

Food Skills for Families Program FINAL EVALUATION REPORT



March 2010

An initiative of these BC Healthy Living Alliance members



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The Food Skills for Families Program Final Evaluation Report and accompanying Appendix are available through the Canadian Diabetes Association, Pacific Area.

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EXECUTIVE SUMMARY

The Canadian Diabetes Association Food Skills for Families program teaches healthy eating and cooking skills. It is one of five Healthy Eating Strategy initiatives of the British Columbia Healthy Living Alliance¹, funded by ActNow BC, designed to promote wellness and prevent chronic disease.

This Evaluation Report covers program delivery from September 2008 to December 2009 and includes results from pre and post questionnaires gathered from individuals participating in Phases One, Two and Three; interviews and feedback from Community Facilitators, Master Trainers, program partners and host organizations; and follow-up focus groups and a follow-up pilot telephone survey of a sample of participants.

This report is accompanied, under separate cover, by the Food Skills for Families Evaluation Report Appendix: Evaluation Tools and Phase One, Two and Three Evaluation Reports, available through the Canadian Diabetes Association, Pacific Area.

The Food Skills for Families program evaluation demonstrates that the program achieved each of its stated program goals and exceeded its stated program targets. It reached vulnerable populations through targeted program delivery to Aboriginal, new immigrant, Punjabi and low income families throughout BC.

The Evaluation Report highlights the outcomes of the program. Most significantly, the Food Skills for Families program has positively influenced healthier eating behavior. Participants report they are eating more fruits and vegetables every day as a result of taking this course; have a significantly higher level of knowledge about what foods are healthy; are cooking more meals from ‘scratch’; and have a significantly higher level of confidence about preparing and cooking healthy foods, trying new foods, applying food safety procedures and understanding nutrition facts on food labels. Follow-up focus groups and participant surveys conducted three to six months after completion of the Food Skills for Families Program indicate that participants have retained healthier eating behaviors and are cooking healthier foods.

The Food Skills for Families program has built community capacity by training at least two Master Trainers in each health region and 143 Community Facilitators in communities across the province. As of December 31, 2009, the Community Facilitators delivered the program to over 1600 participants (with 1500 children). The program has stimulated the upgrading of many community and school-based kitchens, and in a number of communities, the program has led to advocacy for access to fresh produce and healthier food, and to the development of other healthy eating initiatives.

A significant legacy of the Food Skills for Families program is the standardized, best practice curriculum for teaching healthy cooking skills which was developed by expert community dietitians and the Train-the-Trainer Mentorship program for lay personnel. The curriculum has a consistent core knowledge and skill foundation that was specifically adapted to meet the needs of each target population: Aboriginal, new immigrants, Punjabi and low income families. Facilitator Manuals and Participant Handbooks are unique to each target population. A DVD translating the Food Skills for Families Punjabi curriculum, developed in partnership with Fraser Health Authority, is an additional resource for Punjabi speaking families. Stakeholders frequently commented on the usefulness of the training and curriculum components of the program because of the potential to adapt these to new target populations and communities province-wide and nationally.

The Food Skills for Families program established key partnerships with the Directorate of Agencies for School Health (DASH BC), Fresh Choice Kitchens (the community kitchens program of the Vancouver Food Bank) and other provincial, regional and community organizations to optimize uptake and reach, and to enhance the implementation and success of the program.

¹ BC Healthy Living Alliance is a group of not-for-profit organizations working collaboratively to support British Columbians to eat healthier, get active and live tobacco free.

Based on the evaluation consultation and survey results, a number of considerations are presented in this report aimed at optimizing the future potential of the Food Skills for Families program, including:

- Improving the efficiency of the current operation of the Food Skills for Families program.
- Modifying the current program delivery model to reflect a revised role for Canadian Diabetes Association, an increased responsibility for Community Facilitators to reach out and engage host organizations; an expanded role for host organizations to support and fund the program for their clientele; and proposed support from health authorities by linking the program to their core public health program delivery for Healthy Living and Food Security.
- Expanding the program to other target populations and communities.
- Modifying the curriculum and Train-the-Trainer Mentorship program to support new uses.

- Engaging existing partners as well as seeking new mutually beneficial partnerships (public and private) that will help to sustain and enhance the program as well as support new target populations.
- Increasing ongoing awareness by all key stakeholders about the program evaluation and results as well as current and future program plans, activities and opportunities.
- Continuing to collect data and build evidence on the impact of the Food Skills for Families program on healthy eating and food security to inform decision-makers about future program delivery and policy development.

The evaluation of the Food Skills for Families program demonstrates its ability to positively influence participants' knowledge, skills, attitudes, confidence and behaviour related to healthy eating, cooking and nutrition, and to enhance community capacity. It is highly regarded by all stakeholders involved.



1.0 INTRODUCTION

The Canadian Diabetes Association, Pacific Area, is pleased to present the final evaluation of the Food Skills for Families program. The Food Skills for Families program is one of five Healthy Eating Strategy initiatives, representing one of four pillar strategies implemented by the BC Healthy Living Alliance² with funding from ActNow BC³.

This Evaluation Report covers information gathered from individuals participating in Phase One (September – December 2008), Phase Two (January – March 2009) and Phase Three (April – June 2009) programs; interviews and feedback from Community Facilitators, Master Trainers, program partners and host organizations; follow-up participant focus groups conducted in June, August and November 2009; and a follow-up telephone survey of a sample of participants from Phases One, Two and Three conducted in December 2009 and January 2010.

This Evaluation Report is accompanied, under separate cover, by the Food Skills for Families Evaluation Report Appendix: Evaluation Tools and Phase One, Two and Three Evaluation Reports. As the title indicates, these appendices include copies of all surveys used in the evaluation, the detailed evaluation reports for Phases One, Two and Three, and results from follow-up participant focus groups and the pilot telephone survey.

Recognition

The Food Skills for Families program would like to thank the Master Trainers, Community Facilitators, participants, staff, host organizations and program partners – DASH BC and Fresh Choice Kitchens – for their contribution to the program, participation in the evaluation process and extra effort to ensure quality evaluation data was collected and reported.

Zena Simces and Susan Ross, Evaluation Consultants, designed the evaluation, carried out interviews and focus groups with participants and key stakeholders, undertook the analysis and synthesis of the data, and prepared the evaluation report. Param Chauhan, database programmer, developed the database and Barry Forer, PhD, Statistical Consultant, analyzed the data and assisted in summarizing results.



² BC Healthy Living Alliance is a group of not-for-profit organizations working collaboratively to support British Columbians to eat healthier, get active and live tobacco free.

³ <http://www.phac-aspc.gc.ca/publicat/2009/ActNowBC/index-eng.php>

2.0 BACKGROUND

Food Skills for Families is a program that teaches healthy eating, shopping and cooking skills. It is one of the five initiatives of the BC Healthy Living Alliance's Healthy Eating Strategy, funded by ActNow BC, designed to promote wellness and prevent chronic disease.

The BC Healthy Living Alliance and ActNow BC identified as one of its targets that *7 out of 10 British Columbians will eat at least 5 servings of vegetables and fruit a day.* The Food Skills for Families program was designed by the Canadian Diabetes Association, Pacific Area, as a key initiative to help achieve this target in the populations most at risk for chronic diseases: Aboriginal, new immigrant, Punjabi and low income families.

Cooking healthy food at home that is tasty and appealing to our families is not always easy. Adding to the challenge is the fact that some families have limited incomes, are new to Canada and its food system, do not have basic information about healthy cooking skills, or do not have the confidence to change their cooking and eating habits. Drawing on the strengths of two programs – “*Cooking Fun for Families*” and “*Cooking for Your Life*” – the Canadian Diabetes Association developed a new program – Food Skills for Families – that was implemented in the fall of 2008 and is currently funded through March 2011.



3.0 KEY OUTCOMES

Achieved Program Goals

The Food Skills for Families program achieved each of its stated goals as will be illustrated throughout this evaluation report.

Exceeded Program Targets

By December 2009, the Food Skills for Families program was delivered to over 1600 participants exceeding the target of 800 participants and trained 143 Community Facilitators exceeding the target of 60 trained Community Facilitators.

Contributed to the Alliance and Ministry Aims

The Food Skills for Families program contributed to meeting the goal of the BC Healthy Living Alliance Healthy Eating Strategy: *“To build skills and knowledge that lead to greater consumption of vegetables and fruit”* and ActNow BC’s target of increasing by 20% the proportion of the BC population who eat the daily recommended level of fruits and vegetables.

Achieved Outcomes at an Individual Level

The Food Skills for Families program has positively influenced healthier eating behavior. Evaluation results show that participants:

- Are eating more fruits and vegetables every day as a result of taking this course, and are more likely to meet the recommended 5-7 servings per day (*Canada Food Guide*⁴) than previously.
- Have a significantly higher level of knowledge about what foods are healthy.
- Are cooking more meals from ‘scratch,’ e.g., not using convenience or packaged meals and including raw or fresh ingredients.
- Have a significantly higher level of confidence about preparing and cooking healthy foods, trying new foods, applying food safety procedures and understanding nutrition facts on food labels.

⁴ <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/basics-base/quantit-eng.php>

Food Skills for Families Program Goals

Build cooking skills and nutritional knowledge in targeted, at risk populations: Aboriginal, new immigrant, Punjabi and low income families.

Increase capacity within communities across BC by training community facilitators to reach out to and improve food and nutrition knowledge and skills in the targeted populations.

Enhance existing food programs in BC communities including community kitchens, school-based initiatives, food security and parent/child nutritional programs.

» “I made friends with fruits and vegetable; before we were just acquaintances. Some day, I hope we will become best friends!”

Participant in Punjabi Focus Group

Follow-up focus groups and the pilot telephone survey conducted three to six months after participants completed the Food Skills for Families program indicate they retain many healthier eating behaviors and are cooking healthier foods. More specifically, participants report they are continuing to eat more fruits and vegetables, frying less, using less oil, buying healthier foods, reading labels more, and have more confidence in their ability to choose and prepare healthier foods for themselves and their families.

Identified Barriers

Food Skills for Families provides participants with opportunities to try new healthy foods, introduce and share these with their families, and positively influence their healthy cooking and eating knowledge, skills, attitudes and behaviour. For those with limited incomes, represented by the majority of the Food Skills for Families targeted populations, the major barriers to selecting and preparing healthy foods for themselves and their family are access (e.g., lack of availability of healthy foods in their community) and affordability (the cost of healthy food relative to their income).

Achieved Outcomes at a Community Level

The Food Skills for Families program has built community capacity by training at least two Master Trainers in each health region (currently 11 Master Trainers) and 143 Community Facilitators in communities across the province. As of December 31, 2009, the Community Facilitators delivered 197 programs, involving 1600 participants (with 1500 children) to enhance their healthy food knowledge and cooking skills.

