

# Food Skills Programming Environmental Scan:

**An overview of current food skills programming at  
the local level: A resource for public and  
community health professionals**



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## 1 Introduction

The purpose of this resource is to provide public health professionals with a deeper understanding of the programs and resources that are being utilized to address food skills development in the general population. National and international data confirm there has been a transition in food choice and consumption patterns towards an increase in processed, pre-packaged and convenience foods being purchased and consumed. Low self-efficacy and self-perceived inadequate cooking and food preparations skills have been identified as barriers to food choice. This suggests that food skills interventions may be useful in initiating dietary change but further research and surveillance are needed to strengthen evidence for this link (Government of Canada, 2010). Through an environmental scan, food skills programs currently being implemented by Ontario public health units (PHUs), community health centres (CHCs) and key community-based organizations operating within Ontario were identified. These programs are presented within, along with information on how these programs were developed and evaluated and who the key players are in these processes. Information is also provided about the program's target population, program implemented and the resources required for implementation. Overall this resource can be used by public and community health professionals to inform efforts to provide tools and support for evidence-based food skills programming.

## 2 Method

An environmental scan was conducted by administering a survey to all public health units, community health centres and several key community-based organizations within Ontario. The following questions were used as a basis for the development of the survey:

1. What are the programs currently being implemented by Ontario's public health units, community health centres and other key organizations to address food skills development?
2. How are these programs currently being evaluated?
3. What steps were taken to develop the program?
4. Who are the key players in developing and evaluating food skills programming?
5. Who are the programs targeting (e.g. adults, children, high risk groups, priority populations, general public, etc.)
6. How are the programs being implemented? Who is implementing the program and what is required to implement the program?

A number of consultations took place to inform the development of the survey. Included in the consultations were the Nutrition Resource Centre (NRC) Advisory Committee, attendees at the NRC's provincial roundtable and a select few individuals with knowledge of, and interest in food skills programming.

The survey was distributed:

- via e-mail directly to public health dietitians/nutritionists (and/or chronic disease prevention managers) at all 36 of the public health units within Ontario,
- via e-mail through a representative at the Association of Ontario's Health Centres to all of the community health centres within Ontario, and
- via e-mail directly to contacts at the key community-based organizations selected.

Two reminder e-mails were sent prior to the survey closing date.

In the survey, respondents were asked to list existing programs only and they were asked to use the following definition of food skills, as articulated by the Region of Waterloo Public Health, when determining which programs to include:

"At an individual and household level, food skills are a complex, inter-related, person-centred, set of skills that are necessary to provide and prepare safe, nutritious, and culturally acceptable meals for all members of one's household. Food skills include:

- Knowledge (i.e. about food, nutrition, label reading, food safety, ingredient substitution)
- Planning (i.e. organizing meals, food preparation on a budget, teaching food skills to children)
- Conceptualizing food (i.e. creative use of leftovers, adjusting recipes)
- Mechanical techniques (i.e. preparing meals, chopping/mixing, cooking, following recipes)
- Food Perception (i.e. using your senses- texture, taste, when foods are cooked)<sup>1</sup>

Respondents were asked to complete a separate survey for each food skills program their organization currently implements.

## 3 Findings

### 3.1 Responses

The survey was completed by 25 PHUs, 18 CHCs and two community-based organizations. Of these, 18 PHUs, 11 CHCs and both of the community-based organizations indicated they are currently running a food skills program. Twelve of the respondents indicated they are running multiple food skills initiatives. From the survey results, 30 unique food skills programs, five components of other programs and eight other initiatives were identified. The other initiatives include workshops, online resources, presentations, demonstrations and training.

Responses were analyzed for the 30 unique food skills programs and some general trends were identified. Four of the programs are currently being implemented by more than one organization. For the purpose of these analyses, responses for those programs were amalgamated.

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<sup>1</sup> Vanderkooy, P. Food skills of Waterloo Region adults. Fireside Chat Presentation. 1-20-2010. Online: [www.chnet-works.ca](http://www.chnet-works.ca)

The 30 programs included in the trending analysis are:

\*CHC = Community Health Centre, PHU = Public Health Unit

1. Access Alliance CHC - Newcomers Cooking Together
2. Algoma Public Health - Grocery Store Tour
3. Bridges CHC - Let's Get Cooking
4. Centretown CHC - Back to Basics
5. Chatham-Kent PHU/Chatham-Kent CHC - Food Skills
6. Chatham-Kent PHU - Feed Your Mind
7. Eastern Ontario PHU - After-School Cooking Program
8. Grand Bend Area CHC - Men Can Cook
9. Grand Bend Area CHC/Hastings & Prince Edward PHU/Thunder Bay & District PHU -  
Cooking out of the Box
10. Grand River CHC - Un-named Cooking Classes
11. Kingston Frontenac Lennox & Addington PHU - Basic Shelf Experience
12. Kingston Frontenac Lennox & Addington PHU - Under Cookstruction
13. Middlesex-London PHU - Group Home Food Skills Program
14. Niagara Region PHU - You're the Chef
15. Northwestern PHU - Cooking Classes or Community Kitchens
16. Oxford PHU - Food Literacy
17. Perth District PHU - Shovel to Spoon Program
18. Peterborough County PHU - Come Cook with Us
19. Port Hope CHC - Men with Knives
20. Port Hope CHC - Cooking with Kids
21. Region of Waterloo PHU - Community Food Worker program (CNW)
22. Sandy Hill CHC - Basic Skills Cooking, Cooking with Oasis
23. The Four Villages CHC - Kids Cooking Club
24. Thunder Bay District PHU - Adventures in Cooking with Kids 8 - 12
25. Toronto Public Health PHU - Creating Health Plus
26. Toronto Public Health PHU - Preparing Healthy Meals and Snacks for Children
27. Toronto Public Health PHU - Community Food Skills and Employability
28. Toronto Public Health PHU - Peer Nutrition program
29. Community Food Advisor Program
30. Colour It Up

Program profiles for all of these programs are included in section 4.

## **3.2 General Trends in Food Skills Programming**

Respondents were asked to indicate how long they have been implanting the food skills program. Most respondents indicated they have been implementing the food skills program for two years or less (n=11), followed by ten years or more (n=6) (Figure 1.)

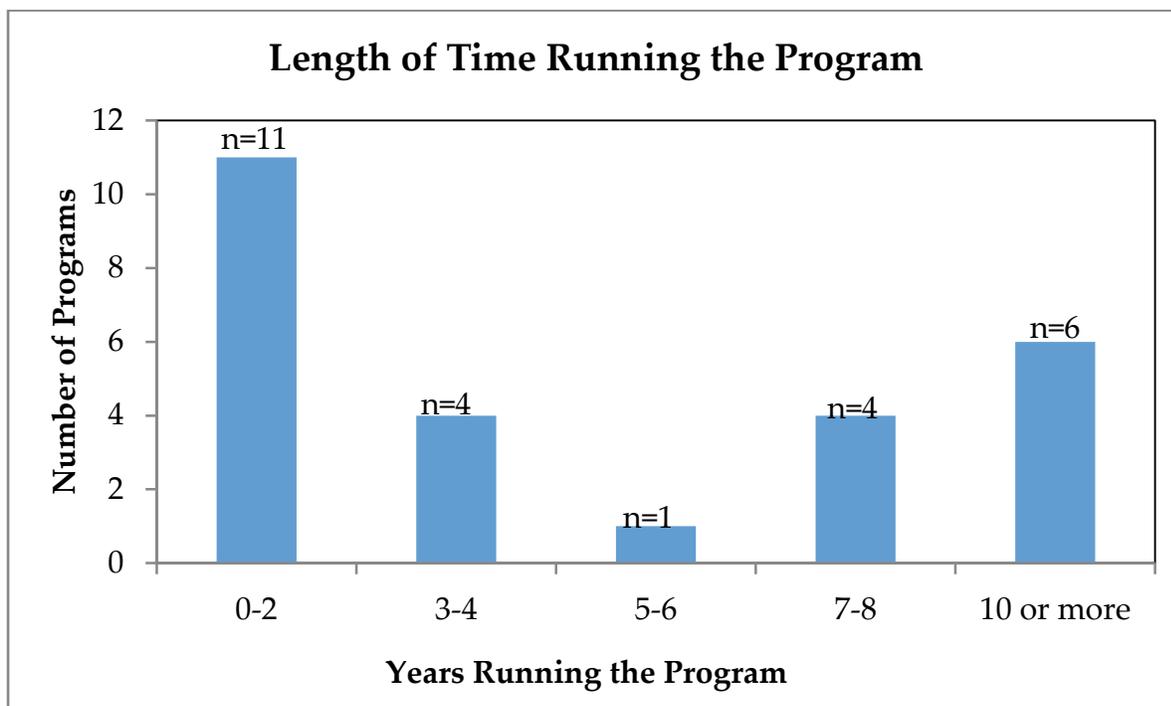


Figure 1. Length of time food skills programs have been running.

### 3.2.1 Performance Indicators

The respondents were asked to identify the performance measures of the program. Twenty two responses were received. The responses were grouped into five categories: change in participant knowledge; utilization rates (includes # of participants, # of sessions, attendance/dropout rate); change in behaviour or skill (ie using less packaged food, cooking more from scratch, using the recipes taught, fruit and vegetable consumption); participant satisfaction (how they valued the experience, things they liked/didn't like, what they learned/would like to learn); and change in confidence (i.e. cooking confidence, confidence to try new recipes, use skills learned, use new ingredients). The number of respondents for each type of indicator is summarized in Table 1.

Table 1. Trends in performance indicators measured.

Indicator	Number of Programs
Change in knowledge	11
Utilization rates	10
Change in behaviour or skill	9
Participant satisfaction	3
Change in confidence	2

### 3.2.2 Program Development

Respondents were asked about program development. Twenty-five of the respondents said they developed the program and four said the program was developed by another organization (Figure 2).

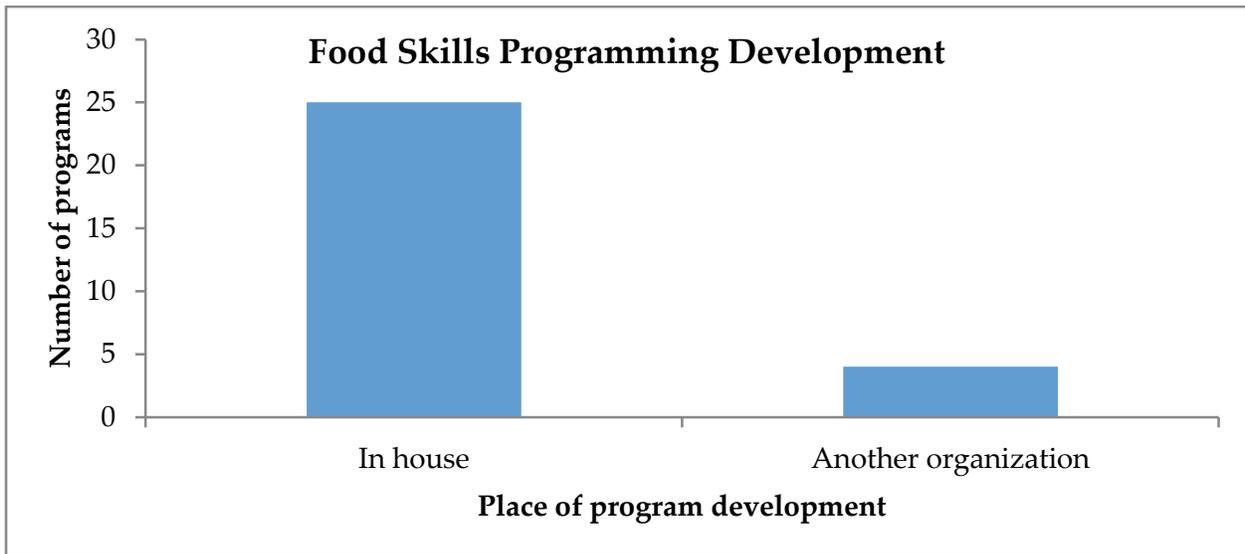


Figure 2. Place of program development

Respondents were asked to provide the kind of evidence that was used to inform the development. The responses included needs assessments, environmental scans, literature reviews and evaluations of other program(s). There were 16 responses to this question (Figure 3). Needs assessment and literature review were the methods identified as being used most often in program development.

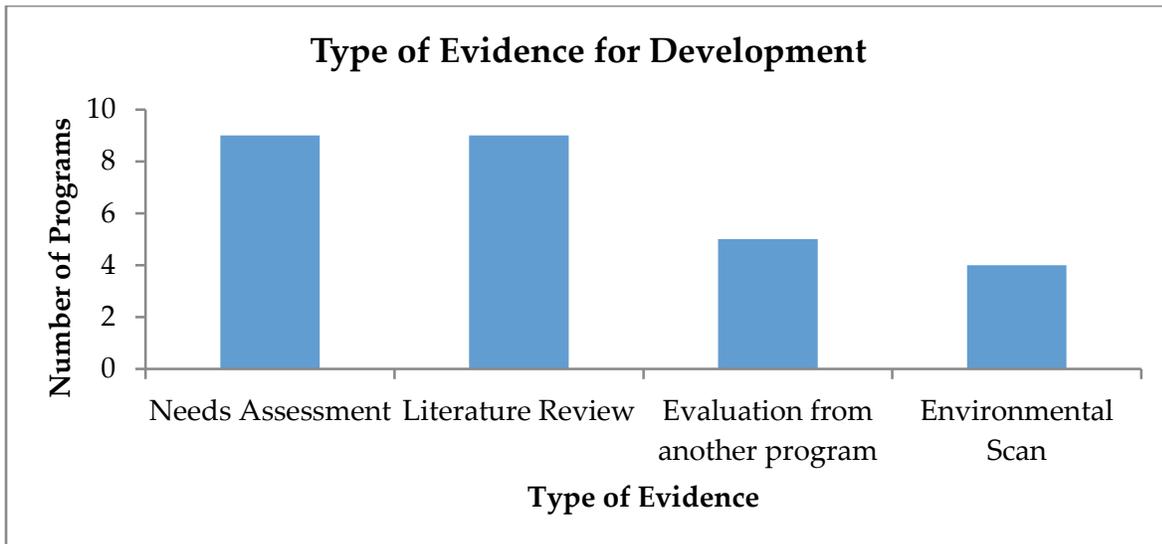


Figure 3. Type of evidence used to inform program development.

