

# Joining Forces with Nutrition Policy in the Community

Katie Haneke RD

Kori Kostka RD

Michele MacDonald Werstuck MSc RD CDE



# Objectives

- \* Defining policy for Registered Dietitians (RDs) working CHC's and FHT's
- \* Introducing the Primary Health Care Action Group (PHCAG)
- \* Setting an example with FHTs
- \* Setting an example with CHCs
- \* Where do we go from here? An open discussion

# What is Policy?

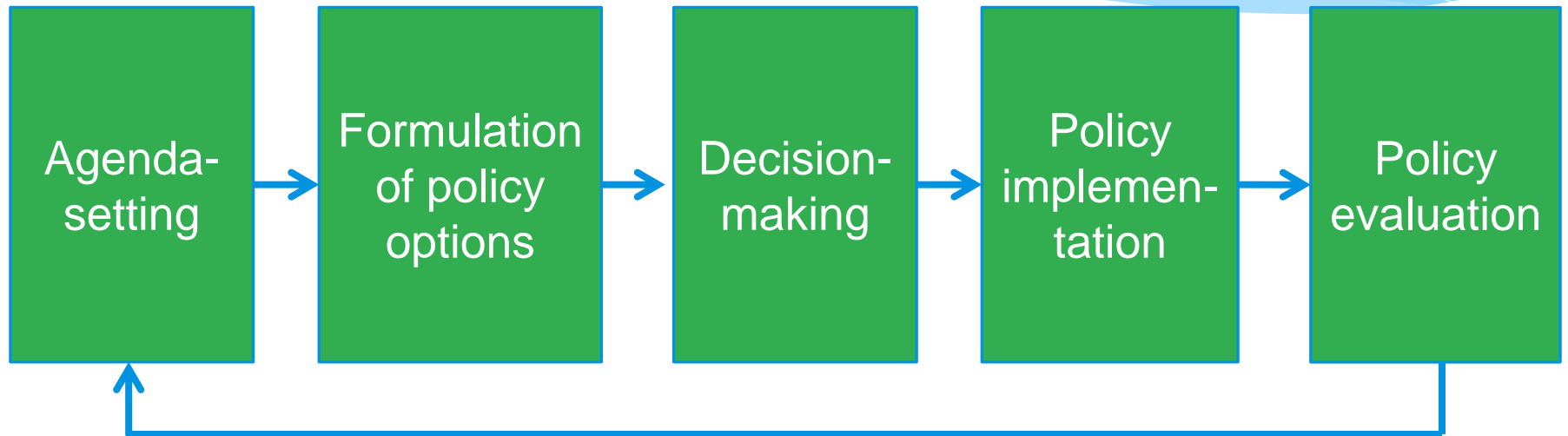
- \* **Healthy public policy:** improves the conditions under which people live: secure, safe, adequate and sustainable livelihoods, lifestyles, and environments, including housing, education, nutrition, information exchange, child care, transportation, and necessary community and personal social and health services.
- \* All levels of government play a key role in improving food systems, building food security and promoting healthy eating.
- \* Development must include a wide range of stakeholders from many sectors and the process needs to be supported with resources and tools, for example, municipalities supporting food policy councils.

<https://opha.on.ca/Nutrition-Resource-Centre/Policies/Policy-Development,-Implementation,-and-Evaluation.aspx>

(National Collaborating Centre for Healthy Public Policy, 2012)  
(Dietitians of Canada, 2010)

# Stages of the Policy Cycle

(Howlett and Ramesh, 2003; Benoit, in press)



# Why Should We Care?

- \* Public Health Nutritionists & RDs are using policy
- \* Bridging the gap with FHT + CHC RDs
- \* Working together to build stronger, inclusive, health promotion and disease prevention strategies at all levels using a Health In All Policies framework

## **Food security:**

“when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life”

\* Food and Agriculture Organization

# Bringing RDs Together across Primary Care

Dietitians of Canada Primary Health Care Action Group

To create a sense of community for RDs working across primary health care spectrum, provide advocacy and communication

Representatives with expertise from :

Family Health Teams (FHT's)  
Community Health Centers (CHC's)  
Public Health  
Dietitians of Canada  
Academia/Research

# PHCAG Objectives

- \* Measuring outcomes of nutrition services across primary care
- \* Expanding nutrition services currently offered in primary care to better meet the needs of populations at risk of developing disease with a focus on prevention , earlier detection and treatment

# PHCAG- Measuring Outcomes

- \* Mentoring FHT RDs to be gathering and analyzing outcome data
- \* >50 RDs attended our 2<sup>nd</sup> annual PHCAG RD Research Day event focusing on outcome measurement
- \* All attendees agreed to measure the same outcomes to report to our directors and the ministry