The Food Skills for Families program has contributed to existing community kitchens and school-based nutrition in BC communities by training Community Facilitators and making available to them a standardized, best practice curriculum. The program stimulated the upgrading of many community and school-based kitchens across the province to the benefit of other food and community programs.

In a number of communities, the program has led to advocacy for access to fresh produce and healthier food, and to the development of other healthy eating initiatives, e.g., community gardens.

» “I now keep fruits and vegetables in the house all the time.”

“I cook more at home now.”

“I put more fruit in my children’s lunch.”

“I buy less packaged goods.”

“I look at labels, ingredients, sodium especially.”

Participants in the pilot telephone follow-up survey

» “Because of the Food Skills for Families program, we realized our kitchen was missing equipment and we bought some essential things to make the kitchen more functional.” Host organization



Achieved Outcomes with a Province-wide Impact

Food Skills for Families is a consumer-based skill-building program with a standardized, best practice curriculum for teaching healthy cooking skills developed by expert community-based dietitians and a Train-the-Trainer Mentorship program for lay personnel. The curriculum and Train-the-Trainer Mentorship program are based on *Canada's Food Guide*, current nutrition evidence and adult education principles for provincial and national applicability. The curriculum has a consistent core knowledge and skill foundation that was specifically adapted to meet the needs of each target population: Aboriginal, new immigrants, Punjabi and low income families. Facilitator Manuals and Participant Handbooks have been developed for each of these target populations.

The curriculum is designed to be readily adapted to other target populations and has demonstrated the potential to meet the needs of young families, older adults, and those with diabetes and other chronic diseases.

The program has also developed a DVD in Punjabi, "Healthy Eating for Punjabi Families." This DVD is based on the Punjabi curriculum and can be used as an additional resource for Punjabi speaking families. This DVD provides a prototype for developing other language specific resources to support Food Skills for Families.

Established Partnerships and Collaborations

The Food Skills for Families program has established key partnerships with the Directorate of Agencies for School Health (DASH BC), Fresh Choice Kitchens and other provincial, regional and community organizations to optimize uptake and reach, and to enhance the implementation and success of the program. The program collaborated with other BCHLA healthy eating initiatives (e.g., Sip Smart) and the Community Capacity Building strategy to enhance common healthy eating messages and goals, and to address community-based food security issues.

» "Everything in the Handbook is helpful. It is a great resource with healthy and delicious recipes for my whole family."

Participant in the Food Skills for Families program
– Smart Budget

"This is the best resource our community has ever had."

Participant in the Food Skills for Families program
– Punjabi



» "If I have to sum it up, the program taught me that healthy food can be delicious and easy to prepare."

Participant in the Food Skills for Families program
– Smart Budget

4.0 PROGRAM DESIGN AND DELIVERY

The following describes the key features of the Food Skills for Families program design and outlines key aspects of the program delivery.

4.1 Program Design

Standardized, Best Practice Curriculum

- Consultation with community stakeholders identified a need for a standardized curriculum that reflected evidence-based practice and could be used in community-based programs.
- The Food Skills for Families program developed curriculum specific to the needs of each of the target populations: Aboriginal, new immigrant, Punjabi and low income families. This consists of a core curriculum of best practice information and skills in addition to recipes adapted to meet the needs of each targeted population and cultural adaptations, as appropriate. The curriculum includes a Facilitator's Guide and Participant Handbook for each specific population.
- The curriculum was developed with dietitian consultants and has been modified based on feedback from Master Trainers and from the experience of the Community Facilitators.
- Final printed revised versions of all Handbooks and Manuals were available as of January 2010. A DVD in Punjabi based on the Food Skills for Punjabi Families curriculum was available as of November 2009.

- **Curriculum Outline:** The curriculum is built around six sessions, with each session addressing a different topic based on the *Canada Food Guide* and its key messages. Information and recipes for these sessions are adapted to the needs of each of the target populations:

Session 1: Variety for Healthy Eating

Session 2: Fabulous Fruits, Vegetable and Whole Grain Goodness

Session 3: Meat and Alternatives, Milk and Alternatives and Healthy Fats

Session 4: Planning Healthy Meals, Snacks and Beverages

Session 5: Savvy Shopping (Grocery Store Tour)

Session 6: Celebration!

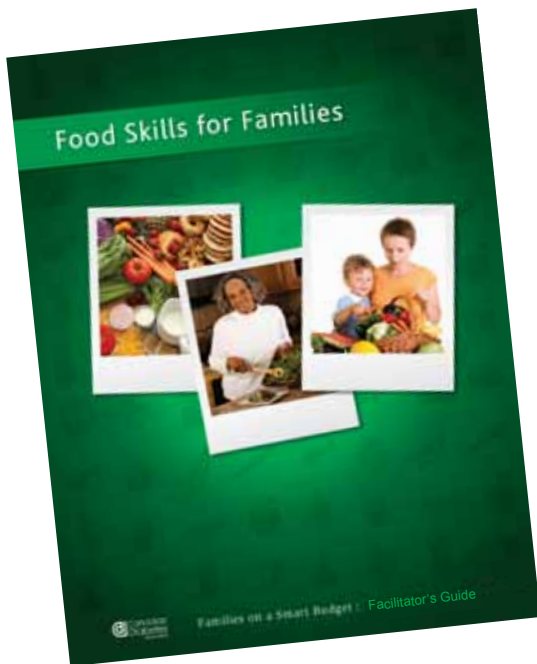
Train-the-Trainer Mentorship Program

- Community consultation identified the need to build community capacity by training lay individuals to teach healthy eating and cooking skills rather than to rely on the availability of scarce professional resources.
- A Train-the-Trainer Mentorship program was developed. Master Trainers, with representation from each health region of the province, have trained Community Facilitators across the province. The Community Facilitators deliver the Food Skills for Families program in host organizations and schools throughout BC. Twelve training sessions took place within the first year of the program. Further training of Punjabi Community Facilitators and rural and remote Community Facilitators took place in October 2009.
- As of December 2009, there were eleven Master Trainers and 143 trained Community Facilitators – 85 Community Facilitators were trained as part of the Food Skills for Families program and 58 were trained as part of partnerships, e.g., First Nations Health Society (18), the Federal Aboriginal Diabetes Initiative (33), and the Integrated Health Network, Vancouver Island Health Authority (7).



Of the 85 Community Facilitators trained by the Food Skills for Families program approximately 20 are not available for work at this time and 10 of these have not yet delivered a program.

- Master Trainers are primarily dietitians and were selected because of their expertise and experience in food and nutrition, cooking programs and the target populations. The Master Trainers participated in the curriculum development and were responsible for training and mentoring Community Facilitators – the original plan included a quality assurance and oversight role as well.
- Community Facilitators have received support as needed from their Master Trainers and directly from the staff of the Food Skills for Families program. Regular communiqués have been sent to Community Facilitators to provide up-to-date information on administrative and program issues. Regional meetings to obtain feedback from Master Trainers and Community Facilitators were held in the Spring of 2009. Teleconferences are a key communication method for Community Facilitators to exchange information and share experiences. Master trainers participate on the calls and will continue to provide support to Community Facilitators, as required, to the end of June 2010 as well as advice on program delivery across the province. At that time, the role of the Master Trainers will be reviewed.



Key Program Partners – DASH BC and Fresh Choice Kitchens

- Key program partners, the Directorate of Agencies for School Health (DASH BC) and Fresh Choice Kitchens (the community kitchens program of the Vancouver Food Bank), provide a collaborative approach to supporting the successful implementation of the Food Skills for Families program in community organizations and schools across BC. The work of these partners provided expertise and coordination for the entire implementation process including:
 - Identifying and coordinating new and existing expressions of interests from community organizations and schools interested in hosting the Food Skills for Families program.
 - Communicating with community organizations and schools about the program's purpose, delivery model, selection of hosts, host roles and responsibilities, and the overall implementation process.
 - Providing ongoing follow-up throughout the process from recruitment to selection and program delivery.
 - Providing input and feedback regarding the Food Skills for Families program process and implementation, including the evaluation.

Other Partnerships

Food Skills for Families has entered into a number of other partnerships to facilitate the training of Community Facilitators and expand the reach of the program.

For example:

- Community Facilitators were trained with support from the First Nations Health Society (18), the Federal Aboriginal Diabetes Initiative (33) and the Integrated Health Network, Vancouver Island Health Authority (7).
- One Community Facilitator was trained with support from a Friendship Centre in the Yukon.
- The Smart Budget module was provided to a group of men through the Fathers Involvement Network, BC at the Abbotsford Community Services Society.
- The Smart Budget module was provided to two groups of adults with developmental disabilities through support from the Richmond Association of Community Living.
- The New Immigrant module was provided to two groups as part of the English as a Second Language for Adults program (ESLA) at the Collingwood Neighborhood House.
- Food Skills for Families programs were delivered through financial support from a number of organizations such as:
 - Aboriginal Health Initiative Program, Vancouver Coastal Health
 - Healthy Eating and Active Living (HEAL) in Northern British Columbia sponsored a program in Fraser Health as part of their Pregnancy Outreach program
 - Vancouver Coastal Health
- Food Skills for Families partnered with Fraser Health Authority and Canadian Diabetes Association, Fraser Valley Regional Office to develop the “Healthy Eating for Punjabi Families” DVD. An initial 5000 copies have been made. The DVD is distributed to all Food Skills for Families programs for Punjabi families delivered in the Fraser Region and more broadly to the Punjabi families throughout the Fraser Region through Canadian Diabetes Association, Fraser Valley Regional Office and other community programs. In addition, in December 2009, funds were secured through the Public Health Agency of Canada to reproduce 3000 DVDs for distribution across BC.
- Food Skills for Families partnered with Save-On-More Food Group to deliver a shopping tour which is a crucial element of the Food Skills for Families curriculum.



4.2 Program Delivery

Selection of Host Sites

- The key partners, DASH BC and Fresh Choice Kitchens, played a major role in identifying schools and community organizations that were interested and had appropriate kitchen facilities to host the Food Skills for Families program.
- Host organizations included, for example, schools, community recreations centres, First Nations communities, early childhood development services, community kitchens, faith-based organizations, food banks, friendship centres and multicultural service agencies.
- Host organizations who expressed an interest were selected based on the following criteria: appropriate kitchen facilities; ability to recruit participants from the target populations; and availability of a Food Skills for Families Community Facilitator. In addition, the program attempted as much as possible to ensure delivery in every region of the province and to all four target populations.
- Host organizations were responsible for identifying participants from the target populations to attend the Food Skills for Families program, providing the kitchen facilities, and where necessary to arrange for childcare and transportation. Transportation for the shopping tour was provided by the Food Skills for Families program.