### 3.2.3 Program Implementation

Respondents were asked to indicate how many staff members (including volunteers) are needed to run the program. Twenty-seven responses were received. The majority indicated that one or two staff members were needed to run the program (Figure 4).

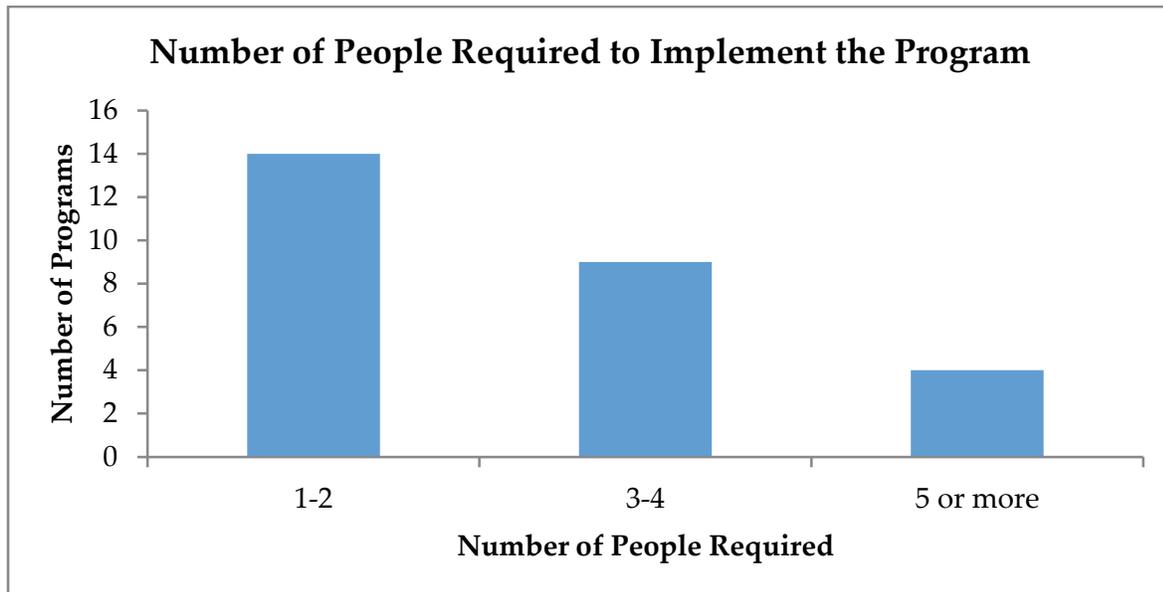


Figure 4. Number of staff members (including volunteers) needed to run the program

Respondents were asked to provide information about the program target demographics. The results are summarized in Figure 5. Respondents were able to select more than one target population. The majority indicated that their program targets adults or some other specific population.

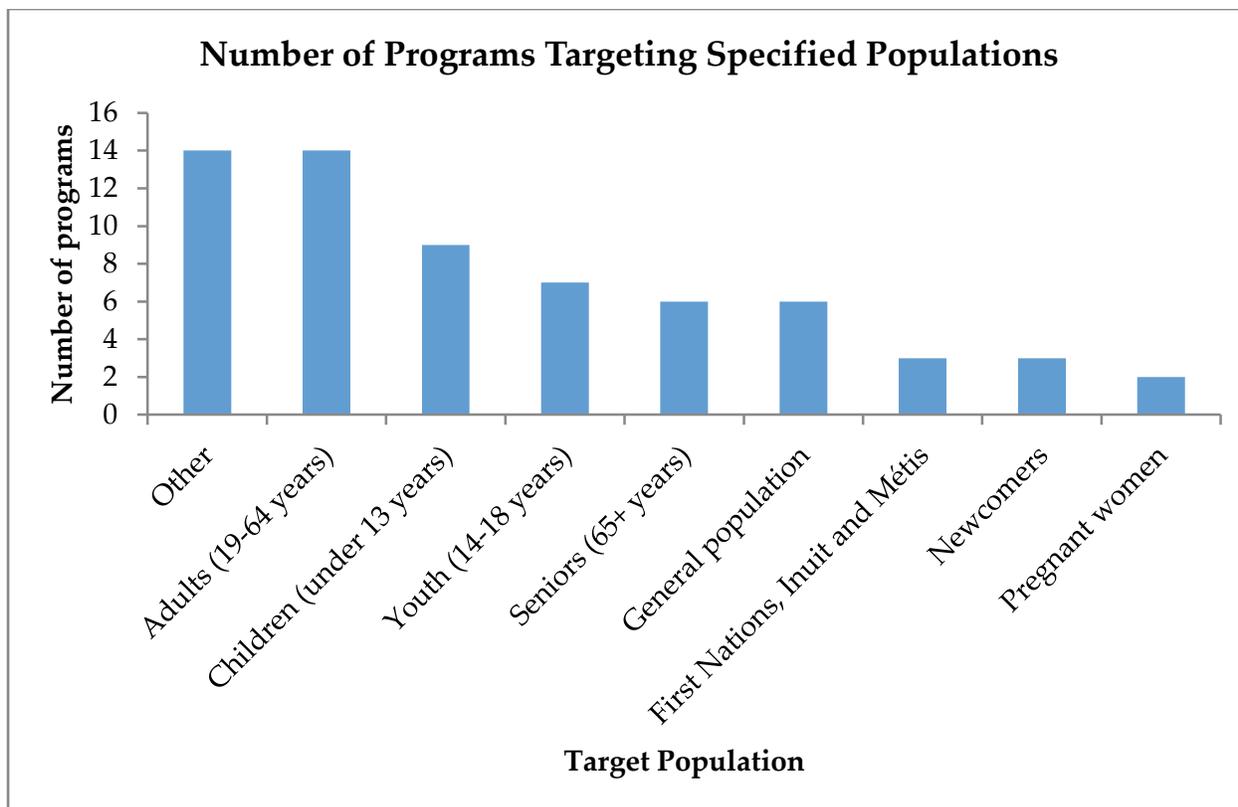


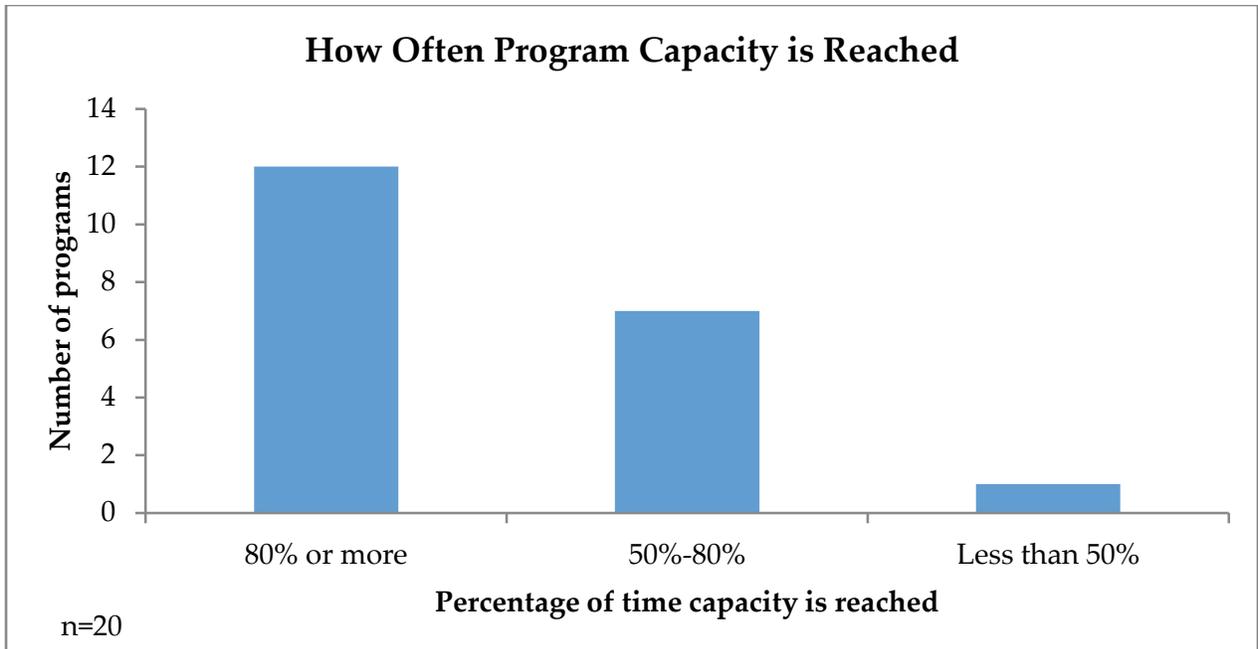
Figure 5. Information on target populations

Responses provided under other target populations include: high risk individuals and families, parents and children together, individuals who access the food bank, those on limited budgets, at-risk youth, people living with mental health and addiction, rural communities, men living alone, homeless populations and parents of school age children under 13 years. Twenty-five of the respondents indicated that their program was not sex specific. Two respondents indicated that their program targets males only and one respondent indicated that their program targets females only.

Respondents were asked to provide details about the number of participants. They were asked to indicate the maximum number of participants that can be accommodated per session or program. The responses to this question varied but most were in the range of 10-15 participants.

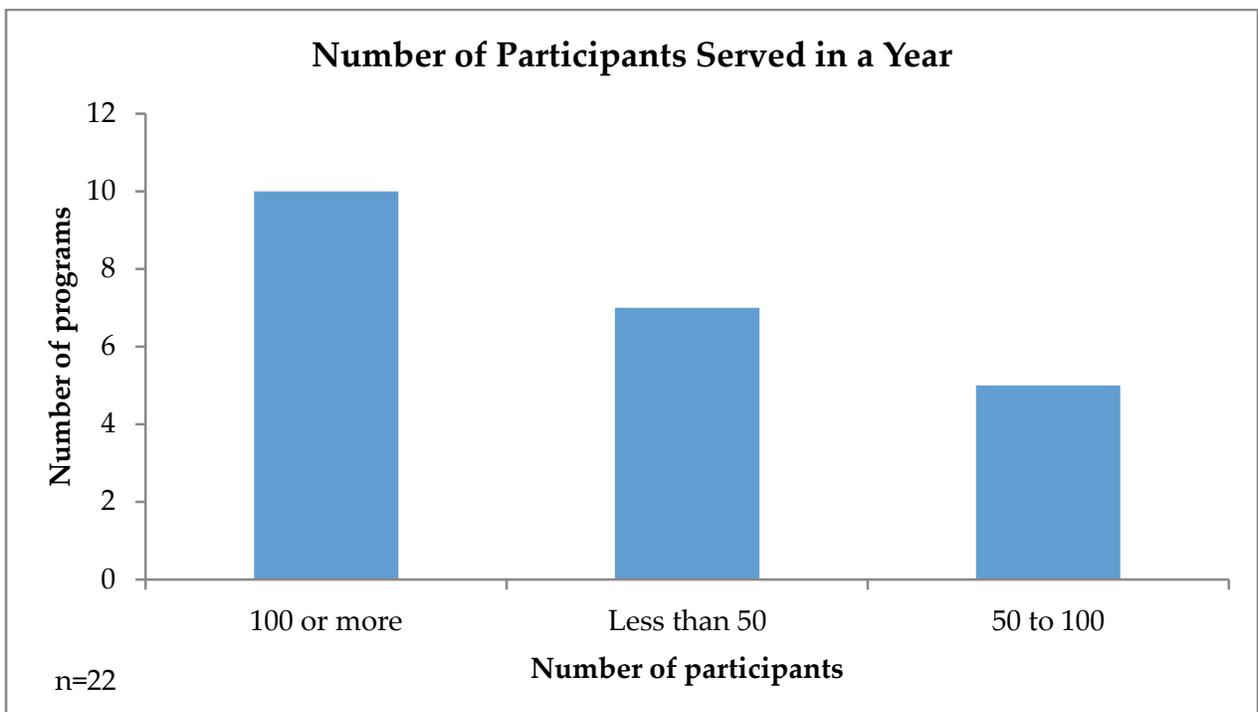
The respondents were asked to indicate how often program capacity is reached. The results are summarized in Figure 6. Most respondents indicated that capacity is reached 80% of the time or more.

The respondents were asked to indicate the percentage of people that do not complete the program. The majority indicated 10% of the time or less.



**Figure 6.** Percentage of the time program capacity is reached

Respondents were asked to provide an estimate of the number of participants served by their program in a year. The results are summarized in Figure 7. Twenty-two responses were received for this question. The majority indicated that 100 or more participants are serviced in a year.