# PHCAG- Sharing effective programming across primary care

- \* FHT programming

- Expand award winning Healthy You program as an active lifestyle management program with proven results in reducing obesity
- Expand Healthy Futures as a pediatric metabolic and lifestyle screening and treatment program

- \* CHC programming

- Expand Colour It Up as an effective intervention program to enhance nutritional health and prevent disease by building skills and familiarity with vegetables and fruit

# Learn From Our Community Partners

- \* FHT RD's are experts at managing chronic diseases and providing MNT (medical nutrition therapy for conditions commonly seen in family practice- DM, chol, HTN, obesity, GI)
- \* >80 % of nutrition visits with RD are for chronic disease management leaving little time for health promotion and disease prevention
- \* CHC's and PH do health promotion and policy development well
- \* FHT RD's are just learning and starting to collaborate in earnest with PH and CHC

# Linking with our Community Partners

## FHT RD + IP Programming

- \* Diabetes- DM teams, DM prevention
- \* Maternal/infant- OB clinics
- \* Healthy You, Craving Change
- \* Pediatric screening/treatment
- \* Food security/access/skills

## Linking with Public Health/CHC's/hospital RD's/academia

- \* DM Collaborative
- \* Lactation committees
- \* Bariatric center
- \* School health/nutrition
- \* Pediatric Nutrition Network
- \* Research- Parents+Tots, Healthy Kids Panel
- \* Code red initiatives
- \* Food to table

# Moving into Health Policy- My First Steps

- \* A casual conversation...
- \* Led to the birth of a new working group
- \* Bringing together many stakeholders
  - Eg. Dept of Family Medicine, Site Director, Family Physician, University Staff, Administrative Personnel, Registered Dietitian
- \* Goal to build healthy eating policy to promote health and prevent disease into academia/resident education within DFM of McMaster University to create a supportive healthy eating environment for residents and all learners within McMaster Family Health Team



# Future Collaborations

- \* Preventing Disease in populations at risk
- \* The stats are staggering
- \* A Healthier Population is our goal!
  - Pediatrics- Child Obesity Prevention
  - Adults- Chronic Disease Prevention
  - Seniors- Malnutrition Prevention (45%-CMTF)

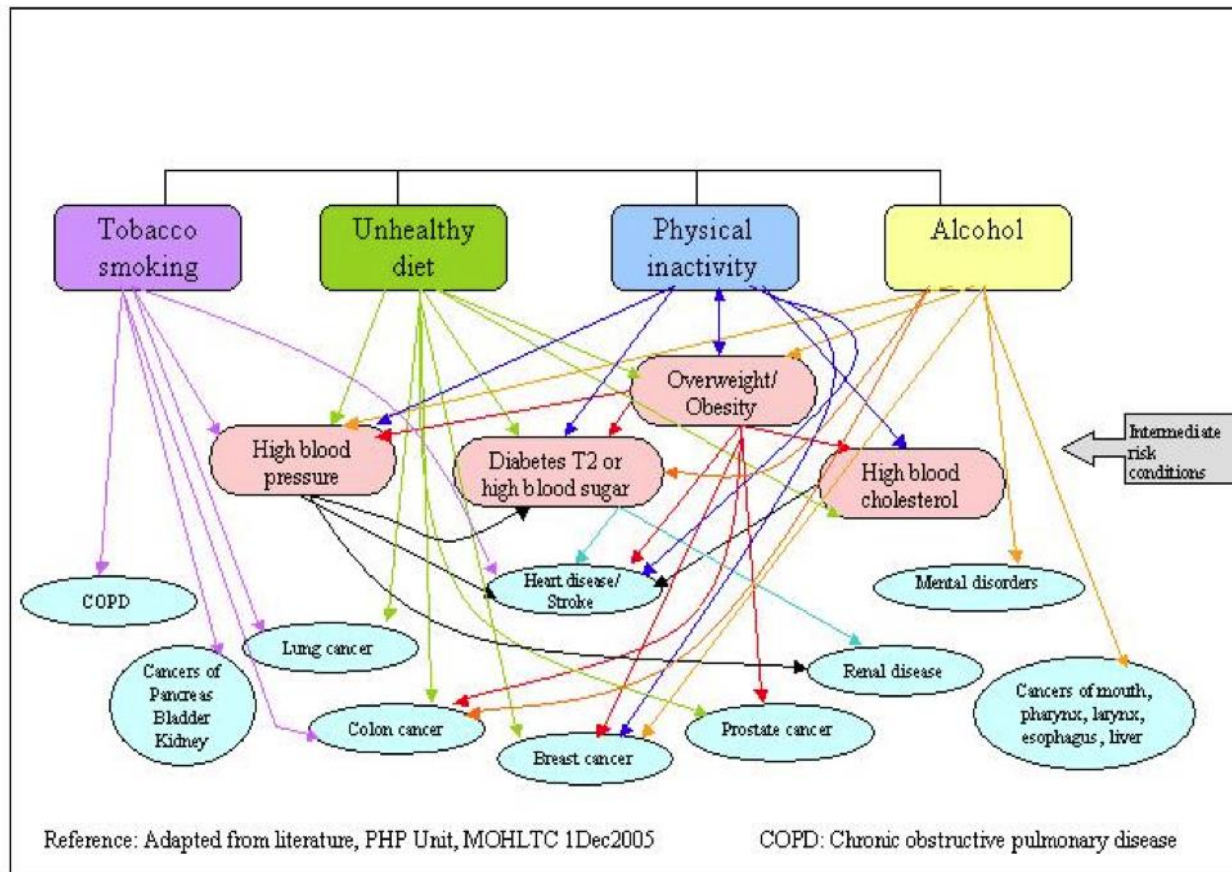
# Target Key Risk Factors to Prevent Disease