Program Delivery

The program was delivered in phases: Phase One delivered 27 programs from September through December 2008; and Phase Two delivered 52 programs from January through March 2009; Phase Three delivered 63 programs from April through June 2009; Phase Four delivered 55 programs from September through December 2009 for a total number of 197 programs. Over **1600** participants completed the Food Skills for Families program between September 2008 and December 2009. The evaluation is based on the 1200 participants from the first three phases.

Phase Five will be delivered from January through March 2010 with an anticipated total of 61 programs (14 in Fraser Health, 19 in Vancouver Coastal Health, 7 in Vancouver Island Health; 18 in Northern Health; 2 in Interior Health; and 1 in the Yukon.) Phases Six and Seven are planned for April 2010 – December 2010 with a focus on providing programs in rural and remote communities.

Number of Programs by Target Group

TARGET GROUP	NUMBER OF PROGRAMS
Low income	76
Aboriginal	55
New immigrant	37
Punjabi	29

Note: The Low Income target group often included participants from the Aboriginal community and new immigrants.

Number of Programs by Region

REGION	NUMBER OF PROGRAMS
Vancouver Coastal Health	67
Fraser Health	49
Vancouver Island Health	30
Northern Health	28
Interior Health	23

Matching Host Organizations and Community Facilitators

The Food Skills for Families program, at a central level, took on the responsibility of matching selected host organizations with a Community Facilitator. Community Facilitators available in the geographic area were matched with the identified host organizations.

Program Flexibility

An already mentioned strength of the Food Skills for Families program is its standardized, best practice curriculum. This curriculum is designed to be readily adaptable to meet specific needs of diverse target populations. Further flexibility lies in the ability to adjust aspects of program delivery to meet varying needs of program participants. For example:

Childcare

- In 20-25% of the programs delivered at community centres, children of participants joined in on the “Dining and Discussion” portion of the program.

Program Length and Timeframe

- Several programs were extended up to two weeks due to community needs and events that interrupted the scheduled program delivery.

Shopping Tour

- Community Facilitators have flexibility to schedule the shopping tour to accommodate participant needs and availability of a Registered Dietitian at the store.
- Shopping tour information can be provided in the class if a site visit cannot be arranged.

Recipes

- The Community Facilitators are expected to only use the Food Skills for Families recipes in the cooking sessions. However, the program encourages participants to share recipes they are familiar with and to discuss how recipes can be adapted to make them healthy.



5.0 EVALUATION METHODOLOGY AND LIMITATIONS

Note: Surveys tools used in the evaluation are available under separate cover in the Food Skills for Families Program Final Evaluation Report Appendix: Evaluation Tools and Phase One, Two and Three Evaluation Reports.

- In Phases One, Two and Three, a pre questionnaire was given to participants to complete at the start of each program and a post questionnaire was completed by participants at the final session of the six-week program. The intent was to assess whether there had been change in knowledge, skills, confidence or behaviour over the six weeks and to understand how satisfied participants were with different aspects of the program.
- The focus of the evaluation for Phases One and Two was to determine if:
 - evaluation tools and participant questionnaires were appropriate to use for the evaluation of subsequent phases of program delivery or if not, what revisions need to be made, and
 - the program could be expected to achieve the desired results or whether program modifications should be considered.
- In Phase Three, new shorter and more simplified pre and post participant questionnaires were designed based on Phases One and Two feedback. Some limitation in comparing participant results from Phases One and Two with Phase Three exists because some questions were eliminated, new questions added and the wording of some questions changed.
- Also in Phase Three, a unique identifier for each participant was introduced to ensure the results from the pre and post questionnaires were attributable to the same group of participants. The earlier phases revealed that because not everyone completed the questionnaires or the program, it was not possible to determine that the pre and post responders were the same.
- A participant ‘follow-up’ focus group was conducted in each of the four target populations to better understand what participants perceived to be the program impact several months after participation. Results of these are included in section 7.1 of this report.
- A follow-up pilot telephone survey with a small sample of participants representing the four target populations was conducted in December 2009 and January 2010. Requiring an additional consent document for follow-up and ensuring confidentiality of participant contact information made this survey difficult to implement and affected the number of telephone surveys that could be completed. Revision and testing of the follow-up survey protocol is indicated.
- Process evaluation data has been collected throughout the life of the program and includes:
 - Minutes of meetings with the Food Skills for Families team.
 - Results of meetings and consultation with key partners: DASH and Fresh Choice Kitchens.
 - Feedback from Master Trainers and Community Facilitators on a regular basis including submission of Community Facilitator Summary Reports at the end of each program delivered and a series of teleconference focus groups with Community Facilitators and Master Trainers in November 2009 about evaluation issues.
 - Five regional meetings in Phase Three with Community Facilitators with a focus on operational issues.
 - Regular operational/outcome and budget reports submitted by Canadian Diabetes Association to BCHLA Secretariat on a quarterly and semi-annual basis.
 - Host agency reports providing feedback on their involvement in the program.
- A recognized limitation for all phases is the lack of a common reference point against which participants can assess their own personal level of food and nutrition knowledge or skills when completing the pre questionnaire in the first session. The program provides a common reference point for the post questionnaire. This may influence the degree of change reported.

6.0 PROGRAM IMPACT ON PARTICIPANTS

This section provides an overview of the results from the participant pre and post questionnaires completed for Phase One, Two and Three. Detailed Evaluation Reports for these phases are available under separate cover in the Food Skills for Families Program Final Evaluation Report Appendix: Evaluation Tools and Phase One, Two and Three Evaluation Reports.

Participant Demographic Data

Over 90% of the 1200 program participants in Phases One, Two and Three completed a pre questionnaire and 75% completed the post questionnaire. Data from these participant pre and post questionnaires indicate that:

- 80–85% of the respondents were female.
- Respondents in Phase Three were significantly younger: 40% were under age 35 while in Phases One and Two, 13% and 22%, respectively, were under age 35.
- 60–73% of the respondents in all of the phases had children. Over 1500 children were reached by the program.

Questionnaire Completion Rates

- In each of the phases, the drop off rate between the respondents completing the pre and post questionnaires was within 19–21%. At times, participants came to some of the sessions but missed the shopping tour or the last session.
- Community Facilitators identified reasons why some participants did not fully complete the program: illness; a death in the family or community; and changes in shift work or started to work. Small incentives, including small gifts and draws for prizes as well as making personal contact with participants, are used by the Community Facilitators to encourage continued participation.

Implications of Matched versus Unmatched Pre and Post Questionnaires

- A review of the data overall shows that whether the analyses were restricted to the matched participants in Phase Three only (N=265) or to all participants in the pre (N=477) and post (N=378) questionnaire groups, the results were essentially the same. This suggests that the group of participants whose pre questionnaire and post questionnaire results could not be matched engaged in the Food Skills for Families program and responded to the experience much the same as the participants with matched identifiers.

Participant Demographic Data

DEMOGRAPHICS	PERCENTAGE
% of 1200 participants in Phases One, Two & Three completing a pre questionnaire	90
% of 1200 participants in Phases One, Two & Three completing a post questionnaire	75
% of questionnaire respondents female	80–85
% of questionnaire respondents with children	60–73
% of Phase One questionnaire respondents under age 35	13
% of Phase Two questionnaire respondents under age 35	22
% of Phase Three questionnaire respondents under age 35	40
For all phases, drop off rate between respondents completing pre and post questionnaires	19–21

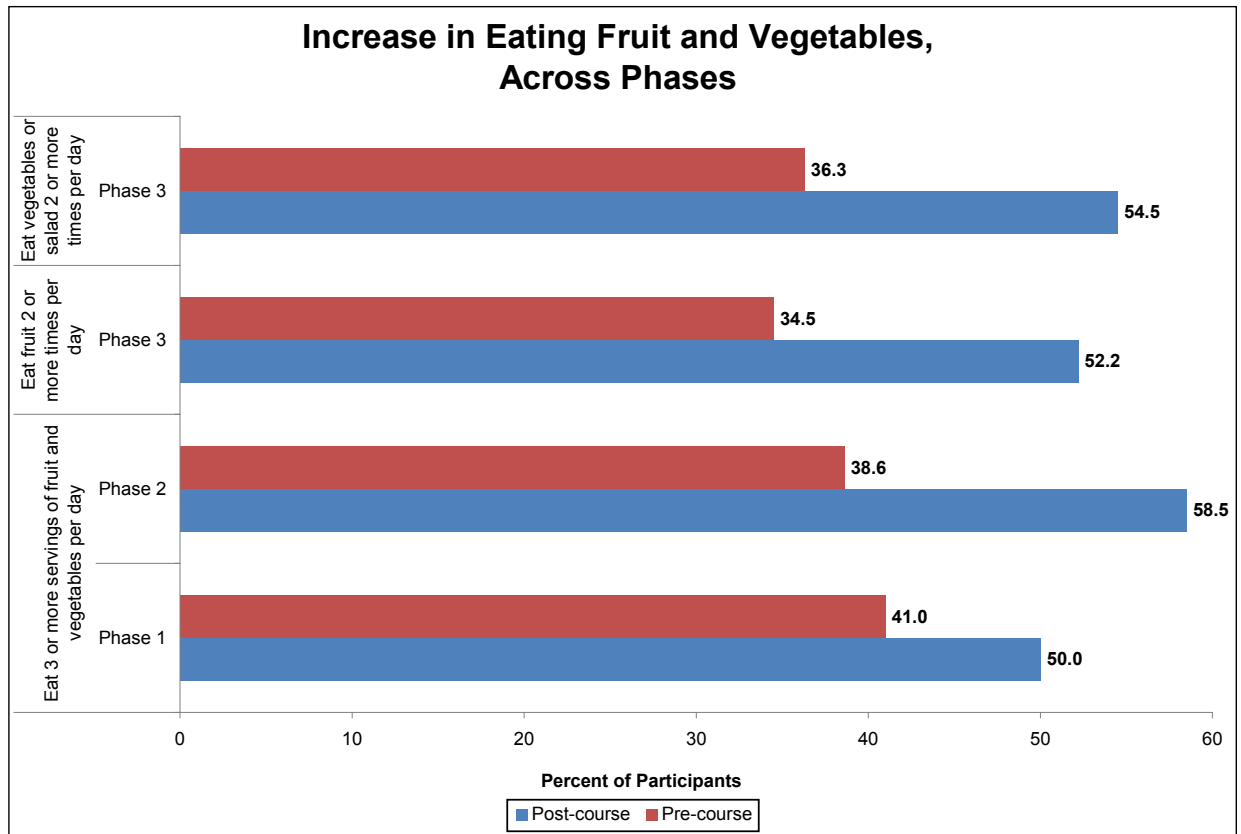
6.1 Participants' Healthy Eating Behaviour

Note: The charts outlined in this section all report percent of participants answering specific questions in the pre and post questionnaires. In all cases, the range in numbers outlined below was due to missing data (i.e., some participants did not answer all questions.) For Phase Two, the number of participants responding to the pre questionnaire ranged from 439–446 (mean, 443) and in the post questionnaire ranged from 373–382 (mean, 377). For Phase Three, the number of participants responding to the pre questionnaire ranged from 465–477 (mean, 472) and in the post questionnaire ranged from 356–378 (mean, 373).