**Figure 7.** Number of participants served by the program in a year.

### 3.2.4 Challenges

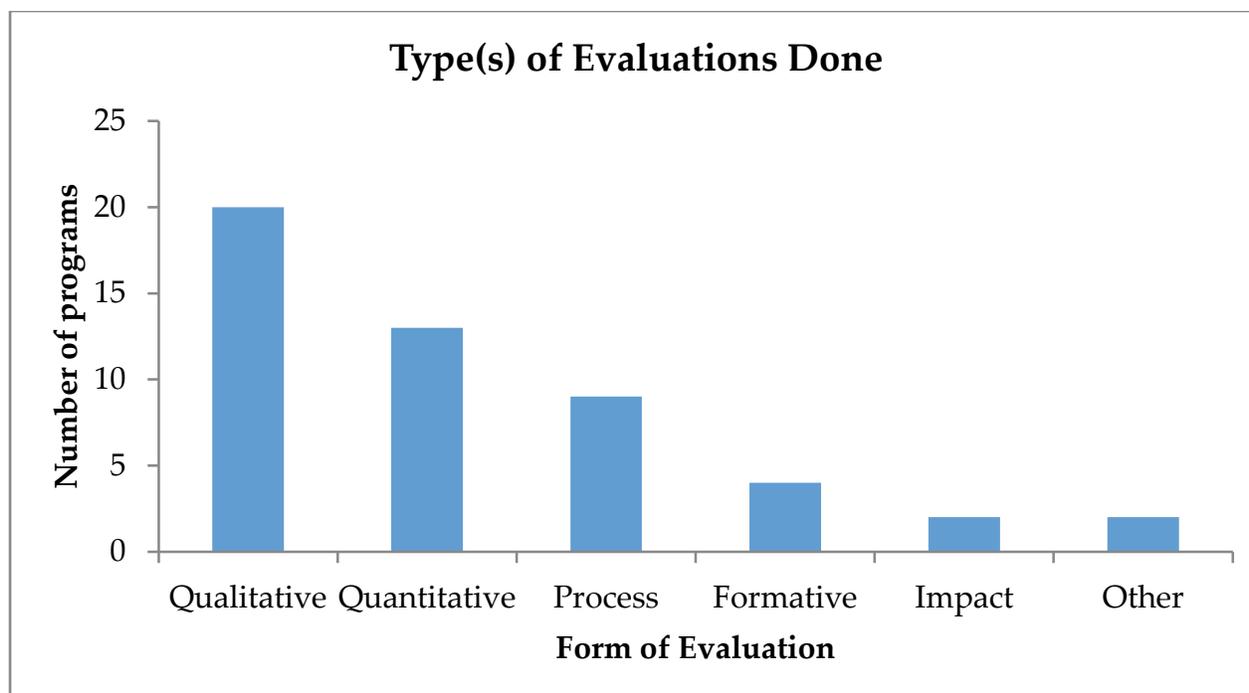
The respondents were asked to describe the major challenges when planning, implementing, operating and evaluating their food skills program. Twenty-seven responses were received. The responses were grouped into eight categories: timing (i.e. work schedules of the public, competing priorities, busy schedules, program planner finding time in their own schedule); participant attitude and skill level (i.e. people not willing to try new foods, different skill levels in the kitchen, participants not wanting to get involved in activities, participants not willing to learn new information); evaluation (i.e. evaluation is limited by literacy skills of participants, not enough time or budget for evaluation, leaders not completing the evaluation or not submitting completed evaluations); recruitment and retention (i.e. getting people who are interested in the program, having people remember to return each week); funding (i.e. funding to maintain the program); human resourcing (i.e. difficulty finding enough people to run the program, finding volunteers with enough time/availability, staff consistency); Location (i.e. finding a location, finding a location big enough to accommodate and with the appropriate resources); food (i.e. finding affordable, fresh fruit and vegetables) and other (i.e. reaching populations that were identified to need the service). The number of responses for each type of challenge identified is summarized in Table 2.

**Table 2.** Major challenges to planning, implementing, operating and evaluating the programs

Challenge	Number of Programs
Time	9
Participant attitude and skill level	8
Evaluations	8
Recruitment and retention	8
Funding	4
Human resourcing	4
Location	4
Food	2

### 3.2.5 Evaluation

Twenty of the respondents indicated that program evaluations have been done. Respondents were asked to provide information about the types of evaluations that have been done on the programs. The results are summarized in Figure 8. The majority of respondents indicated that qualitative evaluations had been done. Respondents were able to choose more than one type of evaluation.



**Figure 8.** Types of program evaluations completed

The respondents were asked to provide information about the results or conclusions of the evaluations that have been done. These were grouped into five categories: participant satisfaction (i.e. people liked the program or were satisfied with it, people wished that the program would continue longer, participants enjoyed working with food, participants valued the program); social benefit (i.e. participants enjoyed the ability to work with others, participants gained new friendships, participants indicated that cooking and eating together builds community, participants indicated that the program allowed them to connect to Canadian culture and society, reduction in social isolation); change in skills or behaviour (i.e. increase in nutritional knowledge, cooking skills have improved, participants felt that they learned new skills, parents felt that they noticed a change in the eating habits of their children); change in knowledge (i.e. nutrition, healthy eating and food safety) and other (i.e. numbers of participants, volunteers, etc.; employment outcomes - enrolled in employment placement programs, others volunteered in community food programs). The number of responses falling into each category is summarized in Table 3.

**Table 3.** Results or conclusions of program evaluations

Results or Conclusions	Number of Programs
Participant satisfaction	10
Social benefit	9
Change in skills or behaviour	9
Change in knowledge	4
Other	2

### 3.3 Planned Programs

Seven respondents indicated that they are currently in the planning stages and will be implementing a food skills program in the near future. Some of the planned initiatives include:

- Basic Shelf Cooking class - Objective will be to provide participants with basic cooking skills, building on these skills with each class. It will teach participants how to make low-cost, simple recipes that focus on using items from a "stocked pantry". The format will be twp. hours once per week for six weeks. Hands-on cooking class with cooking skill/nutrition education information will be provided. The program will be run by a Registered Dietitian and will likely be evaluated one year after implementation. The sessions are planned to run four times per year.  
**Contact:** Grand River Community Health Centre –Katie Haneke, RD, [khaneke@grchc.ca](mailto:khaneke@grchc.ca).
- Not named yet - Plan to have community engagement through a community garden or community kitchen. The intended outcomes will be increased confidence in engaging in food skills. The program is being developed by the Registered Dietitian at the organization. The development process will include help from colleagues and the successes of other food skills programs. It will also include consultations with community partners to understand the needs for food skills development in the community. Evaluation is planned future.  
**Contact:** Lesley Sykes, RD - South Georgian Bay CHC- via CHC contact form
- Food Skills for Children - Developing a resource/program to provide support to leaders/service providers (e.g. camp, afterschool programs etc.) who would like to conduct food skills sessions with children. The program is still in initial stages of development. A draft resource manual has been developed for leaders. This resource was developed to support leaders working with school age children of various ages and skill levels to facilitate food skills activities in community/school settings. These modules give students the opportunity to learn:
  - about healthy eating, including the basics of Eating Well with Canada's Food Guide
  - basic kitchen equipment and cooking terminology
  - the benefits of preparing and cooking food at home
  - how to prepare and store food safely
  - how to prepare simple nutritious snacks using basic kitchen utensils
  - about foods from a variety of cultures

The resource includes, background information, recipes and activities as well as information to send to parents (i.e. parent newsletters/inserts). An implementation plan for the program is still being developed. Training would be provided to service providers/leaders on basic healthy eating/nutrition, kitchen safety, food safety, as well as how to use the leader's guide to implement food skills session with children. We are considering a train-the-trainer type of model to implement this but we are still early on in the development. Our staff (Public Health Nurses/Dietitians) would provide support to service providers in implementing food skills sessions with children.

**Contact:** contact Daniela Bottoni 416-338-8482 – [dbotton@toronto.ca](mailto:dbotton@toronto.ca) - TPH

### 3.4 Reasons for Non-Implementation

Eleven respondents indicated that they are not currently running a food skills program and are not currently planning to run a food skills program. Respondents were asked to provide reasons for not implementing a food skills program. The responses were grouped into five categories: capacity (i.e. new dietitian, not enough staff, not enough time); duplication/scope (i.e. other agencies run food skills programs, food skills is implemented at the community level, support partners offering food skills programs but do not offer them themselves); resources (i.e. not enough or appropriate resources, inadequate facilities); planning (i.e. in the planning stage and will implement a food skills program if the need for one is identified) and funding. The number of respondents for each category is summarized in Table 4.

**Table 4.** Reason for not currently implementing a food skills program

Reasons	Number of Programs
Capacity	4
Duplication/Scope	4
Resources	2
Planning	2
Funding	1

## 4 Program Profiles

### Newcomers Cooking Together

Access Alliance Multicultural Health and Community Services - Community Health Centre

**Description:** This is a healthy eating peer led cooking program featuring different themes every year (e.g. beans, fast and easy, 5 ingredients or less, the great vegetable challenge etc.). The program is run over 10 weeks (it is run in six locations simultaneously). All peer leaders were previous participants of the program. They attend a five day training session led by Registered Dietitians (RD). Peer leaders also receive the Food Handlers Certificate training. Nutrition education is taught at every cooking session (this is facilitated by nutrition undergraduate students who volunteer and are trained by the RDs). Cookbooks are created and distributed to participants.

**Program Implementation:**

- Runs once a year at 6 different locations
- Has been running for less than 10 years
- Implemented by RDs
- Staff needed to run the program: 1 staff member, 2 peer leaders and 2 volunteers per site (6 sites total)

**Performance Measures:** pre and post tests are completed by all participants to assess the nutritional knowledge gained.

**Intended Results/Outcomes:**

1. Learn about healthy portion sizes & Canada's Food Guide
2. Learn about the right amount of fibre & calcium
3. Learn about label reading for sodium/salt
4. Learn about dietary fats and which ones are healthy to eat
5. Increase confidence in adding vegetables to cooking and meals
6. Provide an opportunity for people to meet new friends
7. Provide an opportunity for people to share and learn about culturally specific foods

**Program Development:** The program was developed by an RD at Access Alliance Multicultural Health and Community Services. Since its development, planning meetings with community peer leaders, volunteers and staff liaisons (which take place at the end of every program) and participant evaluation results help to improve the program every year.

**Evidence to Inform Development:** Unsure

**Target Population:**

- Adults (19-64 years)
- Seniors (65+ years)
- Newcomers
- General population
- Not sex specific

**Number of Participants:**

*Maximum number of participants per session: 10-18 (depends on the site)*

*How often capacity is reached: 60-70% of the time*

*Percentage of people that do not complete the program: 30%*

*Number of participants served in a year: 70*

**Major challenges to planning, implementing, operating and evaluating the program:**

Recruitment

**Program Evaluation:**

- Evaluated yearly
- Evaluation done by RDs

**Type(s) of Evaluation:**

- Qualitative
- Quantitative
- Impact

**Evaluation Results:** increase in nutritional knowledge and participants benefit socially

# Grocery Store Tour

Algoma Public Health - Public Health Unit

**Program Description:** The intent of the program is to provide the public with knowledge on how to make healthy choices in the grocery store. Half the session is a presentation, followed by a tour throughout the grocery store.

**Program Implementation:**

- The program is run periodically throughout the year
- Sessions are offered at least twice a year (typically fall and spring)
- Each session is 2 hours.
- Program has been running for approximately 10 years or more
- Implemented by Public Health Dietitians
- 1-2 Public Health Dietitians needed to run the program
- Human resources hours needed: 8-10 hours a year

**Intended Results/Outcomes:** Increased knowledge and skill development

**Program Development:** Long standing program which was adapted from another health unit.

**Evidence to Inform Development:** Environmental scan of successful programs at other health units. Content is continually updated based on needs assessments and current literature.

**Target Population:**

- General population
- This program is not sex specific
- 

**Number of Participants:**

*Maximum number of participants per session: 16*

*How often capacity is reached: 100%*

*Percentage of people that do not complete the program: 25%*

*Number of participants served in a year: Approx. 15-30*

**Major challenges to planning, implementing, operating and evaluating the program:** Timing - sessions are held in the evening to accommodate work schedules of the public, however competing priorities and busy schedules may make it hard for some people to attend. Location - limited to one store which has a community room for the presentation portion and large enough aisles to accommodate the group.

**Program Evaluation:** Participants fill out an evaluation survey at the end of the tour.

# Let's Get Cooking

Bridges Community Health Centre - Community Health Centre

**Program Description:** Objectives of the program are to decrease the use of packaged food, to teach participants that healthy eating tastes good and isn't expensive, to increase intake of fruits and vegetables, to increase knowledge of food and to encourage participants to try new foods. It is hands on and includes information about reading recipes, measuring, cutting techniques, food safety and being creative with recipes.

## **Program Implementation:**

- The program runs monthly for approximately two hours.
- Program has been running since 2012

**Performance Measures:** Using less packaged foods, cooking more meals from scratch, cooking some of the recipes taught at home, trying new foods that they would not have tried at home.

**Intended Results/Outcomes:** Increase food skills, Increase fruit and vegetable intake, increase fibre, decrease eating out, decrease use of packaged food, learn that healthy eating taste good and isn't expensive, increase knowledge of food and to try new foods.

**Program Development:** CHC dietitians developed the program based on the lack of food skills seen in clients. Based on evaluations the program is adjusted to meet the needs of participants.

**Evidence to Inform Development:** Based on observations that CHC clients are lacking basic food skills.

## **Target Population:**

- Youth (14-18 years)
- Adults (19-64 years)
- Seniors (65+ years)
- First Nations, Inuit and Métis
- General population
- This program is not sex specific

## **Number of Participants:**

*Maximum number of participants per session: 8*

*How often capacity is reached: 80%*

*Percentage of people that do not complete the program: 0*

*Number of participants served in a year: 50*

## **Major challenges to planning, implementing, operating and evaluating the program:**

Marketing to the intended population and participants not willing to try new foods.

**Program Evaluation:** Done by the program Facilitators

## **Type(s) of Evaluation:**

- Qualitative
- Quantitative

**Evaluation Results:** Cooking skills have improved

## Back to Basics

Centretown Community Health Centre - Community Health Centre

**Program Description:** Participants learn basic food skills and follow basic recipes that can be purchased on a budget. The objectives are to increase food preparation skills and to encourage participants to socialize with others.

**Program Implementation:**

- Program is run five times a year
- The sessions are three hours in length
- The program has been running since 2000
- Run with a facilitator and a volunteer.
- This program requires 1 hour of human resources per week

**Performance Measures:** Evaluation at the end

**Intended Results/Outcomes:** Increased knowledge of different foods, basic skills development, socialization

**Program Development:** Unknown

**Target Population:**

- General population
- This program is not sex specific

**Number of Participants:**

*Maximum number of participants per session: 12*

*How often capacity is reached: 80%*

*Percentage of people that do not complete the program: 30%*

*Number of participants served in a year: 50*

**Major challenges to planning, implementing, operating and evaluating the program:** Having people remember each week. Different skill levels in the kitchen.

**Program Evaluation:** Done by the CHC

**Type(s) of Evaluation:** Qualitative and Quantitative

**Evaluation Results:** People like the program

# Food Skills

Chatham-Kent Public Health Unit-Public Health Unit (in partnership with Chatham-Kent Community Health Centre)

**Program Description:** This program is a three week series of classes. The objectives of the program are to increase food skills by focusing on: knowledge (reading recipes, etc.), adaptation of recipes (participants use similar ingredients - i.e. a rule each week to make a different recipe), improvising (weekly we make salad dressings and on the last week they are given ingredients and asked to make one up on their own with what they have learned).