- \* Through healthier diet, regular activity and avoidance of tobacco
  - Estimates 80% premature heart disease, stroke, diabetes, and 40% of cancers could be prevented (WHO, 2002)



# Target 4 Main Risk Factors for Chronic Disease

Chronic Disease Risk Factors are Common to Many Conditions



# Screen and Intervene Early

Validated tools from Dietitians of Canada

[www.nutritionscreen.ca](http://www.nutritionscreen.ca)

## Getting Started

PICK THE QUESTIONNAIRE THAT IS THE BEST FIT FOR YOU



**18 TO 35 MONTHS**

for parents or caregivers of toddlers



**3 TO 5 YEARS**

for parents or caregivers of preschoolers



**50 YEARS AND OLDER**

for older adults



# Healthy Habits- Healthy Futures



- \* Opportunity for RDs in PHC to take the lead to develop, promote and implement an interprofessional team based strategy for early detection and prevention of nutrition problems in childhood such as overweight and obesity and poor eating habits
  - Enhance team knowledge of current infant/toddler feeding recommendations and team use of appropriate assessment tools (eg. WHO growth charts, Nutri-steps 18 mths, 3 yrs)
  - Offer Healthy Futures metabolic and lifestyle screening and treatment program
  - Link families to additional community supports eg. CENC, PTT
  - Link with public health and CHC to target messaging, create supportive eating environments, build capacity at population level

# Promote Physical Activity and Less Sedentary Time



OBESITY PANACEA



Canadian Physical Activity Guidelines  
Canadian Sedentary Behaviour Guidelines  
Your Plan to Get Active Every Day



Canadian Physical Activity Guidelines

FOR THE GENERAL PUBLIC 18+ YEARS

**Guidelines**

- For healthy adults and adolescents:
  - Engage in at least 150 minutes of moderate-intensity physical activity or at least 75 minutes of vigorous-intensity physical activity or an equivalent combination of moderate- and vigorous-intensity physical activity each week.
  - Engage in muscle-strengthening activities of moderate or greater intensity that involve all major muscle groups on at least 2 days per week.
  - Engage in activities that reduce sedentary time.
- For older adults:
  - Engage in at least 150 minutes of moderate-intensity physical activity or at least 75 minutes of vigorous-intensity physical activity or an equivalent combination of moderate- and vigorous-intensity physical activity each week.
  - Engage in muscle-strengthening activities of moderate or greater intensity that involve all major muscle groups on at least 2 days per week.
  - Engage in activities that reduce sedentary time.

**Key messages:**

- Engage in physical activity that you enjoy.
- Start with what you can do and gradually increase the amount of physical activity you do.
- Physical activity can be done in many ways and at many intensities.
- Physical activity can be done in short bouts throughout the day.
- Physical activity can be done in many settings, including at home, at work, and in your community.
- Physical activity can be done with family and friends.
- Physical activity can be done in many ways and at many intensities.
- Physical activity can be done in short bouts throughout the day.
- Physical activity can be done in many settings, including at home, at work, and in your community.
- Physical activity can be done with family and friends.

**Why being active is the best choice for you!**

Physical activity can help you:

- Stay healthy and active.
- Reduce your risk of chronic diseases, such as heart disease, stroke, and type 2 diabetes.
- Improve your mood and mental health.
- Live longer and enjoy life more.

For more information, visit [www.physicalactivity.ca](http://www.physicalactivity.ca)

PHYSICAL ACTIVITY CAN HELP YOU LIVE LONGER AND ENJOY LIFE MORE.

PHYSICAL ACTIVITY CAN HELP YOU LIVE LONGER AND ENJOY LIFE MORE.