Fruit and Vegetables

- In all phases, at the conclusion of the program, survey respondents reported that they were eating more fruits and vegetables as a result of taking the Food Skills for Families program and were more likely to meet the recommended 5–7 servings per day, than previously. For example, in Phase Three, the number of respondents who reported eating fruit two or more times every day increased by 18% and those reporting eating vegetables two or more times every day increased by 17%.

» "I am eating more fruits and vegetables...more salads and they taste good with the homemade salad dressing."



Whole Grain Foods

In Phases One and Two, respondents reported choosing whole grain foods over white bread and refined cereals most of the time or always in the post questionnaire responses compared to the pre questionnaire. This question was not specifically asked in Phase Three. However, when respondents were asked about the “biggest changes” they made as a result of taking the program, eating whole grain foods was a commonly reported change.

Sugar Sweetened Beverages (use of sugar), Fried Foods and Use of Salt

In Phases One and Two, post questionnaires revealed a positive overall group trend toward using less fat, salt and sugar, and more often choosing water over other beverages most days or every day. Also, a greater proportion of respondents indicated never or occasionally using cooking methods like frying or deep frying.

In Phase Three, respondents were asked slightly different questions in terms of how often they consumed sugar sweetened beverages, ate fried foods and added salt to their food. Little difference was seen at the overall group level between the pre and post responses. However, there are some changes of note when analyzing the data for different age groups and gender.

- With regard to the frequency of drinking sugar sweetened beverages, the average participant under age 35 drank one per day compared to 2–4 per week for participants in the 35–54 years and 55+ age categories. For participants 35 years of age and older, there is less room for improvement whereas younger participants would benefit from reducing their intake.

“Wow I learned something new tonight. Who knew that vanilla milkshakes had that much sugar and fat in them? Yikes! For the kids, I always thought of them as a healthy alternative to pop or juice. I was ‘blown away’ when I saw the 17 teaspoons of sugar and the 540 calorie count in a SMALL milkshake made with modified milk products. I now make homemade milk shakes as a treat with real low fat milk and yogurt/ice.”

Participant in the Smart Budget Module

- Both male and female participants decreased their salt intake by one category (males from 5–6 times per week to 2–4 times per week; females from once per day to 5–6 times per week). The 35–54 year old age group most significantly reduced their salt use (by 2 categories from once per day to 2–4 times a week).

Respondents in all age categories reported in the pre questionnaire that they ate fried foods infrequently (70% once a week or less). In the post questionnaire, this pattern continued. Because the starting point is already in the healthy range, there is reduced capacity for improvement.

In all three phases, when participants talked about “biggest changes” they made as a result of participating in the program, they mentioned using less sugar, salt and fat. The degree to which they changed was relative to where they started and reflected eating and cooking patterns that may be related to age and culture.



“I cut out fats, oil, salt, sugars from my own and my family’s diet.”

“I don’t even need salt on this food because it tastes so good. Normally I will put salt all over on all my meals but I don’t need it now. It’s really nice to be able to actually taste the food.”

“I changed to 1% milk and I am eating more whole grain.”

“I made friends with barley for the first time.”

“Now I drink more water than I use to, I don’t want all that sugar. I told my friends and family about all the sugar there is in the juice. We are never going to drink juice again.”

6.2 Participants’ Healthy Cooking/ Food Choice Knowledge and Skills

In all phases, respondents in the post questionnaire as compared to the pre questionnaire report:

- Having a significantly higher level of knowledge about what foods are healthier to eat.
- Cooking more from ‘scratch.’
- Having improved their skills in terms of planning healthy meals, shopping for healthy foods, cooking healthy recipes that fit their budget, making healthy snacks for their families, and modifying recipes for healthier choices.

In Phase Two, when participants were asked to rate their skills in the pre and post questionnaires, more respondents (the increase ranged from 23%–26%) rated their skills as good or excellent at the conclusion of the program in the following areas:

- Making healthy snacks for my family.
- Shopping for healthy food.
- Cooking healthy recipes that fit my budget.



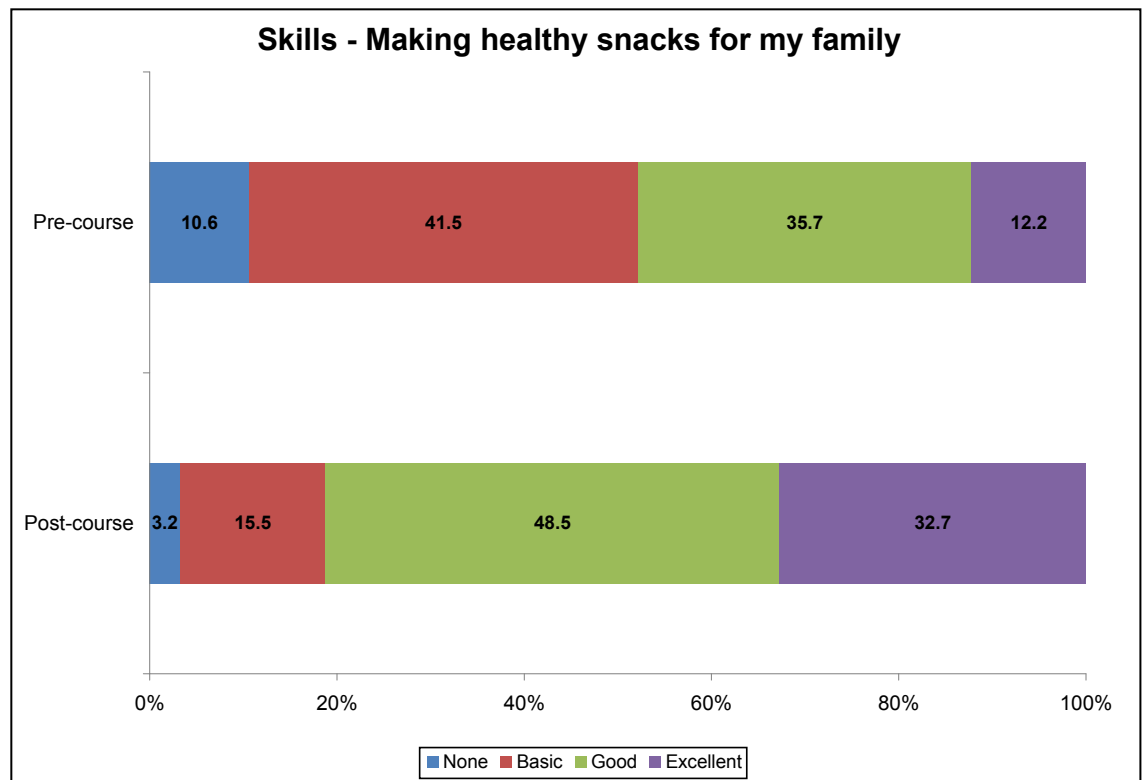
“I learned to plan meals and use a recipe book.”

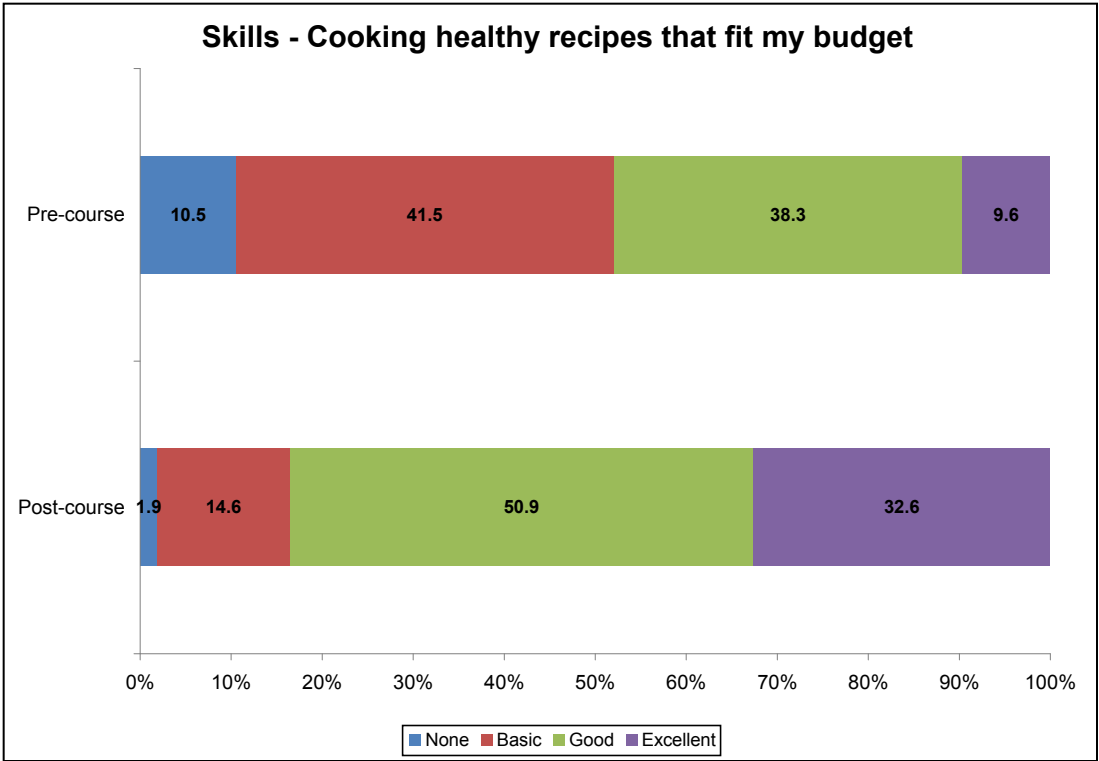
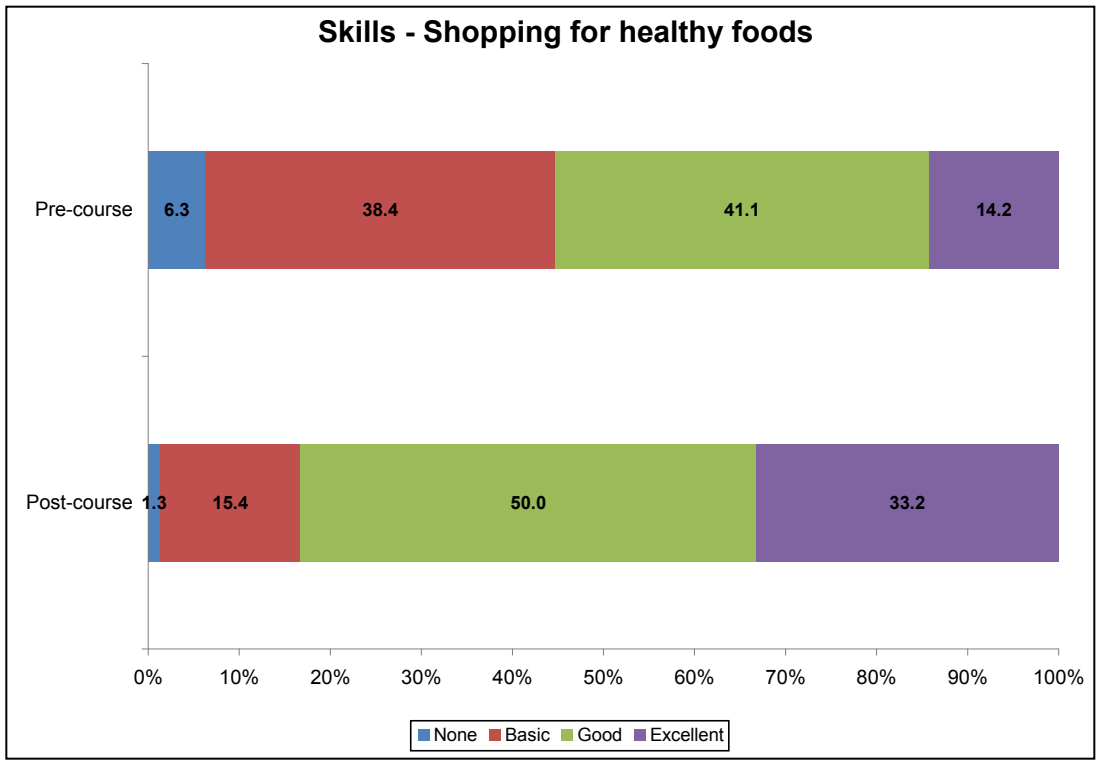
“I am more aware of what I am buying – I learned to shop better.”