## **Program Implementation:**

- The program runs every 1-2 months depending on availability of staff and locations
- It has been running since 2010
- The program is implemented by an RD from either the CHC or PHU
- One RD is required per program
- Five hours per week of human resourcing are required when the session is running

**Intended Results/Outcomes:** to increase confidence of the participants in food skills and to increase the knowledge of participants

**Program Development:** The program was developed jointly by dietitians at the Chatham-Kent PHU and the Chatham-Kent CHC.

**Evidence to Inform Development:** Previous programs were reviewed (BC). A review of evidence was done initially. The program has changed based on feedback from the clients and their needs.

## **Target Population:**

- Adults (19-64 years)
- Pregnant women
- High risk individuals and families
- This program is not sex specific

## **Number of Participants:**

*Max:* 10 families

*How often capacity is reached:* 60%

*Percentage of non-completion:* 10%

*Number served in a year:* 80 - 100 families

**Major challenges to planning, implementing, operating and evaluating the program:** funding for the food, finding locations to host the sessions - being rural it is difficult to get people to come to one community and not all communities have facilities that are able to accommodate us or allow us to come in.

**Program Evaluation:** Qualitative evaluation done by the dietitian at Chatham-Kent PHU

**Evaluation Results:** participants felt that they learned new skills, enjoyed the ability to work with others and wished that the program would continue longer.

# Feed Your Mind

Chatham-Kent Public Health Unit – Public Health Unit

**Program Description:** This program is a combination of nutrition and literacy. It is provided in partnership with the Ontario Early Years Centre (OEYC) in Chatham-Kent. An RD and a literacy specialist offer the program to parents and children ages 3-6 yrs. It is a 4 week (or 4 class program) and each week offers literacy skills (numeracy, etc.) and focuses on a different food group. Children are given detailed instructions to prepare a group meal using visual and word instruction cards and the whole group eats together once the meal is prepared. A different story is presented each week (i.e. little red hen for grain, etc.) and a taste testing table is offered each week (i.e. a variety of fruits/vegetables that may not be as common).

**Program Implementation:**

- This program runs 3-4 times per year
- It has been running since 2004
- Two staff members are needed to run the program
- When the program is running eight hours per week are required for the four weeks. The time commitment is minimal otherwise.

**Intended Results/Outcomes:** to increase school readiness, to increase food skills for children and allow children and parents to try new foods

**Program Development:** Jointly done by RDs at Chatham-Kent PHU and a literacy specialist from OEYC. A gap in programming was identified and there was interest in creating a program that would engage parents and children in cooking together.

**Target Population:**

- Children (under 13 years)
- Adults (19-64 years)
- parents and children together
- This program is not sex specific

**Number of Participants:**

*Max:* 10 families  
*How often capacity is reached:* 60%  
*Percentage of non-completion:* 0%  
*Number served in a year:* 35 families

**Major challenges to planning, implementing, operating and evaluating the program:** The biggest challenge is getting the funding to maintain the program. An additional challenge has been that since the program was created, schools in the area went to full day programs. This reduced the amount of 4-6 years old children that would normally have participated.

**Type(s) of Evaluation:** Qualitative and quantitative evaluation done

**Evaluation Results:** Parents felt that they noticed a change in the eating habits of their children up to 3 months post participation. Other parents reported less stress at meal times.

# After-School Cooking Program

Eastern Ontario Health Unit - Public Health Unit

**Program Description:** The objectives of the program are to help grade 7-8 students learn cooking skills.

**Program Implementation:**

- Programs runs periodically
- Program has been running for a few years
- 5 hours/ week are required to run the program

**Performance Measures:** No measures have been identified

**Intended Results/Outcomes:** Increase knowledge

**Program Development:** The PHU was approached by another organization requesting a program of this type.

**Target Population:**

- Children (under 13 years)
- Youth (14-18 years)
- This program is not sex specific

**Number of Participants:**

*Maximum number of participants per session: 10*

*How often capacity is reached: 50%*

*Percentage of people that do not complete the program: 0%*

*Number of participants served in a year: 10*

**Program Evaluation:** Not evaluated yet

# Men Can Cook

Grand Bend Area Community Health Centre-Community Health Centre

**Program Description:** Men work in pairs to prepare a recipe, and then eat together. The objectives of the program are to increase cooking confidence and skills, increase healthy eating knowledge and improve healthy eating habits. Men in the program learn basic skills to cook meals that are healthy, affordable, diverse, and they learn to use safe food handling skills. The program offers an opportunity for participants to network and build natural supports and a social environment.

## **Program Implementation:**

- Program is run monthly on the last Wednesday from 10:00 am to 1:00 pm.
- Program has been running since 2004
- The program is implemented by a dietitian and/ or community food advisors
- 1 staff and 2 volunteers are required to run the program
- Human resources needed to run the program: 3 hours per week; 20 to 40 hours per year for admin and approximately 60 hours per year for hands on and preparation

**Performance Measures:** Number of sessions held per year, number of participants, how people rank value/cost, social experience, taste of recipes, ease of prep, topics discussed and assignment of duties. Enhanced life skills, cooking skills and knowledge; increased participation, and overall client satisfaction are also measured.

**Intended Results/Outcomes:** to improve the eating habits and cooking confidence and skills of participants and to improve SCREEN score

**Program Development:** A need was identified that men, particularly older widowed men, need to learn cooking skills. From there a group of men and a dietitian shaped the program to meet the group's needs. Social cognitive theory (social learning theory) was used in the program development.

**Evidence to Inform Development:** A literature review informed the planning and evaluation process.

## **Target Population:**

- Adults (19-64 years)
- Seniors (65+ years)
- This program targets males

## **Number of Participants:**

*Maximum number of participants per session: 20*

*How often capacity is reached: 50, average of two years*

*Percentage of people that do not complete the program: there is not a completion date*

*Number of participants served in a year: 119, average of two years*

**Major challenges to planning, implementing, operating and evaluating the program:** Not the same participants every session (not mandatory to come to every session), volunteer time / availability, getting participants to be involved in planning outside of the actual cooking session (i.e. picking recipes). Cost, time, and moving towards a volunteer driven program

**Program Evaluation:** Done annually by the CHC dietitian

**Type(s) of Evaluation:**

- Qualitative
- Quantitative
- Process

**Evaluation Results:** In 2010/2011 on average there were 8.5 participants in 17 sessions. On average, self-reported cooking confidence, cooking skills and healthy eating knowledge were between 2 (changed some) and 3 (changed lots). Healthy eating habits were reported at 1.6 on average and health management was reported at 1.9. Specific examples of how people have changed were provided as well what else they have gained from the program.

# Cooking out of the Box

Grand Bend Area Community Health Centre - Community Health Centre  
Hastings & Prince Edward Counties Health Unit - Public Health Unit  
Thunder Bay and District Health Unit – Public Health Unit

**Program Description:** Clients who access food banks are provided with recipes and education to use the items in the box to make healthy, affordable meals. Classes are designed around the Basic Shelf cookbook using low cost recipes. Informal discussions on healthy eating (often feeding children) occur throughout. The plan is to develop a manual similar to the Adventures in Cooking Manual that would be used as a train-the-trainer resource.

## **Program Implementation:**

- GBCHC runs the program once per month for the past 2 to 3 years
- They require one staff and one volunteer, totalling eight hours per month to run the program
- HPECHU ran the first class in February 2013 and are scheduled to finish in June 2013
- Human resourcing required: have realized it takes an extensive amount of staff time for coordination and delivery. Including all staff and volunteer time it could take a full FTE to run a cooking program one/week. For this specific program, outside of partner agency time and volunteer hours, eight classes over three months will take ~ 0.4 FTE for those months they are running including all planning, prep, organizing and class time.
- TBDU have been running the program continuously since 2010
- They require one public health nurse to assist with the cooking session each month, totalling one hour to plan and six hours a month to do groceries and cook (TBDHU)

## **Performance Measures**

- Increase knowledge on food items that are accessed through the local food bank
- Number of participants
- Impact of classes on confidence preparing and storing GFB content
- What the participants have learned, what they would like to learn, education they would like to cover and how the box has impacted their eating habits

## **Intended Results/Outcomes:**

- Healthier meals and informed users
- Participants learn about healthy eating and food safety and get ideas for healthy recipe ideas, thereby improving intake
- Increased participation in the GFB program from those intimidated by the amount of produce in the box
- To increase food skills in all 5 facets of the definition
- To increase consumption of fruits and vegetables by the participants and their families

## **Program Development:**

The content of the class is based on the needs of the GFB users and suggestions from RD's of Demo's for Dietitians.

The idea has been piloted in a couple of sites. Work is being done to formalize it into a manual. It began by going into sites and working with women to cook. This involved finding what was in the good food box that month and finding recipes that used those foods, and that tried to incorporate different types of cooking skills.

**Evidence to Inform Development:**

- Evaluation of a food bank recipe tasting program
- A needs assessment and environmental scan
- Key informant interviews with GFB participants
- Literature review on food skills

**Target Population:**

- Children (under 13 years)
- Youth (14-18 years)
- Adults (19-64 years)
- Seniors (65+ years)
- Clients who access the food bank
- This program is not sex specific
- Pregnant women
- First Nations, Inuit and Métis
- The present focus is on working with young mothers

**Number of Participants:**

*Maximum number of participants per session:*

8-20

*How often capacity is reached:* 75%-100%

*Percentage of people that do not complete the program:* The program has no official end date

*Number of participants served in a year:* 105-120 approximately

**Major challenges to planning, implementing, operating and evaluating the program:**

- Not always aware what clients or how many will be accessing the service each month
- Participants attitude and willingness to learn
- Evaluation, volunteer time / availability
- Coordination with a partner agency
- Formalizing of the process which requires stepping out of delivering the project to do the background work
- Evaluation when other organizations lead the program

**Program Evaluation:** Done by Registered Dietitian and food bank staff

**Type(s) of Evaluation:**

- Qualitative
- Quantitative
- Process

**Evaluation Results:** Good food box program average rating 9.4/10

# Un-Named Cooking Classes

Grand River Community Health Centre - Community Health Centre

**Program Description:** Cooking classes have variable objectives and length

**Program Implementation:**

- Cooking classes have varied timeframes
- Usually two hour classes
- They occasionally run as a 3-4 week series, but often individual one-time classes
- Run by Dietitian or Community Food Advisors with Dietitian support.
- Human resourcing: 1-3 staff members and/or volunteers requiring approximately three hours on the day of the class and 2-3 hours in planning/ advertising a class

**Performance Measures:** Cooking classes are predominately evaluated by formal participant feedback.

**Intended Results/Outcomes:** Establishing/building on cooking skills; provision of healthy recipe ideas; provision of basic nutrition/healthy eating education (egg. fibre, fats, eating on a budget); showing participants that cooking can be fun!; self-esteem and confidence building; promoting safe food handling at home

**Program Development:** Cooking classes to date developed by the CHC dietitian

**Target Population:**

- Entire CHC patient population
- This program is not sex specific

**Number of Participants:**

*Maximum number of participants per session: 10-12*

*How often capacity is reached: 100% sign up but 50-75% attend*

**Major challenges to planning, implementing, operating and evaluating the program:** Biggest challenge is no-show rate for one-time classes and attrition rates for a series of classes. Evaluation is often limited by literacy skills or participants, time and budget

**Program Evaluation:** One-time cooking classes are not evaluated past participant feedback

**Type(s) of Evaluation:**

- Qualitative

**Evaluation Results:** Overall, positive feedback on cooking classes to date. Some participants indicated they would like more/longer series of classes.

# Basic Shelf Experience

Kingston Frontenac Lennox & Addington Public Health - Public Health Unit

**Program Description:** The Basic Shelf Experience is a volunteer, six week, self-help food and nutrition program designed to improve participants' ability to nourish themselves and their families. Participants meet once a week to discuss food-related issues and to plan and prepare meals from the Basic Shelf Cookbook. All the recipes used in the Basic Shelf Cookbook are prepared from one list of low cost, nutritious ingredients. Most of these ingredients have a long shelf life and few require refrigeration. This program is helpful for people living on a limited income, people with limited cooking skills, and people living on their own. The objectives of the Basic Shelf Experience are that participants will be able to:

- Utilize limited food resources more effectively,
- Through group support, cope with stressors associated with limited resources that influence food security, and,
- Take individual and collective action to improve their food access.

Topics include:

- Basic cooking skills using simple recipes
- Shopping skills
- Preparation of meals on limited income
- Safe food handling, food storage and hand washing
- General nutrition and healthy eating based on Canada's Food Guide to Healthy Eating
- Menu planning
- Feeding your children
- Cooking for one
- Caring for yourself

Food costs, childcare, and participant transportation are the responsibility of the requesting agency.

## **Program Implementation:**

- The program has been running for over 10 years
- It is delivered by Community Food Advisors (CFAs) who are coordinated by an RD
- Three hours of facilitation and 2 hours of preparation by 2 CFAs over a 6 week period are required to run the program
- This equates to roughly 60 hours RD/program assistant time for coordination

**Performance Measures:** Attendance, number of requests, repeat bookings, formal and informal participant and facilitator feedback

**Intended Results/Outcomes:** Enhances self-confidence with cooking, greater knowledge of meal planning, food selection and storage and improved mechanistic skills with cooking

**Program Development:** Basic Shelf was adapted and modified from the Food Experience from the City of York (1994). The program was evaluated in 1997 and results published in the Canadian Journal of Dietetic Practice and Research Vol. 64 No.2 Summer 2003.

**Target Population:**

- Youth (14-18 years)
- Adults (19-64 years)
- Often those on limited budgets
- This program is not sex specific

**Number of Participants:**

*Maximum number of participants per session: 8-10*

*How often capacity is reached: 80%*

*Number of participants served in a year: 30*

**Major challenges to planning, implementing, operating and evaluating the program:**

Ensuring volunteer capacity

**Program Evaluation:** An agency evaluation must be completed at the end of the program and forwarded to the PHU.

**Type(s) of Evaluation:**

- Formative
- Process

**Evaluation Results:** Documents can be provided

# Under COOKstruction

Kingston Frontenac Lennox & Addington Public Health - Public Health Unit

**Program Description:** The primary goal of Under COOKstruction is to empower young people to increase food security through improved food preparation skills. A secondary goal is to assist young people in building self-confidence in their own food skills. Under COOKstruction is a four-week hands-on program designed to improve youth participants' confidence and the ability to nourish themselves by addressing food access and preparation challenges. At each session, participants learn basic functional kitchen and food safety rules, plan and participate in hands-on small group food preparation activities using the UnderCOOKstruction Everyday Cookbook, dine together in a positive atmosphere while enjoying participant-made food, and engage in a peer-to-peer food access discussion.

