, Canada

<sup>21</sup>Hamilton, Canada

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