“I am more aware of what I am eating.”

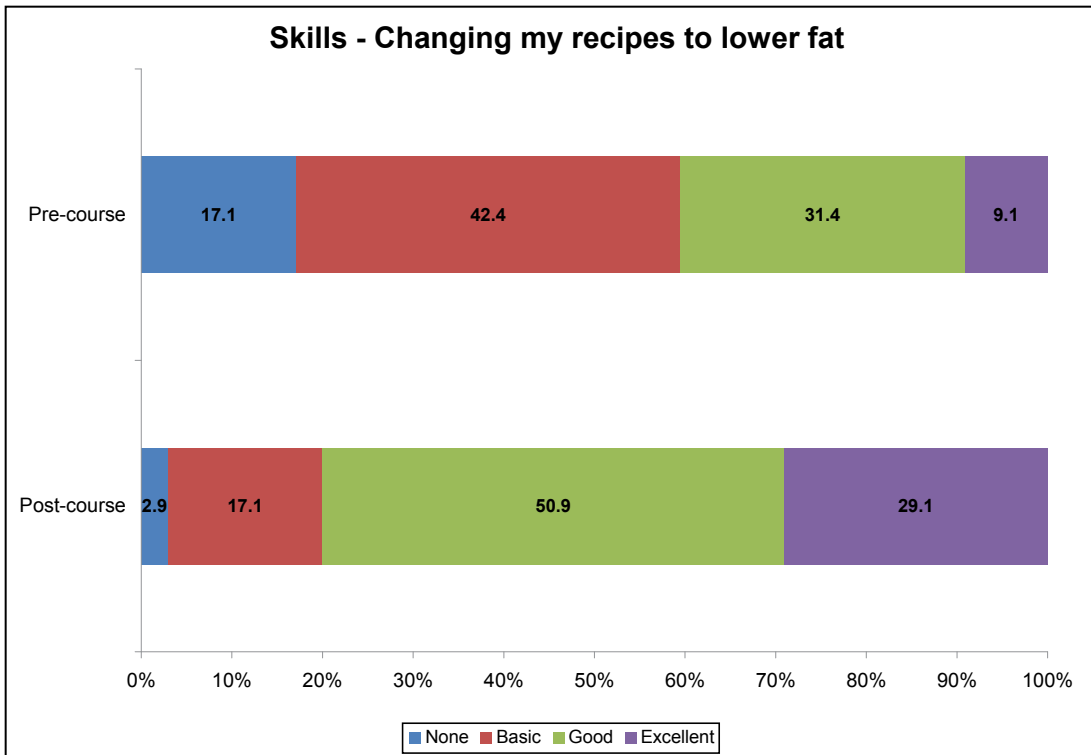
“I learned a lot about reading food labels and about the amount of fibre in the food we are buying.”

“I learned about the amount of sugar there is in cereals.”





In Phase Two, when participants were asked about modifying recipes for healthier choices, significantly more respondents rated their skills as good or excellent at the conclusion of the program. For example, with regard to changing recipes to lower fat, the increase was close to 40%.

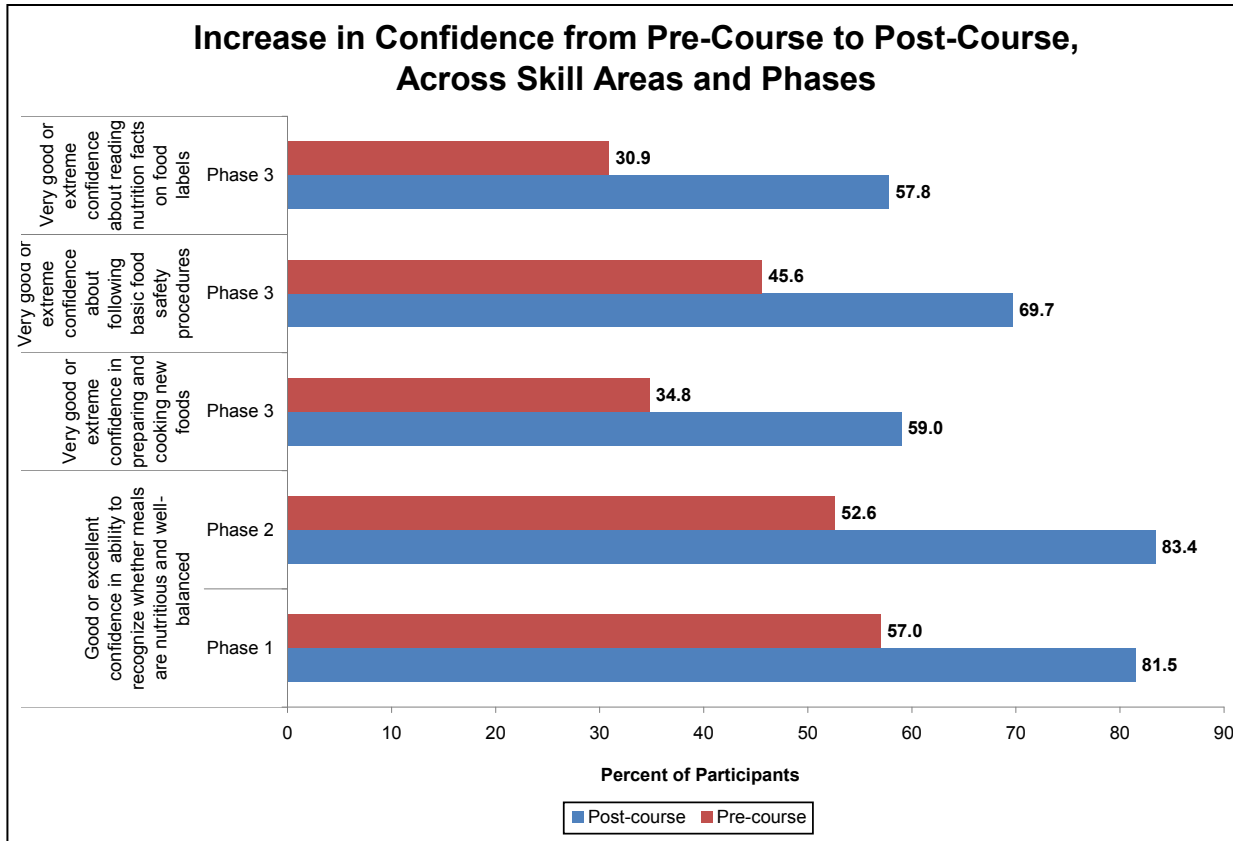


“One of my Korean participants adapted her traditional recipe for a steamed bun. She now uses whole wheat flour and added some raisins. She brought some for all of us to try and it was delicious.”

Community Facilitator



Most importantly, the respondents report a significantly higher level of confidence about preparing healthy food, cooking new foods, basic food safety procedures and reading nutrition facts on food labels. Participants say they are now more mindful of what they are eating.



Community Facilitators reported on the personal goals set and achieved by participants as part of the program. Examples included:

- “Use less salt – I was surprised how good the food tasted without putting salt on it.”
- “Make one meal from ‘scratch’ per day.”
- “Make recipes from the book at home – try a homemade salad dressing recipe.”
- “Eat breakfast 5 times per week.”
- “Eat dinner at the table.” (Participant had never had dinner at the table with her family.)



“I feel more confident in my kitchen because of this program – became more relaxed and now I’m experimenting with new recipes and trying new foods.”

“I learned western cooking style and I learned more about healthy foods.”

“I learned not to be afraid of cooking and baking from scratch.”

6.3 “Biggest Changes” as a Result of Taking the Food Skills for Families Program

Participants from all three phases reported that the “biggest change” for them, as a result of taking the Food Skills for Families program, was eating and cooking healthier food. More specifically, the “biggest changes” reported included:

- eating more fruits and vegetables
- using less fat, sugar and salt
- using 1% or skim milk
- eating more whole grains
- increased knowledge about healthy foods
- increased confidence in cooking skills, ability to read nutrition fact labels, and trying new healthy recipes.
- making more meals from ‘scratch’
- eating less junk food

“One of the greatest things was to see how their cooking skills dramatically improved from session to session. When we first started it was obvious that many of the participants were very uncomfortable in the kitchen. Basic cooking skills such as cutting vegetables and using a blender was hard for most of the group. However the improvement of their skills was so amazing that I didn’t have to demonstrate any cooking techniques in the last session (except demonstrating how to make pizza dough). It was a real pleasure to see the joy of cooking my participants had at the end of the program and how comfortable and confident they were around cooking.”