## **Program Implementation:**

- Under cookstruction has been running for 3 years
- The sessions are once a week for four weeks
- They run during class time, for approximately 75 minutes.
- The sessions are facilitated by two Community Food Advisors (CFAs) and a Public Health Nurse (PHN).
- The PHU RD is responsible for coordinating the CFAs
- Human resource required: roughly 24 hours to administer the classes plus time for the RD and PA to assist with administration.

**Performance Measures:** Attendance, number of requests, repeat bookings, formal and informal participant and facilitator feedback

**Intended Results/Outcomes:** Enhances self-confidence with cooking, greater knowledge of meal planning, food selection and storage, improved mechanistic skills with cooking

**Program Development:** Lisa Munday, RD on the School Health team led the development of Under Cookstruction with her team

**Evidence to Inform Development:** Review of the literature, stakeholder input, formative and process evaluation. The Health Communication Unit evaluation resources were used.

## **Target Population:**

- Students
- Participants are youth with limited food access and food preparation skills
- Ideally, these participants are partially or completely responsible for preparing food for themselves or their families, and they have an interest in learning to prepare healthy low-cost food

## **Number of Participants:**

*Maximum number of participants per session:* 8 students (as selected by the school)

# Group Home Food Skills Program

Middlesex-London Health Unit - Public Health Unit

**Program Description:** This program is a monthly cooking program working with at-risk youth living in residential care (group homes). The purpose of the program is to informally teach youth basic cooking skills while engaging them in positive opportunities, facilitating their self-efficacy and confidence.

**Program Implementation:**

- The program has been running continuously since 2011
- It is implemented by the PHU RD
- Human resourcing required: 2-3 hours per month x 4 programs per month = 8-12 hours per month programming

**Performance Measures:** at this stage, there are no official performance measures; however, anecdotal qualitative data is being collected and plans for a cooking skills assessment is underway

**Intended Results/Outcomes:** enhanced cooking skills among youth; increased self-efficacy in youths' belief in their cooking ability; increased confidence in the kitchen.

**Program Development:** This program is a spin-off of Cook it Up: a Community based cooking program for at-risk youth ([www.lcrc.on.ca](http://www.lcrc.on.ca))

**Evidence to Inform Development:** this program was well informed with evidence in the literature. The results of the program are published in the Canadian Journal of Dietetic Practice and Research, BMC Research Notes, and International Journal of Home Economics.

**Target Population:**

- Youth (14-18 years)
- at-risk youth
- This program is not sex specific

**Major challenges to planning, implementing, operating and evaluating the program:** the nature of the population often creates challenges for showing up to participate and to effectively evaluate the program

**Program Evaluation:** No evaluation yet but plan to do one in fall 2013

**Type(s) of Evaluation:** Qualitative, quantitative and formative evaluations are planned for the future

# You're the Chef

Niagara Region Public Health - Public Health Unit

**Program Description:** You're the Chef is a cooking program designed to help youth ages 10 to 14 build the skills and confidence necessary to prepare healthy and tasty recipes emphasizing vegetables and fruit. The program aims to increase food skills not taught in schools and to improve vegetable and fruit intake in youth. Schools and community agencies may participate in this program. Volunteers from these organizations are trained by Registered Dietitians at Niagara Region Public Health to deliver the program. Training occurs 3 times per year and includes volunteers from schools, community agencies and camp leaders. Once they are trained, they deliver the program as many times as requested within their organization. Along with recipe preparation, youth are taught basic kitchen safety, food safety and healthy eating principles based on Canada's Food Guide. Sessions are 60-90 minutes and a minimum of three sessions are completed with the youth. There can be up to 16 sessions in total.

**Program Implementation:**

- The program has been running continuously since 2005
- Registered Dietitians train volunteers to implement the program
- Currently two Registered Dietitians conduct the volunteer training sessions.
- Typically one volunteer runs the session with the youth (up to 16 youth).
- Approximately 2-10 hours per week are required.

**Performance Measures:** change in the youth's healthy eating knowledge and cooking skills. The leader survey measures the effectiveness of the training

**Intended Results/Outcomes:** The objectives of the program are to provide food skills not taught in schools and to improve vegetable and fruit intake

**Evidence to Inform Development:** Literature review

**Target Population:**

- Children (under 13 years)
- Youth aged 10-14
- This program is not sex specific

**Number of Participants:** *Max:* 16 youth

*How often capacity is reached:* 90%

*Percentage of non-completion:* Unknown

*Number served in a year:* 30-5

**Major challenges to planning, implementing, operating and evaluating the program:** It is challenging selecting a training date that works best for all volunteer leaders. Evaluation is a challenge (i.e. leaders not completing the evaluation, not receiving completed youth surveys)

**Program Evaluation:** Previous Public Health Nutritionist and Masters students evaluated the program. Qualitative, quantitative and process evaluations were done.

**Evaluation Results:** The results were positive about the program.

# Cooking Classes or Community Kitchens

Northwestern Health Unit - Public Health Unit

**Program Description:** Cooking Classes offer an opportunity to combine food and nutrition education, food safety and skill-building in a relaxed atmosphere. Through these classes participants gain knowledge and build skills with hands on experience. Classes are held in an accessible facility, often a school or community centre. Participants are able to eat and/or take away a healthy meal for themselves and their families. Involving children in cooking classes allows them to learn about food preparation and healthy eating in a fun and easy manner. Community kitchens (CK) offer the opportunity for participants to plan, purchase, and prepare healthy meals and food in a communal kitchen space. Ordering in bulk quantities increases access to food and the communal kitchen space increases access to food storage. Participants work together to plan what dishes and meals will be prepared in the kitchen, build their shopping list, shop, store and prepare foods. Community kitchens are often facilitated and supported by a community organization that can provide information and support regarding meal planning, budgeting, shopping, safe food handling and storage, cooking and family meals.

## **Program Implementation:**

- Run periodically
- Dependent on community need
- A Local Lead or Health Educator run the programs
- One staff member from NWHU is required- maybe more if partnering agency involved

## **Performance Measures:**

- How much did we do? How many people participated? How many cooking classes or community kitchens were offered?
- How well did we do it? How easy was it to access the classes/program? What % of initial participants were still participating at the end of the class series? Did participants identify any barriers to attending the classes/program?
- Is anyone better off? What % of participants learned a new skill? What % of participants report changes in their food intake or cooking habits during the classes/program (healthier food options, more confidence in cooking, no change, etc.)? What % of participants maintained the changes in their food intake or cooking habits 3-6 months after classes/program?

**Intended Results/Outcomes:** To increase access to food, instill food preparation and safe food handling skills, and offer social interaction

**Program Development:** Activity descriptions have been created by the PHU to help guide local health promoters in the planning process. The following steps are recommended in cooking class activity descriptions:

1. Establish community need, interest, capacity and opportunity for partnerships and collaboration (see above for potential partners).
2. Work with key stakeholders and partners to develop a plan (actions and evaluation). Identify lead person/agency and outline roles and responsibilities for members. Include plan for duties: meal planning, budgeting, purchasing, cleaning, information sharing, etc.

3. Identify kitchen site.
4. Determine source of funding and supplies (donations).
5. Establish and maintain kitchen.
6. Advertise and promote classes or CK. Consider child care, access and facilities to maximize participation and inclusion.
7. Purchase food and compile resources for participants.
8. Have participants fill out the skill building workshop evaluation form (HP-11).
9. Evaluate, share results with partners and plan based on results for next season."

**Evidence to Inform Development:** Cooking classes and community kitchens increase access to food, instill food preparation and safe food handling skills, and offer social interaction. (Food Action Network, Toronto Public Health). Community kitchens build capacity through greater involvement of those experiencing food insecurity and strengthening current food systems through partnerships and networks (Dietitians of Canada, 2007). Community kitchens act at Stage 2 of the community food security continuum (Kalina, 2001).

**Target Population:**

- Depends on the community
- This program is not sex specific

**Number of Participants:**

*Maximum number of participants per session:* unable to answer

*How often capacity is reached:* unable to answer

*Percentage of people that do not complete the program:* unable to answer

*Number of participants served in a year:* unable to answer

**Major challenges to planning, implementing, operating and evaluating the program:** staff consistency

**Program Evaluation:** None

**Program Description:** Teaching youth how to prepare nutritious meals at an early age can help them learn how to make positive food choices that will help them develop into healthy adults.

**Program Implementation:**

- The program runs 3-5 times per year
- It has been running since September 2012
- It is run by the Public Health Nutritionist at the PHU
- One PHN and a culinary chef are required to run the program
- Human resourcing required: six hours per week when the course is offered

**Performance Measures:** Pre and post-test, and parent/child evaluation

**Intended Results/Outcomes:** Food skill development for youth

**Program Development:** PHU staff attended a session to learn about food skills and developed the program

**Evidence to Inform Development:** needs assessment, environmental scan, literature review

**Target Population:**

- Youth (14-18 years)
- This program is not sex specific

**Number of Participants:**

*Maximum number of participants per session: 20*

*How often capacity is reached: waiting list*

*Percentage of people that do not complete the program: all completed*

*Number of participants served in a year: 20 per session*

**Major challenges to planning, implementing, operating and evaluating the program:**

Determining the most appropriate age group. There was difficulty accommodating all of the interest.

**Program Evaluation:** The program has been evaluated by an Epidemiologist

**Type(s) of Evaluation:**

- Qualitative

**Evaluation Results:** Learned new skills

# Shovel to Spoon Program

Perth District Health Unit-Public Health Unit

The Local Community Food Centre-Other Community-Based Organization

**Program Description:** The program aims to decrease food security by giving practical experience in the kitchen and in the garden; a community garden allows community members to use and take home produce from the garden. The program is run as 14 week sessions focused on a cooking theme, with gardening themes when seasonally appropriate. The sessions are 3 hours in length. Participants are given a demonstration appropriate to the session theme, and then execute the recipes associated with the theme. They then enjoy the fruits of their labour by sitting down together to enjoy the meal they prepared.

**Program Implementation:**

- The program will run 4 times per year with two groups in each program
- The program runs for 4 hours per week plus 8 hours of planning and prep
- For 4 programs one staff member works 37.5 hours

**Performance Measures:** Improved food skills, exposing participants to new and different vegetables and fruit, improving food safety, attendance; number of healthy meals served; amounts of produce harvested

**Intended Results/Outcomes:** reduced social isolation; improved food skills; life skills in the areas of cooking and gardening

**Program Development:** The program was developed by Community Food Centres of Canada in combination with The Local Community Food Centre in Stratford, The STOP Community Food Centre and The Table Community Food Centre

**Target Population:**

- Adults (19-64 years)
- Family services, mental health & L'Arche
- This program is not sex specific
- Children (under 13 years)
- Youth (14-18 years)
- Seniors (65+ years)
- Pregnant women
- First Nations, Inuit and Métis
- Newcomers
- General population

**Number of Participants:**

*Maximum number of participants per session:*

20

*How often capacity is reached:* yes

*Percentage of people that do not complete the program:* no

*Number of participants served in a year:* 160

**Major challenges to planning, implementing, operating and evaluating the program:** Finding recipes appropriate for skill level and human resources.

**Program Evaluation:** Participants evaluate each program at the end of the 14 weeks. Qualitative and quantitative evaluations are done.

**Evaluation Results:** That the programs address food security in a positive direction.

# Come Cook with Us

Peterborough County - City Health Unit-Public Health Unit

**Program Description:** OBJECTIVES: To increase food preparation skills; food safety and nutrition knowledge of participants in community cooking programs. To increase the number of people participating in community cooking programs, by addressing barriers to participation. To increase participants' ability to prepare healthy meals at home.

DESCRIPTION: Come Cook with Us is a food skills program that is offered at no charge to priority population groups in Peterborough City and County. Come Cook with Us uses a hands-on, participant led method of teaching, moving participants along a continuum towards healthier choices, by addressing common barriers to healthy eating (e.g. food skills, income, social isolation) Participants have the option of joining a registered four to six week program or a drop-in program where they prepare a meal; share recipes and cooking tips; and learn about nutrition and food safety. Participants take home cooked meals and receive a grocery store gift card. This gift card allows people to buy ingredients so that they can try Come Cook with Us recipes at home. Transportation and child care is made available when needed to decrease barriers to participation. Participants are encouraged to join a monthly cooking program called "Collective Kitchens" after attaining basic food skills at Come Cook with Us. Peterborough Collective Kitchens are supported by a variety of funders who offer funds for food, child care and transportation. Come Cook with Us started in 2006 and is now one of the food security programs offered by the Peterborough County City Health Unit.

## **Program Implementation:**

- The program has been running continuously since 2006
- Cook with US is implemented by Health Unit employees - Community Workers with food experience with the support of a Public Health Nutritionist. Currently one staff is a Red Seal Chef.
- Two full time staff, with child care providers paid as needed.
- The program implementation, promotion, registration, site review and rental, transportation and child care arrangements take about 60 hours per week of the staff time. Some of their time is spent facilitating monthly collective kitchens as well.

**Performance Measures:** These are the measures included at the end of a series with a rating of strongly agree; agree; disagree; strongly disagree. I learned to prepare new recipes; I learned new cooking skills; I learned how to cook food safely; I learned to prepare healthy foods that I had not tried before; I have used the information and skills learned to prepare a meal at home; I purchase healthier foods than before attending the class; I can afford to cook the recipes I learned at the program

**Intended Results/Outcomes:** Increased numbers of participants will be able to make healthier food choices as a result of gaining food skills from the 4 to 6 week series

**Program Development:** Public Health Nutritionist at the PHU developed the program using City of Toronto's Cooking Healthy Together model

**Evidence to Inform Development:** The program was developed after reviewing the Brockest B. and S. Vogelzang Cooking Healthy Together program, Toronto Public Health, 1998; Teens Cooking Healthy Together: Final Report, Regent Park Community Health Centre, 2000. In addition to the models from Toronto, in 2006 the Health Unit conducted a key informant survey with 35 key partners, in addition to a community consultation with 200 members of the community living in poverty. This consultation placed a high level of interest in food skills programming that would be accessible to people living on low incomes.