Canadian Physical Activity Guidelines

FOR CHILDREN 6-17 YEARS

**Guidelines**

- For healthy children, adolescents aged 6-17 years should accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily. This should include:
  - Aerobic activities that increase heart and breathing rate at least 3 days per week.
  - Activities that strengthen muscles and bones at least 3 days per week.
  - Activities that include balance and coordination.
- More daily physical activity provides greater health benefits.

**Let's Get Moving!**

Remember to be active every day. Try to be active for at least 60 minutes every day. You can do this by:

- Walking or jogging.
- Swimming.
- Playing sports.
- Doing chores.
- Walking or biking to school.
- Playing with friends.
- Doing yard work.
- Walking or biking to work.
- Walking or biking to school.
- Playing with friends.
- Doing yard work.
- Walking or biking to work.

**Remember and caregivers can help to plan their child's daily activity. Make sure:**

- Children are active every day.
- Children are active for at least 60 minutes every day.
- Children are active in a safe and supervised environment.
- Children are active in a way that is fun and enjoyable.
- Children are active in a way that is appropriate to their age and abilities.
- Children are active in a way that is appropriate to their interests and preferences.

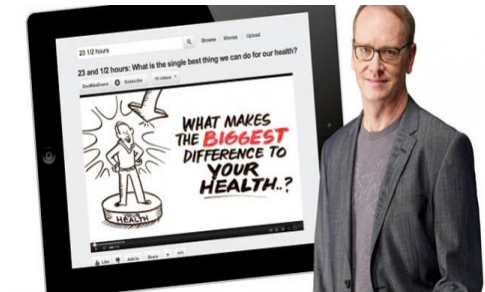
**60 minutes a day. You can help your child get there!**

PHYSICAL ACTIVITY CAN HELP YOU LIVE LONGER AND ENJOY LIFE MORE.

# What is one of the best things you can do to improve your health?

Dr. Mike Evans- 23.5 hours video

<http://www.youtube.com/watch?v=aUaInS6HIGo>



Michelle Obama's  
Let's Move Campaign



# GRCHC HiAP Examples

Brant Food System Coalition

Local Food Provider's Network



# Brant Food System Coalition

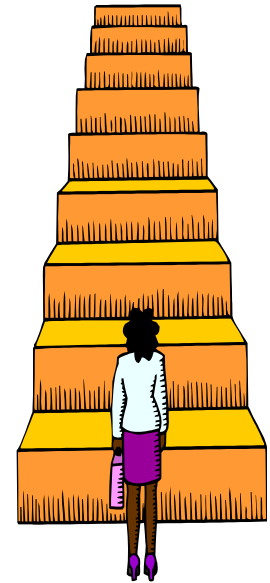
- \* Seeks to address issues related to food security and food sovereignty in the community
- \* Role of RD: understanding of potential barriers to accessing nutritious food and impact on quality of life based on client interactions
- \* Recent submission to Official Plan (OP) documentation

# How This Relates to HiAP

- \* OP includes policies to direct land use, development/growth and change over the next 25 years
- \* Opportunity to try to increase access to affordable, nutritious food
  - Policies may be built into various sections of the OP

# Challenges

- \* Recommendations were to be broad
- \* Not all sectors represented on the coalition
- \* Members all have individual goals/interests
- \* OP review is just for the city of Brantford



# Next Steps

- \* Continue to participate in community consultations for Official Plan
- \* Educating community about the coalition and importance of the work they do
- \* RD would have a role in future programming linked to gardens and food hubs



# Food Provider's Network

- \* Representation from various organizations linked to food security/community meal provision
- \* Discuss issues related to community meal service in Brantford
  - eg. Access, attendance, holiday meal planning, events, etc.

# Potential Area for Policy Work/HiAP Approach

- \* Work on policy that creates standards for the nutritional value of food served at all community meals
- \* Involves many stakeholders
  - Eg. City, Food Bank and its donors, meal service providers, health care, clients accessing meals



# Potential Challenges

- \* Reliance on donations
  - ? Implications to cost of meal provision
- \* ? Acceptance by meal service staff
  - Lack of knowledge of staff involved on how to cook with certain vegetables
- \* Expectations of those accessing the meals



# Next Steps

- \* Assessing community support
- \* Determining nutrition standards that are realistic
- \* Developing resource binder with recipes that fit the criteria
- \* Piloting new standards for community meals at a few locations
- \* Obtaining feedback from meal program staff and clients

# References

Dietitians of Canada (2010). *Healthy Eating and Food Security: Promising Strategies for BC. A Discussion Paper.*

Howlett, M. and Ramesh, M. (2003). *Studying public policy: policy cycles and policy subsystems.* Oxford: Oxford University Press.

National Collaborating Centre for Healthy Public Policy (2012). *A Framework for Analyzing Public Policies: Practical Guide.*