Community Facilitator

The Community Facilitators reported on the “biggest changes” they saw in their participants. Their observations reinforce the data gathered from the participants directly. In particular, Community Facilitators reported that they observed how their participants steadily gained confidence in their knowledge about what foods are healthy and in their ability to prepare healthy foods for their families and their children.

Quotes Regarding “Biggest Changes” Made



“I made a full home-cooked meal for everyone and it was healthy and they liked it.”

Participant

“It helped me eat healthier and to think more about what I’m eating. I’m eating more regular meals now and I feel better.”

Participant

“Since taking Food Skills for Families we are eating more from scratch than ever before – like salad dressing something I always wanted to try making but just never did – that’s all we use now.”

Participant

“I can read food labels now.”

Participant

“Yesterday I had a participant who went from I don’t like cottage cheese to... I’m going to make the skillet lasagna with cottage cheese tomorrow for my family.”

Community Facilitator

“Through this workshop I learned a lot about healthy eating, such as eating more whole grain products, eating less red meat, and eating more fish, legumes and vegetables. I also learned about how to purchase healthy food and how to read labels. I find this workshop very helpful and hope to participate in similar programs to learn more about healthy living.”

Participant in the New Immigrant Module

– The following stories have been selected to illustrate the impact of the program on participants –

“Participants came from different countries and they were happy to work with one another so that they could make meals together. In the group there was an elderly Chinese woman who never missed any sessions, even though she couldn’t speak English very well, but always tried to learn, to cook and eat Canadian food with a happy face.”

Community Facilitator



“The best part was learning new things. I experiment more now especially baking healthy. I’m not afraid now that it has to be perfect. My kids are more involved and helping out. We are all getting more fruits and veggies – more aware. We have more table time and I’m inviting friends over more often to eat.”

Participant in the Smart Budget Module

“A mother and two daughters from an Aboriginal family took the Food Skills for Families program. There is a history of diabetes in the family. One of the daughters was concerned about her health and her husband’s and wanted her children to eat healthier. She tried some of the recipes at home. Her husband was very skeptical at first, but he really liked what she was cooking. She made the minestrone recipe several times and it was a big hit in her family. As she told me “I have never seen my husband eat so many vegetables ever!” The mother and her daughters now go grocery shopping as a family and buy in bulk so it is a lot cheaper for them. They were so proud of what they were doing and told me they bought bread with over 5 grams of fibre per slice, whole wheat pasta, brown rice and cheese with less fat.”

Community Facilitator



6.4 Other Program Impacts

Social Networking

Participants in all phases spoke of the benefits of the social interaction and connections that resulted from involvement in the program, for example:

- “Coming together with others to cook was so important to me.”
- “Meeting new people and making friends is one of the best parts.”
- “The team work and getting to know other people was very fulfilling.”

Community Facilitators reported participants exchanging contact information and making arrangement to get together to walk or cook or other social activities after the program ended, for example:

- “My participants exchanged phone numbers.”
- “Some have continued meeting after the program.”
- “In one Aboriginal community, one of the members invited the group to her place to do cooking together and to eat.”

Community Capacity Building

In a number of cases, the Food Skills for Families program opened the door to other healthy community initiatives, as illustrated by the following example.

» “One of the most exciting parts of the program was to watch new friendships build. A group list was created to stay in touch. There was a genuine sense of sadness when the program was complete.”

Community Facilitator



“The BCHLA Community Developer helped to bring the Food Skills for Families program to a rural and remote community. The community initially dismissed the idea because they felt that the food was not available and they could not afford to buy many of the recipe ingredients.

- Elders in the community became involved and were able to translate aspects of the program to make them more relevant to the traditional ways of the community.
- The Food Skills for Families program became a catalyst to look at the bigger picture of food security and the act of cooking together strengthened community capacity.
- The five alumni who completed the course helped to establish a large community garden with amazing tomatoes and another garden is being planned at the school.
- They wove nutritional information into other health programs. For example, a number of youth took the Sip Smart! BC poster used in the Food Skills for Families Session 4 to all the classes in their school to discuss sugar sweetened beverages.”

Community Facilitator

Impact on Families and Children

Respondents also talked about how the knowledge and skills they acquired help them to plan meals for their families and prepare healthier meals and snacks for their children, for example:

- “I love the handbook and will be getting my kids reading it and trying the recipes.”
- “I use the handbook to cook for my kids...they love it.”
- “I cook more healthy foods for my son.”

Impact on Being More Active

Community Facilitators frequently mentioned that their participants made plans to be more active together, such as walking once the sessions were over. For many participants, setting personal goals as part of the program included being more active physically:

- “I am going to fix my bike and take a bike ride with my family.”

6.5 Barriers to Healthy Eating

In Phase Three, participants were asked: “*What stops you from buying, preparing and eating more healthy foods?*”

In the pre questionnaire, the four barriers most frequently identified by respondents were:

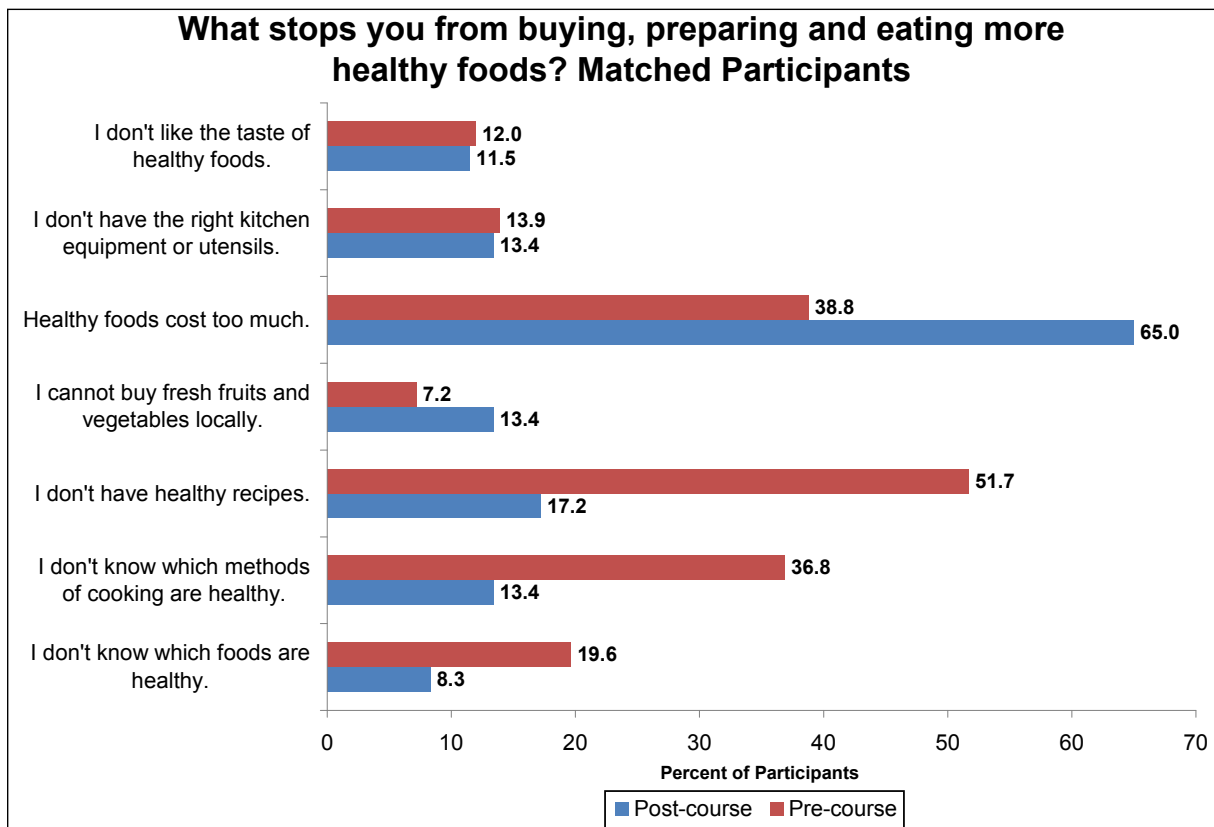
- I don’t have healthy recipes. (51.7%)
- Healthy foods cost too much. (38.8%)
- I don’t know which methods of cooking are healthy. (36.8%)
- I don’t know which foods are healthy. (19.6%)

At the end of program, participants indicated that they knew more about healthy recipes, how to cook healthy and what foods are healthy. These three factors were significantly reduced as reported barriers in the post questionnaire:

- I don’t have healthy recipes. (17.2%)
- I don’t know which methods of cooking are healthy. (13.4%)
- I don’t know which foods are healthy. (8.3%)

The percent of respondents choosing “*healthy foods cost too much*” as a barrier increased significantly from 38.8% in the pre questionnaire to 65% in the post questionnaire. Food security is a critical issue to healthy eating.

Community Facilitators confirmed that at the end of the program participants indicated to them that access and affordability of food remained as barriers to healthy eating.



7.0 LONGER TERM IMPACTS

As part of the program evaluation, follow-up focus groups and the pilot participant telephone survey helped to gain a better understanding of longer term impacts of the Food Skills for Families program and whether changes identified immediately following the completion of the program were sustained several months later.

7.1 Follow-up Participant Focus Groups

Four focus groups were conducted two to six months following the completion of the program, as follows:

1. In June 2009 with 19 participants from the Punjabi Food Skills for Families programs in Phases One or Two.
2. In June 2009 with 7 participants of Asian background from the New Immigrant Food Skills for Families programs in Phases One or Two.
3. In August 2009 with 14 women from the Aboriginal Food Skills for Families programs in Phase One plus one elder.
4. In November 2009 with 7 participants (all young parents) from the Smart Budget programs in Phase Three.

Detailed results from each of the focus groups are available under separate cover in the Food Skills for Families Program Final Evaluation Report Appendix: Evaluation Tools and Phase One, Two and Three Evaluation Reports.

The follow-up focus groups with Aboriginal, new immigrant, Punjabi and Smart Budget participants revealed that key changes identified in the post questionnaires continue to be sustained two to six months after completion of the program for all groups.

Most significantly, participants say they are eating more fruits and vegetables, using less oil, sugar and salt, eating more high fibre, using brown rice instead of white, and using low fat dairy products. Participants reported that:

- Their confidence level to prepare and choose healthier foods has continued.
- They enjoy preparing healthy food for their families and seeing their children join in the preparation.
- They enjoy the new ‘Canadian’ recipes and appreciate knowing how to make traditional recipes healthier.

» “We were used to frying our food and using homo milk – the course opened our eyes to how to make food healthy that tastes good and why it is important to make these changes. We feel better now.”