**Target Population:**

- Adults (19-64 years) Seniors (65+ years)
- Pregnant women
- First Nations, Inuit and Métis
- Newcomers
- People living on low incomes or in rural communities
- This program is not sex specific

**Number of Participants:**

*Maximum number of participants per session:*

10 -15 depending on the site

*How often capacity is reached:* 75%

*Percentage of people that do not complete the program:* 5%

*Number of participants served in a year:* 500

**Major challenges to planning, implementing, operating and evaluating the program:** A drop-in structure was created to address the challenges people face with "registered" programs. One challenge is to conduct long term evaluation, to measure the program impact after time has passed.

**Program Evaluation:** Every series is evaluated by the participants. The drop-in program was evaluated by an outside agency. In 2006 Fleming Data Research conducted a survey with participants. In 2010, Trent Centre for Community Based Education conducted the evaluation of the drop in program. In 2011, the YWCA used a videographer to interview participants who described the impact of the program, which is part of a DVD, called Nourish. The ongoing program is evaluated by participants as the end of the series, and participation numbers are also collected.

**Type(s) of Evaluation:** Qualitative, quantitative and process

**Evaluation Results:** Generally speaking respondents feel the program helps them eat healthier, as a result of their learned food skills. There is also some mention of new friendships gained through the program. Areas for improvement are mainly around accommodating the demand for the drop-in program. Another challenge identified by participants is that they are not encouraged to register for another series, especially if there are sufficient numbers to run a class.

# Men with Knives

Port Hope Community Health Centre - Community Health Centre

**Program Description:** The objective of the program is to increase food skills of men. The programs run once a week for four weeks. Each session is two hours long. 3-4 programs are run per year. The focus is hands on cooking, recipe modification and nutritional education.

**Program Implementation:**

- The program has been running continuously since 2010
- Implemented by the community dietitian
- Requires 10 hours human resourcing per week

**Performance Measures:** Food skills, cooking frequency, cooking confidence, nutritional knowledge (all self-assessed, pre and post-test given)

**Intended Results/Outcomes:** To increase food skills, cooking frequency, cooking confidence and food and nutritional knowledge

**Program Development:** The program was developed by the Community RD at Port Hope CHC. Programs have been developed to meet the strategic plan of the organization. Programs have evolved based on participant evaluations.

**Evidence to Inform Development:** Needs assessment and literature review

**Target Population:** The main target is men living alone, from ages 19-80 years old

**Number of Participants:**

*Maximum number of participants per session:* 10

*How often capacity is reached:* waiting list of 20 every class

*Number of participants served in a year:* in 2 years, over 300 hours of cooking classes facilitated

**Major challenges to planning, implementing, operating and evaluating the program:**

Dividing time between these classes and fulfilling clinical role as the Community RD.

Evaluations are very positive, sometimes too positive which may be because of the relationships formed during the classes where the participants may not be as honest.

**Program Evaluation:** Done by the Community RD

**Type(s) of Evaluation:**

- Qualitative
- Pre and post tests

**Evaluation Results:** That people love to work with food and that when working with food, nutritional knowledge can always be incorporated.

# Cooking with Kids

Port Hope Community Health Centre - Community Health Centre

**Program Description:** The objective of the program is to increase food skills in children aged 7-13. Classes run over March Break, summer vacation and Christmas holidays. The sessions are hands-on and children prepare meals from scratch. In summer, time in the garden is incorporated to increase food knowledge.

**Program Implementation:**

- This program runs periodically
- The program is run by the Community RD and a recreational worker

**Performance Measures:** Food skill, cooking frequency, cooking confidence, nutritional knowledge (all self-assessed)

**Intended Results/Outcomes:** To increase food skills, cooking frequency, cooking confidence and food and nutritional knowledge

**Program Development:** The program was developed by the Community RD at Port Hope CHC. Programs have been developed to meet the strategic plan of the organization. Programs have evolved based on participant evaluations.

**Evidence to Inform Development:** Needs assessment and literature review

**Target Population:**

- Children (under 13 years)

**Number of Participants:**

*Maximum number of participants per session: 10*

# Community Nutrition Worker Program (CNW)

Region of Waterloo Public Health - Public Health Unit

**Program Description:** The Community Nutrition Workers (CNWs) are trained by public health on program planning, nutrition (Canada's Food Guide), and community outreach. Each is hired by a community centre who applies to public health for funding. The community center supervisor and the CNW worker determine the programming that will occur at their site.

## **Program Implementation:**

- The program has been running continuously since 1988
- Each community centre implements the program
- Program implementation varies from site to site - there are 15 sites
- 3-4 hours per week of human resourcing is required

**Performance Measures:** The evaluations that have occurred focus on process indicators, such as number of participants, demographics reached etc. They also focus on participant's opinions of the programs. Much less emphasis has been placed on objective measures such as measuring improvement in knowledge or food skills.

**Intended Results/Outcomes:** 1. Improve food skills of participants 2. Reach new Canadians and introduce them to the Canadian food system 3. Increase social inclusion for individuals who are at risk of social isolation i.e. priority populations

**Program Development:** This program evolves yearly. At the end of the training each year, the participants are surveyed to find out what could be improved in their training. Any deficiencies in the training are addressed in the training.

**Evidence to Inform Development:** Best practice program planning literature, needs assessments from CNW trainees, steering committee feedback and environmental scan of other programs (e.g., CFA)

## **Target Population:**

- Adults (19-64 years)
- Newcomers
- Low income, priority population
- This program is not sex specific

## **Number of Participants:**

*Maximum number of participants per session:* varies based on capacity of each site

*How often capacity is reached:* unknown

*Percentage of people that do not complete the program:* the sessions are often drop in, not continuous programs

*Number of participants served in a year:* 4000

**Major challenges to planning, implementing, operating and evaluating the program:** The goals of public health do not always mesh with the goals of the CNWs/site supervisors (i.e.

promotion of healthy food skills vs. social inclusion, focus on desserts, etc.). Since the sites administer the program, they do not always evaluate the programs. It is extremely difficult during 13 half day sessions of training to impart enough nutrition knowledge on trainees to have them run programs that reflect current nutritional guidelines. There are concerns about messaging that is given, use of old/outdated resources, lack of knowledge or concern about food safety, lack of knowledge or concern regarding the promotion of healthy food, lack of understanding about what is healthy food, large amount of resources used to have each CNW develop their own programming (they do not have standardized presentations or workshops to follow), effectiveness of the program is unclear (in regards to whether participants gain food skills/knowledge or whether the main attraction to the program is increased social inclusion in the community). Evaluations are surveys that gauge self-reported food skills development; it is unclear if objective measures of food skills development would show an improvement. Some qualitative research done by a non-affiliated masters student showed that some participants cannot use the food skills demonstrated in the program because they are too different from their traditional food (i.e., family does not accept the new recipes etc.). A focus on adapting traditional foods may be required to support new Canadians. Additional challenges include: differing levels of supervisor support at each site and differing levels of resources available at each site.

**Program Evaluation:** There are plans to change the training and possibly the format of the program to include standardized workshops. There is a current state of flux regarding management of the program at public health as well as staff to support the program.

**Type(s) of Evaluation:**

- Qualitative
- Quantitative
- Process

**Evaluation Results:** See Reports:

[http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/PeerProgram\\_Evaluation.pdf](http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/PeerProgram_Evaluation.pdf)

[http://chd.region.waterloo.on.ca/en/partnersProfessionals/resources/PEER\\_Overview.pdf](http://chd.region.waterloo.on.ca/en/partnersProfessionals/resources/PEER_Overview.pdf)

# Basic Skills Cooking, Cooking with Oasis

Sandy Hill Community Health Centre - Community Health Centre

**Program Description:** Basic healthy cooking. Run by a dietitian plus another person

**Program Implementation:**

- The program has been running periodically for seven years
- A Dietitian plus another person are required to run the program
- Each cooking session is three hours plus one hour of prep time

**Performance Measures:** formal and informal evaluation

**Intended Results/Outcomes:** Increase knowledge and interest in healthy eating

**Program Development:** Registered Dietitian at the CHC

**Evidence to Inform Development:** based on work with many community cooking groups, dietitian and home management counsellor and evaluation of other programs

**Target Population:**

- Children (under 13 years)
- Adults (19-64 years)
- This program is not sex specific

**Number of Participants:**

*Maximum number of participants per session: 8*

*How often capacity is reached: 80%*

*Percentage of people that do not complete the program: 10%*

*Number of participants served in a year: varies - 20*

**Major challenges to planning, implementing, operating and evaluating the program:**

Available kitchen space

**Program Evaluation:** The centre's group evaluation form is used for the Basic Skills. The other cooking isn't evaluated; it's part of a drop-in for folks living on the street

**Type(s) of Evaluation:**

- Qualitative

**Evaluation Results:** People enjoy cooking and eating together. Cooking and eating together builds community

# Kids Cooking Club

The Four Villages Community Health Centre - Community Health Centre

**Program Description:** The objective is to provide the foundation for lifelong healthy eating and the prevention of chronic diseases. The program consists of five weekly sessions that are two hours each. Each session includes nutrition education, a nutrition activity/game, recipe preparation and eating together.

**Program Implementation:**

- The program runs 1-2 times per year
- It has been running since 2008

**Performance Measures:**

1. # of kids cooking clubs offered at FVCHC
2. # of children attending kids cooking club
3. # of participating children who show increase on the knowledge questionnaire
4. # of referrals of children to other educational opportunities/initiatives or services internal or external

**Intended Results/Outcomes:**

1. To increase children's knowledge of nutrition and healthy eating
2. To provide opportunities for children to develop/improve their food preparation skills
3. To increase children's access to healthy eating programs and services

**Program Development:** The program was developed by the RD at the CHC

**Target Population:**

- Children 8-12 years old

# Adventures in Cooking with Kids 8 - 12

Thunder Bay District Health Unit - Public Health Unit

**Program Description:** Adventures in Cooking is a fun, comprehensive five-lesson\* program designed to pass on basic skills of preparing food, providing healthy meals and reinforcing the importance of healthy eating for 8 - 12 year olds\*\*. The overall goal of the project was to build community capacity to increase children's cooking skills by creating a program that could be sustained by community partners with a Leader's Manual. Objectives for the Cooking Sessions:

- To provide children with an opportunity to learn the skills to prepare nutritious food, how to use basic kitchen tools, increase knowledge of basic cooking terms and food/kitchen safety
- Encourage healthy eating with a focus on vegetables and fruits,
- Provide a complete meal made from simple recipes using economical foods
- To promote healthy weights
- To have fun and inspire children with new flavours
- To provide a resource to help meet the needs of children at risk for Type 2 diabetes in the Thunder Bay District.

\* Recently created a second set of 5 lessons in response to demand from leaders.

\*\*Delivery agencies have used the program with older and younger children

## **Program Implementation:**

- The program is run periodically, depending on the resources and programming opportunities available to the community organization that run it
- It has been running since 2008
- One leader is needed per five children (most programs have 2 leaders)
- 4 - 5 hours of human resourcing is required

**Performance Measures:** To assess the effectiveness of the program and the children's behaviour change, pre and post surveys were administered to parents.

**Intended Results/Outcomes:** Leaders deliver the program throughout the district, children cook more, parents and leaders indicated that Adventures in Cooking teaches children how to cook and encourages them to try new foods and recipes; promotes healthy eating habits; is a great, hands-on learning experience; and, makes children aware of what goes on in the kitchen.

**Program Development:** The program was developed by the Public Health Nutritionist at the Thunder Bay District Health Unit. Agencies working with Aboriginal children and/or children living in low income neighborhoods expressed a need for healthy, economical and simple recipes as well as training in food safety to improve after school cooking programs. All agencies working with children living at a limited income or providing services to children in a low income community were invited to a focus group to discuss needs. Leaders' training workshops, funding for food and a comprehensive Adventures in Cooking Leaders Manual were offered to agencies providing programs to children and youth in 2008. Existing leaders helped to deliver training and community agencies provided leaders, space and equipment. Leaders provided feedback on program implementation for program improvement.

**Evidence to Inform Development:** Needs assessment, environmental scan (with local service providers including district health unit staff) and a literature review.

**Target Population:**

- Children (under 13 years)
- First Nations, Inuit and Métis
- This program is not sex specific

**Number of Participants:**

*Maximum number of participants per session:* wide range depending on facility and number of leaders -range is 5 - 20 average about 10

*How often capacity is reached:* 100%

*Percentage of people that do not complete the program:* unsure

*Number of participants served in a year:* unsure - year one was 250 children

**Major challenges to planning, implementing, operating and evaluating the program:** Cost of food and staff time to deliver is challenges. Evaluation is a challenge since there are diverse leaders throughout the district in various agencies - ongoing evaluation (beyond the in depth pilot and process that happens within the session) does not happen at this point partly due to time constraints at public health

**Program Evaluation:** The process for implementing the Adventures in Cooking (AIC) program was evaluated during the pilot phase. Pilot program evaluation, stakeholder input and a literature search informed the comprehensive five lessons, AIC Leader's Manual. Once the manual was finalized, AIC was expanded across the district. In 2008, 32 leaders were trained resulting in 18 cooking programs involving 250+ children. Fifteen post program evaluation surveys were completed by the program leaders. This program is currently being evaluated again with parents in district communities.

**Type(s) of Evaluation:** Qualitative, Quantitative, Formative, Process & Impact

**Evaluation Results:** Children had fun and improved their cooking skills in this hands-on program. The positive learning experience combined with take home recipes may instill an ongoing interest in preparing nutritious foods. Evaluations showed that parents valued the program and reported that kids did more cooking at home while leaders found Adventures in Cooking easy to run. Parents and leaders indicated that Adventures in Cooking teaches children how to cook and encourages them to try new foods and recipes; promotes healthy eating habits; is a great, hands-on learning experience; and, makes children aware of what goes on in the kitchen.

# Creating Health Plus

Toronto Public Health - Public Health Unit

**Program Description:** The purpose of the program is to increase the nutritional value of meals provided at drop-in centres in the City of Toronto by increasing the skills of cooks and volunteers who provide meals to the homeless population. The program provides knife skills, menu planning, meal preparations tips, and networking.

**Program Implementation:**

- The program runs twice per year since 2008
- Human resourcing required: Public Health Dietitians- 12 days/year; Nutrition Consultant - 14 days/year; Daily Bread Food Bank - 18 days/year; Shelter and Housing Support - 30 day/year; chef (George Brown College) - 24 days/week

**Performance Measures:** % of cooks and volunteers who help with meals saying they found the training day valuable or not regarding nutrition education, plate, knife skills, cooking demos and cooking recipes in culinary kitchens. % of cooks and volunteers trained, % of program participants reporting the food at the drop-in has improved, % of cooks and volunteers reported to have the knowledge and skills to prepare nutritious meals

**Intended Results/Outcomes:** To have 50 drop-in centres receiving extra eggs, milk, yogurt and fresh produce to improve the nutritional value of the meals provided, to improve skills sets so participants can make informed menu decisions and to have meals at Toronto drop-in centres that provide the required nutrition for the homeless population

**Program Development:** The program was developed jointly by Toronto Public Health, Shelter Support & Housing, Daily Bread Food Bank, Drop-in Network and Hospitality & Culinary Arts George Brown College.

**Target Population:**

- Adults (19-64 years)
- Homeless population
- This program is not sex specific

**Number of Participants:**

*Max: 100*  
*How often capacity is reached: 88%*  
*Percentage of n: N/A*  
*Number of participants served in a year: 176*

**Challenges:** Funding for evaluation

**Program Evaluation:** Evaluation is done by the Daily Bread Food Bank. Qualitative evaluation has been done.

**Evaluation Results:** Training and skills development are effective and participants are getting healthier meals provided at drop-in centres, especially those receiving the health food delivery. The nutritional value of the meals at the drop-in centres has improved as the result of the program.

# Preparing Healthy Meals and Snacks for Children

Toronto Public Health - Public Health Unit

**Program Description:** A four week program to help parents learn more about preparing healthy meals and snacks for their children. A wide variety of topics are covered and participants are encouraged to actively participate in the discussions and activities. Topics and activities can be tailored based on the needs of participants. By the end of the four sessions, participants will be able to:

- Describe Canada's Food Guide (CFG) and the importance of eating and offering/preparing foods from all four food groups
- Plan healthy lunches and snacks
- Read and understand food labels
- Describe how to deal with a picky eater
- Choose the healthiest food options at the best dollar value
- Describe how to pack lunches and snacks in a way that reduces the risk of food borne illness
- Describe food alternatives to the three most common food allergies present in most schools
- Prepare (2-4) healthy lunch and snack recipes

The last session includes a hands-on food preparation component where participants prepare 2-4 recipes.

## **Program Implementation:**

- The program is run upon request or based on consultation/assessment
- It has been running since 2010
- Public Health Nurses and/or RDs within the Chronic Disease and Injury Prevention area working with schools/parents run the program
- 1-2 staff members are required depending on the size of group
- To run one series of 4 workshops, the estimated time required varies but could be approximately 16 hours (includes consultation time, preparation, workshop delivery and set up/take down). Time required depends on whether hands-on food prep is incorporated into the workshop or not, complexity of the recipes, how many sessions are done (if the full 4 sessions not offered), length of item for each sessions etc.

**Performance Measures:** The number of workshops conducted, number of participants and qualitative feedback from participants and facilitators.

**Intended Results/Outcomes:** parents learn more about preparing healthy meals and snacks for their children

**Program Development:** The program was to meet the needs of schools with new full day kindergarten programs where parents expressed interest in learning more about preparing healthy meals and snacks for their children. RDs and Public Health Nurses at Toronto Public Health were involved in the development.

**Evidence to Inform Development:** Needs assessment

**Target Population:**

- Children (under 13 years)
- Parents of school age children under 13 years
- This program is not sex specific

**Challenges:** Getting a large enough group of parents willing to come for all four sessions and getting feedback from participants. Evaluation is also difficult since the program is adapted as needed.

**Program Evaluation:** No evaluation yet but plan to do one in the future. General feedback from participants is collected on the usefulness of workshop, what they learned, what can be improved, whether they feel better prepared to make healthy meals/snacks etc. There are plans to develop tools to help track performance measures more easily/consistently.

# Community Food Skills and Employability

Toronto Public Health - Public Health Unit

**Program Description:** The program takes a new approach to service delivery by linking food handler training and certification, food skills, and employment, as a determinant of health, in a community kitchen setting.

**Program Implementation:**

- The pilot was initiated in 2011
- Implemented by the Toronto Food Strategy at Toronto Public Health
- Four people are needed for implementation: nutrition promotion consultant (1 FTE), public health dietitian (0.5 FTE), public health inspector (0.6 FTE); employment case worker (0.2 FTE)

**Performance Measures:** % of program participants reporting increased knowledge and skills in food and nutrition (e.g. cooking skills), % of participants reporting increased knowledge in food safety measures, % of program participants who obtained food handler certificates, % of program participants who obtained employment, % of program participants involved in food-related activities

**Intended Results/Outcomes:** To support community groups and individuals in acquiring food handler training and certification, while developing other food skills, with the view of increasing employability, improving employment outcomes, and promoting food safety and healthy eating

**Program Development:** Toronto Public Health developed the program in consultation with multiple city departments that included Toronto Employment & Social Services (TESS), Social Development, Finance & Administration (SDFA), Economic Development and other City divisions.

**Evidence to Inform Development:** Anecdotal evidence suggested that residents who are looking for work in the food services industry have a much better chance of securing employment if they have obtained Food Handler Certification. Furthermore, City staff identified that more community members would be successful in the Food Handler Training if it was delivered in community locations where participants feel comfortable and offered in ways that met a range of learning styles. The Community Food Skills & Employability Pilot Project was set up to address these identified issues.

**Target Population:**

- Youth (14-18 years)
- Adults (19-64 years)
- This program is not sex specific

**Number of Participants:**

*Maximum number of participants per session: 15*

*How often capacity is reached: 100%*

*Percentage of people that do not complete the program: 2%*

*Number of participants served in a year: 450*

**Major challenges to planning, implementing, operating and evaluating the program:** Time constraints, tight project timelines and limited access to good teaching kitchen spaces created some difficulties to project staff. Because the project was a collaborative effort between departments with different but overlapping mandates, coordinating the different aspects of the project effectively was challenging at times. The cost of the training creates a barrier for many low-income residents.

**Type(s) of Evaluation:**

- Qualitative
- Quantitative

**Evaluation Results:** The project was successful in a number of public health measure including healthy eating and nutrition knowledge and food safety measures. There was a modest improvement in employment outcomes (20% of the participants got employment); some of the participants enrolled in employment placement programs, others volunteered in community food programs. The project addressed barriers to accessing food handler training among low-income communities and brokered relationships across government and community.

# Peer Nutrition Program

Toronto Public Health - Public Health Unit

**Program Description:** The program provides culturally specific nutrition education offered in different languages. The objectives are:

- To provide nutrition education to families with children 6 months to 6 years of age, who are often missed by traditional nutrition programs
- To improve food selection, purchasing and preparation skills among parents in ethno-cultural communities in Toronto

The components include: a one-time promotional workshop, 6-weeks of nutrition education & food skills workshops (duration 2 hours) and bi-monthly support groups.

**Program Implementation:**

- The program has been running continuously since 2000
- The Peer Nutrition Manager, Community Nutrition Educators, and Dietitians implement the program
- The program is supported by Registered Dietitians

**Performance Measures:** Number of participants in Peer Nutrition Program group education program, percentage of PNP clients reached through community outreach plans (plans designed to target hard-to-reach populations), number/percent of PNP clients who improve, meet and/or maintain consumption of appropriate number of servings of vegetables and fruit (according to Canada's Food Guide)

**Intended Results/Outcomes:** The intended result is to enhance the nutritional status of children ages 6 months to 6 years within the diverse ethnic/cultural communities in Toronto

**Program Development:** The steps involved include:

- 1) The Peer Nutrition Manager (at Toronto Public Health), City-wide Implementation Workgroup (CIW) and the Community Health Officer (CHO) developed a Community Reference Group (CRG) that provided guidance on the implementation of the program.
- 2) The Peer Nutrition Manager, CHO, CIW and the CRG identified and establish potential partners (e.g. Toronto Housing, Park & Rec, Food Action Committee, Settlement Agencies, Community Groups and other community-based organizations) for participation in the program development (e.g. space).
- 3) The Peer Nutrition Manager, Dietitians, CHOs and the community reference group (CRG) conducted community consultations to assist in program development.
- 4) Policy and Planning, CIW and CHO conducted regular community-based needs assessments at each site periodically.
- 5) The Dietitians and the Community Nutrition Educators (CNEs) participated, where appropriate, in activities of community agencies.
- 6) The Dietitians and CNEs participated in community events and cultural celebrations to foster healthy eating.
- 7) The CRG, CNEs and Dietitians facilitated the sharing of knowledge of community resources (e.g. local cultural food stores, libraries, health centres, etc.)

8) The Peer Nutrition Manager, CIW & CHO in partnership with the CRG established terms of reference for the CRG (e.g. negotiations, promotion).

**Evidence to Inform Development:** Evidence used was: Child Health Report 2000, community needs assessment and a literature review.

**Target Population:**

- Children (under 13 years)
- This program is not sex specific

**Number of Participants:**

*Maximum number of participants per session: 10-12/education session, 40/support site session*

*How often capacity is reached: 80%*

*Percentage of people that do not complete the program: 61%*

*Number of participants served in a year: 1238*

**Challenges:**

- Providing enough CNEs for the language requested
- Reaching some cultures that were identified to need the service was initially difficult

**Type(s) of Evaluation:**

- Process

**Evaluation Results:** Based on program statistics, interviews with community partners, and focus groups with program participants, it is clear that a wide variety of ethno-cultural, ethno-racial and Aboriginal communities in the GTA highly value the Peer Nutrition program. Participant feedback also suggests that the program has helped improve the nutritional status of young children (and their families) in at-risk groups that were not using existing mainstream or multicultural Toronto Public Health programs.

# Community Food Advisor Program

**Program Description:** provides, through trained volunteers, reliable information and education that promote safe and nutritious food selection, preparation and storage practices to consumers in Ontario. Volunteers are provided with technical and leadership training. Upon successful completion of their training, the volunteer peer educators become certified as Community Food Advisors and work in their community to improve and promote safe and healthy food selection, preparation, and storage practices.

**Program Implementation:**

- Currently implemented by 13 PHUs throughout Ontario
- Many have been running the program for over 10 years
- Human resourcing requirements vary between sites

**Performance Measures:** Varies slightly between sites. Responses include: service requests provided to the community, retention of the volunteers, reach, placement evaluations completed by participants that rate overall presentation, how well the presentation was prepared and delivered, whether the workshop improved healthy eating knowledge and food skills, what participants liked best and least about session, whether participants would request CFA's in the future and then an opportunity to provide other feedback.

**Intended Results/Outcomes:** The goal of the Community Food Advisor Program is to improve and promote safe and nutritious food selection, preparation and storage practices in Ontario by increasing individual and group access to reliable information and education

The program is designed to:

- Increase confidence, knowledge and skills in food selection and food handling.
- Increase community awareness and access to effective resources and education in healthy eating.
- Develop partnerships between individuals, organizations and the Ontario government based on community needs and resources.
- Increase leadership skills of individuals and organizations within communities.

**Program Development:** The Community Food Advisor (CFA) program was developed in 1991-92 under the leadership of the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA), Rural Development Branch staff who had an idea to establish a network of volunteers with practical food and nutrition skills who would, in turn, share their skills with members of their community.

The program was developed under the guidance of a provincial steering committee that included representatives from OMAFRA (Rural Development Branch, previously Home Economics Branch); Ministry of Health, Ontario Dietetic Association (and then Dietitians of Canada), Ontario Home Economics Association, Association of Public Health Inspectors, and once pilot sites were identified, Public Health Dietitians.

The CFA Program was modeled after the Master Gardener and 4H programs from OMAFRA as well as Master Canner, Master Food Preserver and Master Food Advisor Programs found in various American states.

**Target Population:**

- General population
- This program is not sex specific

**Challenges:** no-show rate for one-time classes and attrition rates for a series of classes, evaluation is often limited by literacy skills or participants, time and budget, staff capacity, volunteer availability, financial resources for food costs, mileage and resources/equipment, maintaining volunteer engagement, maintaining up to date resources, training and recruitment of volunteers, logistics of getting equipment to volunteers and meeting minimum number of registrants.

**Evaluation:** The program has been evaluated at the provincial level four times. The pilot was evaluated in 1994, subsequent evaluations were conducted in 1997-98 and 2002. In 2011 an evaluation was conducted to assess the knowledge of food skills in trained volunteers. Results found that the trained Community Food Advisors (CFAs) demonstrated capacity on several aspects of food skills.

Annual data is collected on the number of service requests, number of training placements, number of services requests filled, reasons requests were not filled, types of service requests, volunteer retention, number of new volunteers, topics covered in CFA placements, number of CFA placements, volunteer recognition events, partnerships, program highlights and challenges.

**Program Description:** Colour It Up is a 6-week community-based behavioural intervention that gives women the knowledge, skills and confidence to eat the recommended number of Food Guide Servings of vegetables and fruit. The program is coordinated provincially by Cancer Care Ontario.

**Program Implementation:**

- Implemented by several organizations throughout the province
- Human resourcing requirements vary between sites

**Performance Measures:** Varies between sites. Responses include: evaluation form at the beginning and at the end of the course to see if they improve their knowledge, pre-test and post-test of dietary behaviours in regards to vegetable and fruit consumption and increased vegetable and fruit consumption

**Intended Results/Outcomes:** Increased consumption of fruit and vegetables

**Program Development:** The Colour It Up program was developed and pilot-tested by Cancer Care Ontario (1999 – 2002). It was developed by a Registered Dietitian and a Behavioural Psychologist using Social Cognitive Theory (SCT) as a means to change health behaviours of participants. The discussions and activities in this program are based on strategies that promote behaviour change rather than simply providing nutrition information. Colour It Up is designed to increase knowledge, enhance self-efficacy, influence thought processes, beliefs and values, and address barriers to eating vegetables and fruit.