Punjabi Focus Group

“I am used to cooking more traditional Asian soups and now I cook soups with lots more vegetables.”

New Immigrant Focus Group

“I am cooking healthy recipes now for my kids... and my kids help me cook... the recipes are so easy... I use the recipes almost daily.”

Aboriginal Focus Group

“My son does not like vegetables and wants ketchup on everything. I found a tomato paste with no added sugar or salt that I give him.”

Smart Budget Focus Group

7.2 Follow-up Participant Pilot Telephone Survey

As previously indicated, the availability of contact information for a follow-up telephone survey was limited due to confidentiality issues and the need for written consent. For most of the 19 participants who were interviewed, the positive changes by the end of the course (as reported below for all participants) were sustained two to eight months later.

Participant Telephone Follow-up Survey – Quantitative Results

QUESTION	FREQUENCY	VALID PERCENT*
Have you made any changes as a result of taking the Food Skills for Families program?	Yes 16	84%
	No 3	16%
Do you prepare or cook food differently now?	Yes 13	76%
	No 3	18%
	Not sure 1	6%
Have you changed how you shop for food now?	Yes 13	72%
	No 3	17%
	Not sure 2	11%
Are you eating fruit more or less often than before the Food Skills for Families program?	A little more 7	37%
	A lot more 11	58%
	About the same 1	5%
	A little less 0	
Are you eating vegetables and salads more or less often than before the Food Skills for Families program?	A little more 5	28%
	A lot more 12	67%
	About the same 1	5%
	A little less 0	
Are you drinking sugar sweetened beverages more or less often than before the Food Skills for Families program?	A little more 0	
	A lot more 0	
	About the same 6	31%
	A little less 7	37%
Are you eating fried foods more or less often than before the Food Skills for Families program?	A lot less 6	32%
	A little more 0	
	A lot more 0	
	About the same 2	11%
How often do you add salt to your food now?	A little less 8	42%
	A little more 2	11%
	A lot more 0	
	About the same 6	42%
	A little less 3	16%
	A lot less 3	16%
	A little more 2	11%
	A lot more 0	

* Valid Percent takes into account answers missing.

Qualitative results from the follow-up participant pilot telephone survey are outlined below.

When asked if they “*have made any changes as a result of taking the Food Skills for Families program,*” the common responses included:

- “eating healthier”
- “eat more raw vegetables”
- “keep more fruit in the house all the time”
- “put fruit in my children’s lunch”
- “eat more salads”
- “eat more fruit as a snack”
- “eat more variety of vegetables”

When asked if they “*prepare or cook food differently now than before they took the Food Skills for Families program,*” the common responses included:

- “frying less”
- “using less oil”
- “using less sauces”
- “using more spices instead of salt”
- “cooking more at home, cooking from scratch”

When asked if they have changed how they shop for food since taking the program, the common responses included buying more fruits and vegetables, buying less packaged food and reading labels more often.

The Participant Handbook is being used by some of the respondents more than others. Some participants use it occasionally while others keep it in their kitchen and use it often.



8.0 FEEDBACK ON THE FOOD SKILLS FOR FAMILIES PROGRAM

This section provides feedback on the Food Skills for Families program provided by participants, Community Facilitators, Master Trainers, program partners and host organizations.

8.1 Participant Feedback

Participants were provided the opportunity to comment about their satisfaction with the program, the Community Facilitator, the Participant Handbook, and any program improvements they would like to recommend.

Program Satisfaction

Respondents from all three phases reported a high level of satisfaction with the Food Skills for Families program and Community Facilitator. On average, 97% are highly satisfied.

Respondents indicated that they would highly recommend the Food Skills for Families program to their friends and family. They found it interesting, informative, helpful, a good learning experience and fun.

Participants' views of the Community Facilitators are reflected in comments such as:

- “Wonderful teacher, very confident and knowledgeable, is good with people.”
- “Our facilitator was very informative and very patient with us.”
- “Superb teaching skills, simple explanations, very easy to understand.”

Participants were asked what they would say about the program to others. Typical comments included:

- “Good for improving health and changing food habits.”
- “Great learning experience and the whole family will benefit.”
- “If you want to eat healthy, take this course.”
- “Making healthier choice isn't as hard as it seems.”
- “It is interesting and helpful for people on low income because of the good recipes we can use for all those yucky food bank beans.”



Participant Handbook

Participants in all phases found the handbook useful. They found the recipes, cooking methods and recipe modifications easy to read and follow. Having simple, fast and healthy recipes was most useful to the majority of respondents. Many are sharing the handbook with others in their family and with friends.

Respondents expressed how much they liked the simplicity of the recipes. They were amazed at how easy and fast it was to cook from ‘scratch.’ As one woman expressed: *“We cooked all this delicious food in a very short amount of time and it was so healthy.”*

“I’ve left the Food Skills for Families Participant Handbook on our kitchen table so we can all look at it - my oldest daughter at 17 is very interested in healthy eating and has adopted one of the recipes as the one she cooks on her weekly night for the whole family.”

Participant from an Aboriginal community

Respondents were asked what they liked most about the Food Skills for Families program. The majority of the respondents in all phases emphasized they most liked everyone cooking together, learning new skills, learning about new healthy foods and learning new healthy recipes.

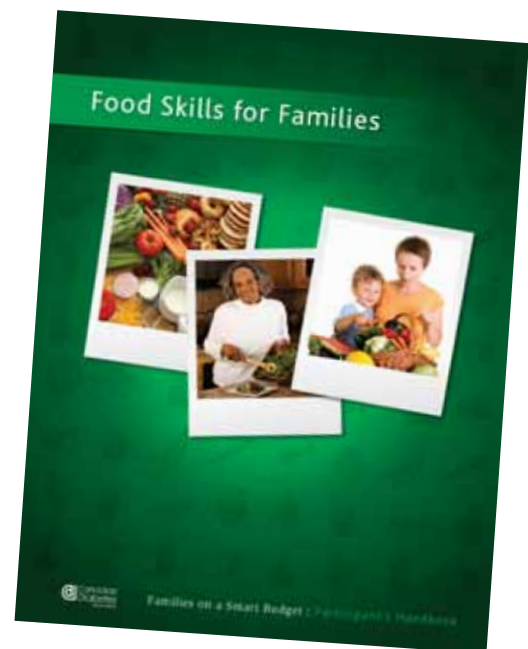


“I use the Handbook every day to make healthy food.”

“I am excited to try out the recipes at home and to share with my mother and sister.”

“Everything is helpful in the Handbook.”

“The Handbook is a great resource with healthy and delicious recipes for my whole family.”



“I liked all the new foods and laughter.”

“I liked cooking with people, meeting new people and everyone helping.”

“I liked learning about Canadian foods, spices, products.”

“I like learning how to cook with less oil and salt.”

Program Improvements

Many respondents said “the program does not need any improvements.” Where suggestions were made, respondents in all phases mentioned similar improvements:

- Having more time per session and more sessions or programs.
- Having different levels in the program so they could continue to learn (beginner, intermediate and advanced).
- Having more information and recipes for children.

Some respondents would like to see the Participant Handbook have more pictures and indicated that some of the ingredients in the recipes are too expensive. Those taking the Punjabi sessions indicated they would like to see the material translated into their language.

(Note: Translated Punjabi version was completed in February 2010.)



8.2 Community Facilitator and Master Trainer Feedback

Community Facilitators find their involvement in the Food Skills for Families program to be a very rich experience. Many improved their facilitation and teaching skills; felt it was a personal growth opportunity and increased their own confidence; enjoyed meeting new people; feel a high level of satisfaction when participants report the changes they are making as a result of the program; and have changed their own eating and cooking habits to reflect healthier choices. They report the program has enabled them to get to know members of their community and to become more familiar and comfortable with members of other cultural groups. For some, it opened the door to other job opportunities and facilitated networking in the community and beyond.

Community Facilitators have observed some key differences among the target populations that are important for improving delivery of the program to these populations:

- The overarching concern of all the target populations is affordability of food. Accessibility of food is also an issue, in particular for Aboriginal families and target populations living in rural and remote communities.
- Aboriginal groups see traditional foods as a priority and were interested in how to access and use them in a healthy manner. Many know how to cook but are less familiar with cooking from recipes.
- Smart Budget module participants tend to have less experience cooking from ‘scratch’ and their major concern is affordability of healthy food.
- Punjabi participants have a high interest in choosing healthy oils, using less oil and learning about alternatives to frying because fried foods are common to their traditional diet. Overall, health is a priority and there was a high interest in learning about healthy eating, cooking and lifestyles.
- New Immigrant participants were excited to learn about Canadian foods and particularly interested in being able to prepare Western food for their children for school lunches. Most know how to cook cultural food but are less familiar with Western ingredients, recipes, grocery shopping and cooking techniques, e.g., use of an oven for cooking.

Community Facilitators have suggested some key changes to the Food Skills for Families program including:

- Hosting the Facilitators' Manuals online with restricted access to approved Community Facilitators to enable timely updates and sharing information on a secure site.
- Developing a Rural and Remote Addendum to attach to the Smart Budget module that highlights greater use of foods that are more accessible and affordable in rural areas.
- Developing an advanced Food Skills for Families course to offer to past participants to enhance skills learned and continue to build momentum in lifestyle changes.
- Identifying an enhanced role for Community Facilitators that could include marketing the program at a community level and seeking and working with organizations that are willing to host and sponsor the Food Skills for Families program.

Community Facilitators and Food Skills For Families program staff identified some concerns about the matching of host organizations and Community Facilitators. Community Facilitators were not always available in the geographical area or their availability did not coincide with the needs of the host organizations. Program staff indicated that this matching took considerable time and coordination. At times, established schedules had to be revised because of changing circumstances for either the host organization or the Community Facilitator. Suggestions made to improve the matching process included: ensuring that the Community Facilitator availability list is kept updated on a regular basis; using regular communiqués and other communications methods to keep Community Facilitators and host organizations informed in a timely manner; making greater use of technology, e.g., a web-based management system to facilitate the matching process.

Master Trainers have played an important role in the training of Food Skills for Families Community Facilitators across the province. The initial plan to incorporate oversight and quality assurance roles for Master Trainers was not fully developed and implemented. The degree to which Master Trainers mentored and supported the Community Facilitators following the initial training varied, with some actively connecting with Community Facilitators and others only occasionally.

Changes were made to the role of Master Trainers in January 2010. Master Trainers were asked to continue to provide overall advice on program delivery across the province. They will also participate in quarterly Community Facilitator conference calls and continue to provide support to Community Facilitators, as required.