**Target Population:**

- Adults (19-64 years)
- Seniors (65+ years)
- This program targets females

**Challenges:** Time, human resourcing, finding fresh fruit and vegetables, lack of funding, lack of adequate facilities and variations in participants skill set

**Program Evaluation:** The pilot tests conducted in 2002 by Cancer Care Ontario showed positive outcomes. Total vegetable and fruit consumption increased from 3.8 times per day to 5.6 times per day after the program. Site evaluations vary.

## 5 Program Components

The following programs have a food-skills component.

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### Ontario Works Workshops

Chatham-Kent Public  
Health Unit - Public  
Health Unit

Food Skills are incorporated into Ontario Works ongoing workshops (addictions and men's/women's workshops). As part of the addictions workshop a one-day grocery store tour is provided as well as a food skills class focusing on inexpensive ways to make food bank menu items healthier. Food skills are incorporated into the men/women's workshops as a 4 week session (one day per week). The group works to determine skills that they would like to learn (i.e. crock pot cooking, canning/freezing, baking, etc.). Often there is an opportunity for the participants to provide some of the teaching if they are comfortable increasing their skills in sharing.

- These workshops run 3-4 times per year
- The addictions workshop has been running since 2010; women's workshop since 2011
- For each of the 4 week session, 6 hours per week are required to run the program (none the rest of the time)
- *Performance Measures:* increase in knowledge and skills
- *Outcomes:* interact/socialize, increase knowledge of healthy, inexpensive meal preparation.
- The program was based on a previous food skills program but was adapted to meet the needs of the participants that are attending this program specifically.

#### Target Population:

- Adults (19-64 years)
- high risk - low income or on unemployment
- Those coming out of addiction programs
- This program is not sex specific

**Major challenges to planning, implementing, operating and evaluating the program:** Currently OW staff are able to do the recruitment, however; with the changes to OW funding the ability to do this program may be decreased

**Program Evaluation:** None

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## Community Gardens & Food Skills

Huron County Social Services - Other Community-Based Organization

Low income participants work in all aspects of a Social Service funded community garden which includes several life skills, employment skills and food skills workshops. The food skills workshops are a way of teaching the next step: after planting, maintaining and harvesting the garden, they learn to cook/freeze/preserve their harvest.

- The program has been running April- October, weather depending since 2003
- *Performance Measures:* The number of people who are able to get off social assistance, the number who gain employment, the numbers who move on to other volunteer work
- *Intended Results/Outcomes:* Main goal: self-sufficiency Other goals: access to locally grown food, save on their grocery budget, learn food skills, gain life and employability skills, connect participants to other partners who can continue to support them when the program ends (i.e.: food banks)
- Originally an Ontario Works case manager developed the community gardens as a 'community placement' opportunity, where OW clients could go to learn a variety of skills, have a social component and move forward.
- Evaluations of other several other programs were done to inform development

### Target Population:

- Youth (14-18 years)
- Adults (19-64 years)
- General population
- This program is not sex specific

**Program Evaluation:** None

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## CAS Youth in Transition Program

Middlesex-London Health Unit - Public Health Unit

Youth aged 17+ involved in the Children's Aid Society as Wards of the State are involved in a "youth in transition" program which instructs them on life skills, including cooking once a month at a local faith-based organization.

- The program runs once a month for 9 months of the year (no meetings in the summer) since 2011
- The program is run by a PHN and CAS social worker (different ones are involved)
- *Human resourcing required:* 1/month X 3 hours X 3 people X 9 times annually
- *Performance Measures:* attendance at this point...no formal evaluation as this program is a drop in and the same youth do not attend each time
- *Intended Results/Outcomes:* enhanced food skills, self-efficacy and confidence in the kitchen
- The program was developed by the PHN at the Middlesex-London HU through meetings with key stakeholders at CAS and local church
- Based on information from Cook It Up!: Formative Evaluation of a community-based Cooking Program for at-risk Youth in London, Ontario - International Journal of Home Economics

### Target Population:

- Youth (14-18 years)
- This program is not sex specific

**Challenges:** the nature of high risk youth (i.e., they are facing multiple challenges daily so their commitment to the program can vary greatly month to month)

**Program Evaluation:** high risk youth are difficult to evaluate and often don't like completing evaluation tools, the drop in nature of the youth in this program makes it difficult to accumulate sufficient assessment data

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## Canada Prenatal Nutrition Program (CPNP)

Toronto Public Health -  
Public Health Unit

The goal of the CPNP is to reduce the incidence of unhealthy birth weight, improve the health of both the infant and mother and to encourage breastfeeding. Format of program: Ongoing weekly sessions, where TPH staff partner with community agencies to facilitate the program. Food skills are incorporated through food budgeting sessions and food demonstrations.

- The program has been running continuously since 1988
- RDs run the food skills component - may have one support person
- 5 hours per week are allotted to each staff per CPNP to prepare, coordinate and facilitate the CPNP
- *Intended Results/Outcomes:* The TPH Healthy Families' (HF) goal is to promote and support healthy behaviours and environments, healthy birth outcomes and readiness to parent for people in their reproductive years.
- The CPNP program was developed by Health Canada however, another workgroup member created the food budgeting section

### **Target Population:**

- Pregnant women
- Females

**Challenges:** Lack of human resources for support (i.e. staff), lack of funding, lack of functional and safe facilities to run the program and variations in participants' literacy and language skill set

**Program Evaluation:** CPNP has been evaluated by partner agencies as a whole. See Health Canada (and partner agency) report for details.

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## After School Program

The Local Community Food Centre – Other Community-Based Organization

The After School Program engages children in fun, hands-on activities that teach skills necessary to grow, cook and select healthy food and encourage positive attitudes towards healthy eating. The program includes cooking and growing activities along with arts, games, homework help and field trips. The program is run as 14 week sessions three hours in length. Themes include: industrial versus organic farming; root causes of poverty; how to garden, including sprouting, weeding, the role of pollinators etc.

- The program has been running continuously since 2012
- *Performance measures:* Attendance; number of healthy meals served; amounts of produce harvested
- *Intended results/outcomes:* To give life skills in the areas of cooking and gardening
- The program was developed in combination with The Local Community Food Centre, Community Food Centres Canada, The STOP Community Food Centre and The Table Community Food Centre
- One staff member works 37.5 hours

### Program Target:

- Children aged 8 to 12 (grades 3 to 6)
- This program is not sex specific

**Challenge:** The biggest challenge is human resources.

**Evaluation:** We have our participants evaluate the program at the end of the 14 weeks. Qualitative and quantitative evaluations have been done.

**Evaluation Results:** That the program addresses food security in a positive direction.

## 6 Other Food Skills Resources

### 6.1 Online Resource

#### Vegetable and Fruit Online Learning and Food Skills Kit

*Durham Region Health Department - Public Health Unit*

This is an interactive web-based learning tool, with four components (approximately 30 mins). The purpose of the online learning tool is to provide information to residents about the benefits of vegetables and fruit, impart knowledge and skill in the area of how to choose, prepare and store vegetables and fruit and to provide ideas to add more vegetables and fruit into the person's diet.

Target Population:

- Adults (19-64 years)

It was developed using Kolb's Learning Style and Vella's Twelve Principles for Learning to identify a health education plan. Information for the online learning tool was utilized from resources and literature previously developed/collected to impart knowledge in the form of an education tool.

<http://www.durham.ca/health.asp?nr=/departments/health/OnlineLearning/FruitsVegetables/resources.htm>

### 6.2 Presentations/Demonstrations

#### Label Reading, Baby food making, Healthy Eating on a Budget Presentations

*Northwestern Health Unit - Public Health Unit*

The regional RD has prepared canned presentations on the above food skill topics. The RD provides staff education (train the trainer) sessions so that staff is able to provide these presentations in their communities as needed.

#### Healthy Cooking Series

*Port Hope Community Health Centre - Community Health Centre*

This is a general cooking demonstration open to adults. The objective is to increase education and skills in preparing healthy meals. The demonstrations are done by Community RD and

Health Promoters. Post demonstration, food skills, cooking frequency, cooking confidence, nutritional knowledge are all self-assessed.

## 6.3 Workshops

### Eat Local Workshops

*Thunder Bay District Health Unit-Public Health Unit*

Eat Local Workshops are coordinated by the Food Action Network. The objective is to increase the ability of local residents to grow, harvest, cook and preserve their own food. The sessions focus on cooking with the seasons, using local ingredients (smoked fish etc.), storing food (i.e. canning). Evaluations are given out to participants at the end of each workshop. These results are incorporated into the planning of future workshops. People enjoy the workshops and often suggest topics for future sessions

The local Get Fresh committee met to discuss possible topics, to find speakers and to develop a promotional strategy. A summer student each year helps to implement the project.

### Healthy Lunches Workshop

*Toronto Public Health-Public Health Unit*

The Healthy Lunch workshop is intended for parents and caregivers of school-age children.

Objectives:

- To assist parents/guardians/caregivers in identifying the barriers to packing lunch for their children.
- To assist parents/guardians/caregivers in identifying practical solutions to the barriers they have identified.
- To increase parents/guardians/caregivers' knowledge of the principles of a healthy lunch.
- To increase parents/guardians/caregivers' knowledge about Food Guide Serving sizes of various foods from the four food groups.
- To increase parents/guardians/caregivers' skills in selecting foods and beverages for a healthy lunch.
- To increase parents/guardians/caregivers' awareness of their position as role models for healthy eating.

The workshop is offered as a single session (e.g. at school parent council meeting). This is often used as a way to engage parents and school staff in discussions about what they can do to help make the school a healthy nutrition environment. It is hoped that this will lead to further discussion/action on other nutrition initiatives schools can get involved in. This will help

students make connections between the healthy eating messages in the curriculum and healthy eating activities at school and in the community.

The workshop is implemented by Public Health Nurses and/or RDs within the Chronic Disease and Injury Prevention area working with schools/parents. To run one workshop, the estimated time required can vary from 6 – 9 hours (includes consultation time, preparation, workshop delivery and set up/take down), depending on whether hands on food prep is incorporated into the workshop or not.

*Performance Measures:* Currently tracking: # Healthy Lunches workshops/food skills related workshops # parents participating in workshops % participants that found the workshop useful/very useful

*Intended Results/Outcomes:* To increase participants' knowledge and skills to plan and prepare healthy lunches for their children.

*Program Development:* This workshop was developed in response to numerous requests from schools to provide healthy eating/healthy lunches workshops to parents. School staff noticed that students were bringing unhealthy food choices for lunch and felt that parents could benefit from education and skill building around preparing healthy lunches. By improving the nutritional quality of lunches brought to school, this would contribute towards creating a healthy school environment. It is hoped that in building relationships with the schools staff and parents we can help them to implement other nutrition initiatives and develop action plans to create a healthy eating environment within the school (e.g. healthy fundraising, access to healthy food at school, linking healthy eating in the classroom/curriculum to the healthy eating environment etc.)

## **Student Nutrition Program (SNP) Food Safety and Nutrition Workshop**

*Toronto Public Health - Public Health Unit*

In Toronto, SNP staff and volunteers involved in food preparation must attend a Food Safety and Nutrition workshop offered by Public Health once every two years. The workshops are free. At least one person trained in safe food handling should be on site every day of program operation. This is a municipal grant funding criteria. ☉ Format: 2-hour workshop - 1 hour on food safety and 1 hour on understanding and applying the SNP nutrition guidelines. In workshops geared to youth, there is a food preparation component as well ☉ Public Health Inspectors (PHI) lead the food safety component; Public Health Dietitians (RD) lead the nutrition component; Public Health Nutritionist/Nutrition Promotion Consultant: plans, schedules, promotes, evaluates etc. workshop; Support Assistant: supports registration; Community Partners: support on-site community needs.

*Performance Measures:* Number and % SNP sites with at least one coordinator/volunteer trained with in the past 2 years, % workshop participants that demonstrate that they are able to plan a menu that meets the SNP nutrition standard

*Intended Results/Outcomes:* The purpose of the program is to support coordinators and volunteers of SNPs in serving safe, healthy food to students."

A need for a workshop was identified at the time the City of Toronto amalgamated in 1998; key community/school board/public health staff from the former cities met to coordinated the types and level of support each would provide for local programs. The Food Safety and Nutrition workshop was identified at the time. Public Health sub group identified the required content; PHI developed food safety component of workshop; RD developed nutrition component of workshop; SNP community stakeholders informed logistics (e.g., days of week, length, frequency, etc.). Over the years, the content and delivery format has evolved to meet changing needs. At each workshop session, participants complete a feedback form on the nutrition component.

*Target Population:*

- Coordinators, volunteers, school administrators, youth-age students - all involved in Student Nutrition Programs

*Evaluation:* There is generally a good response rate of feedback forms. A formal evaluation is currently in progress for the 2012/13 cycle. Data will be collected on the roles of participants; # of return participants; satisfaction; learning of participants; behaviour of participants; supporting / facilitating influences on behaviour.

## 6.4 Training

### Agency Training and Support for Nutrition/Food Skills

*Toronto Public Health - Public Health Unit*

Agency Training and Support for Nutrition/Food Skills targets service providers regarding nutrition, food skills, and food security services for the adult audience. Training topics might include food preparation, cooking skills, basic food safety and storage, shopping and food selection, nutrition labelling, budgeting, menu planning, community kitchen, community gardens, etc. This might include co-facilitation with community leaders/service providers. TPH typically looks for a community agency to partner with to offer the training program. The partner agency often supports the recruitment of participants and offers program space, while TPH provides the staffing (one Public Health Nurse and one Public Health Dietitian) and budget supports for food, childcare, transportation tokens and program incentives. The goal of the Agency Training and Support for Nutrition/Food Skills program is to train

service providers to be able to incorporate nutrition and food skills content into their regular practice. This will help improve the eating habits of people who live or work in Toronto by improving their food skills and nutrition knowledge. Having community programs that emphasize the skills needed to provide and prepare safe, affordable, nutritious and culturally acceptable meals will lead to an increase in the number of people who make healthier food choices and prepare healthier meals and snacks. The strategies used with service providers are community mobilization/capacity building, education and skill building.