8.3 Program Partner Feedback DASH BC and Fresh Choice Kitchens

Key Strengths of the Partnership

- The added value of Food Skills for Families' partnership with DASH BC and Fresh Choice Kitchens is that these partners have established relationships in the community and bring their knowledge, understanding and expertise working with schools and community organizations across the province. This has enhanced the program's capacity to more readily access a broad range of schools and community organizations in a short period of time.
- The key role of DASH BC and Fresh Choice Kitchens has evolved as the program has developed, from identifying and accessing schools and community organizations who might have an interest in the Food Skills for Families program, to undertaking a multi-step process in facilitating the engagement of these groups from recruitment to commencement of program delivery. This has taken time, flexibility, a good understanding of the needs of the schools and community groups, and significant communication and coordination.
- The number of schools and organizations that have been identified by the partners has greatly exceeded expectations to almost triple in numbers.

Partnership Challenges and Suggestions for Improvement

- DASH and Fresh Choice Kitchens indicated that there is a complex administrative process between the Food Skills for Families program and themselves, e.g., numerous reports that require regular updates regarding the selection of host organizations, partnership agreements, assignment of Community Facilitators, etc. The suggestion was made to enhance the use of technology to facilitate sharing of information among the partners, e.g., a web-based administrative management system.
- DASH and Fresh Choice Kitchen suggested that roles and responsibilities of the Food Skills for Families team and the key partners need to be clarified to ensure that assets and strengths of each partner are maximized and that roles are reflected in contractual arrangements.
- DASH BC and Fresh Choice Kitchens encouraged more regular communications with host organizations/schools and all supporting stakeholders and enhanced public visibility of the Food Skills for Families program with media exposure to illustrate the positive impact of the program on participants.

8.4 Host Organization Feedback

- Host organizations are responsible for providing the kitchen space and equipment and recruiting the participants from the target populations in their communities. The program is offered free of charge to participants.
- Host organizations vary in their involvement with the program, some being more hands off, while others take an active role to call participants, provide transportation and child care. Host organizations recognized the importance of having a budget for child minding and transportation but this was not always readily available. Some hosts provided additional support for gifts and incentives for the participants. Some hosts have upgraded their kitchens and improved equipment and supplies.
- Host organizations see the benefits of offering the program to their clients and to the wider community as they find it to be a practical resource that fosters healthy living and helps to engage their clientele in other programs the organization offers.
- Many of the host organizations have received very positive feedback from participants “who let them know the program was excellent and very beneficial.”
- Overall, host organizations were satisfied with their relationship with the Food Skills for Families program, though some encouraged improved communication. There was some confusion with new host organizations regarding the selection process and what was expected of them. Host organizations identified the need for clear communication of processes and responsibilities to community groups and schools who have expressed an interest to host the Food Skills for Families program.
- Some host organizations indicated an interest in supporting the program in the future while others could not make a commitment because of economic uncertainty.



“Participants loved the program.”

“I observed the program over the 6 weeks and I witnessed engaged participants and great healthy food.”

“More families are already asking if we will run another group. We have an interest list started just from word-of-mouth of past participants.”

“Participants found the sessions extremely helpful and a great learning opportunity.”

“The program that was held here for New Immigrants facilitated by the Food Skills for Families Community Facilitator, who spoke Chinese, has finished. It was excellent and the feedback that I have received has been nothing but rave reviews. The ladies feel that they can now cook Canadian style for their grandkids! I popped in on several sessions and saw how much fun was being had and how much they were learning.”

Host organization



9.0 FUTURE CONSIDERATIONS

Evaluation of the Food Skills for Families program revealed its ability to positively influence participants' healthy eating, cooking and nutrition knowledge, skills, attitudes, confidence and behaviour, and to enhance community capacity.

Key Highlights

The Food Skills for Families program is highly regarded by all stakeholders involved. The evaluation results provide evidence that this program is an effective tool to foster healthy eating.

Stakeholders recognize that an important legacy of the Food Skills for Families program is the standardized, best practice curriculum for teaching healthy cooking skills with a consistent core knowledge and skill foundation that is readily adaptable to meet the needs of diverse target populations.

A strength and added value of the Food Skills for Families program acknowledged by stakeholders, and a second important legacy, is the province-wide pool of over 100 Community Facilitators trained to teach healthy eating and cooking skills. The Train-the-Trainer Mentorship program helps to ensure best practice in terms of content and delivery of the Food Skills for Families program, thus contributing to its overall efficacy.

Overall, there is ongoing demand for the Food Skills for Families program. The evaluation indicates that it works for communities because of the strong curriculum, the Train-the-Trainer Mentorship program, the wide group of facilitators across the province, and the flexibility to make the learning experience relevant and fun for both participants and facilitators. There is much potential to build on the strengths of the model, to reach out to other target populations, engage diverse host organizations and expand partnerships to meet future community needs.

Future Considerations

Based on the evaluation, consultation and survey results, a number of considerations are presented to optimize the future potential of the Food Skills for Families program:

Changes to Current Food Skills for Families Program Operation

- Develop strategies to improve communications with all key stakeholders about current and future program plans, activities and opportunities, for example, Community Facilitators/Master Trainers, DASH, Fresh Choice Kitchens, host organizations, community nutritionists, other relevant health authority contacts, and other healthy eating strategies and initiatives.
- Make greater use of technology to support and improve administration of the program, e.g., a web-based management system.
- Host the Facilitators' Manuals online with restricted access to approved Community Facilitators to enable timely updates and sharing information on a secure site.
- Clarify the roles of the Community Facilitators, Master Trainers and program staff vis-a-vis oversight and quality assurance.
- Continue to engage existing partners as well as seek new mutually beneficial partnerships to sustain the current program.

Changes to Current Food Skills for Families Program Delivery Model

The evaluation results indicate the effectiveness of using the Food Skills for Families face-to-face, hands-on method for teaching healthy eating and cooking skills to specific target populations, with the added benefit of increasing social support and networking. However, the complexity of the delivery infrastructure and the per participant cost of the program have been identified as sustainability issues by stakeholders. Stakeholders have also indicated that a participant fee for vulnerable populations is not a viable option.

Preliminary comparisons indicate that the per participant cost of the Food Skills for Families program which is approximately \$200 for a 6 session program (this includes the cost of food, the Community Facilitator, program manuals, miscellaneous program costs and coordination) is comparable to other healthy lifestyle hands-on skill-building community-based programs. For example, the estimated cost for *Healthiest Babies* is \$250 per participant for their program; *Food Fun for Families* \$350 per participant for 5 sessions; *Cooking for Your Life* \$175 per participant for 4 sessions; and for *Project Chef*, \$240 per participant.

Stakeholders suggested changes to the delivery structure and program funding sources to enhance the future potential of the program. These included a revised role for Canadian Diabetes Association and an enhanced role for Community Facilitators, host organizations and health authorities. More specifically:

- **Canadian Diabetes Association** taking the lead to:
 - Train and mentor Community Facilitators and maintain an infrastructure to keep Community Facilitators supported, connected, current, linked with Community Nutritionists across the province and engaged as important resources and advocates for healthy eating and food security.
 - Maintain and enhance the curriculum, making it accessible as an on-line resource for trained Community Facilitators and Master Trainers ensuring ongoing enhancements and updates.
 - Develop a website to enable sharing of timely information and best practices with Community Facilitators and host organizations.
 - Maintain current and develop new partnerships to expand the delivery of the program.

- **Community Facilitators** assuming an expanded role, based on criteria established by the Food Skills for Families program, to market the program and reach out to agencies and schools to identify those interested in hosting the program, and working with host organizations and health authorities to deliver the program.
- **Host Organizations** seeking funding to support the delivery of the Food Skills for Families program, including Community Facilitator and food costs. This would mean that host organizations would need to integrate the Food Skills for Families program into their annual program and budget cycle.

The Food Skills for Families program would need to consider the following strategies to engage host organizations:

- Communicate the results of the evaluation to host organizations, identifying the Food Skills for Families program as an important resource for community organizations to offer their clientele.
- Identify and follow-up on the interest of potential host organizations to fund/support the delivery of the Food Skills for Families program.
- Develop a guide for potential host organizations that provides information on:
 - Criteria for hosting a Food Skills for Families program, e.g., kitchen requirements, child care, transportation
 - Costs to host organizations to deliver the program
 - How to access Community Facilitators to deliver the program
 - Potential funding sources, e.g., Food Security funds, HEAL grant in the North, Healthy Living grants, etc.



- **Health Authorities** and community nutritionists supporting the Food Skills for Families program as part of core public health program delivery. This would entail the Food Skills for Families program:
 - Identifying the best strategy to formally present the results of the evaluation to relevant decision-makers in each Health Authority and to highlight the positive impact of the program on the health and well-being of vulnerable individuals and families, and on community capacity building.
 - Working with Health Authority decision-makers to identify opportunities to link the Food Skills for Families program (the curriculum, Community Facilitators, host organizations) with the work of the Community Nutritionists, and to ultimately incorporate the Food Skills for Families program in their core public health program delivery for Healthy Living and Food Security.

Expanding the Food Skills for Families Program to Other Target Populations

The Food Skills for Families program can be offered to other target populations by adapting the curriculum and training additional Community Facilitators.

- Adapt the curriculum to meet the needs of other target populations such as youth, seniors, people with diabetes and other chronic diseases, mentally challenged individuals, rural and remote communities, etc.
- Maximize the use of technology in the future adaptations of the curriculum.
- Consider translation of the Participant Handbook to other priority language groups.
- Consider collaborating/partnering with existing and new groups – national, provincial, regional or community organizations and public and private funders – to meet the needs of a broader range of target groups and communities.
- Train additional Community Facilitators to meet the needs of emerging target populations. Where possible select Community Facilitators from within the identified target population.

Modifying the Curriculum and Train-the-Trainer Mentorship Program for New Uses

- Collaborate with other key groups to adapt the Food Skills for Families program curriculum and Train-the-Trainer Mentorship program for new uses, e.g., to train volunteers helping seniors with grocery shopping and meal preparation to support their independence in their own homes; training staff in supported living facilities.

Evaluation

The evaluation of the program and impact has informed the program in important ways, and has the potential to influence future policy development and program delivery.

Consider the following:

- Communicate the evaluation results and success of the Foods Skills for Families program to a broader audience, including decision-makers at all levels of government and community leaders.
- Continue to collect data and build evidence on the impact of the Food Skills for Families program on healthy eating and food security to inform decision-makers about future program delivery and policy development. This includes continuing with the pre and post participant questionnaires.
- Continue to collect additional follow-up participant data to confirm longer term program impacts by revising the follow-up participant pilot telephone survey protocol and implementing with Phase Five participants.
- Contribute to national and international practice-based evidence by publishing the results of the Food Skills for Families program evaluation and key learnings in a peer reviewed journal(s) and other appropriate publications.





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