



Community Food Advisor Program
Final 2013 Performance Metrics Report
January 1st 2013 – December 31st 2013

CFA Program 2013 Annual Summary Report (Revised July, 9, 2014)

The Community Food Advisor program was developed in 1991 by the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA) and co-funded by the Ontario Ministry of Health. In 2001, the CFA program was transferred to the Nutrition Resource Centre at the Ontario Public Health Association. In 2013 the program was supported by the Ontario Public Health Association and funded by the Ontario Ministry of Agriculture and Food.

Overview

- Part 1: Requests for Service
- Part 2: CFA/Volunteer Activity
- Part 3: Other Comments

The thirteen communities that have submitted program details or provided a response for the 2013 performance metrics survey included:

- Durham Region
- Elgin-St.Thomas
- Grey Bruce Health Unit
- Hamilton
- Halton Region
- Huron County
- Kingston, Frontenac and Lennox & Addington (KFL&A) Public Health
- London Community Resource Centre
- Niagara Region
- Ottawa Public Health
- South East Grey Community Health Centre
- Sudbury District Health Unit
- Wellington-Dufferin-Guelph Public Health

Out of the 13 respondents, there was a total of 247 active CFAs.ⁱ

Between January 1st 2013 and December 31st 2013, the CFA coordinators and volunteers collectively achieved the following ⁱⁱ:

- Completed 773 health promotion services (see topics covered in Table 11)
- Reached 21,785 people
- Contributed 5,139.25 volunteer hours.

Limitations

It is important to note that for the year 2013 the response rate was slightly lower in terms of complete responses than in previous reports. While there were a total of thirteen survey respondents, ten were able to answer all questions included in the survey. Grey Bruce, Elgin St. Thomas and the London Community Resource Center were the exceptions due to the nature of their program operations for the year 2013ⁱⁱⁱ. The specific number of respondents as related to each section is noted for the relevant tables and figures.ⁱ Grey Bruce and London Community Resource Centre included

ⁱⁱGrey Bruce not included

ⁱⁱⁱNote: Grey Bruce Health Unit trained service providers that use the CFA program in their daily work and requests go directly to other agencies, as opposed to the Health Unit. Thus, data for Grey Bruce is only included in 'Active Number of CFAs' and in 'Highlights' sections of this report.

^{iv}Note: London Community Resource Centre was only able to provide the number of active CFAs, the number of people reached and the total number of volunteer hours.

^vNote: Elgin St. Thomas was only able to provide a response for Part 3 of this report (Other Comments) due to the uncertainty regarding the future provincial support for the CFA program beyond 2014/15.

Part 1: Requests for Service

Requests: In 2013, approximately 72% of CFA requests for service were completed.

Table 1. The total number of requests for CFA service compared with the number of completed requests

CFA Site	Requests for CFA Service	Completed Requests
Hamilton	159	124
South East Grey Community Health Centre	20	20
Halton Region	14	10
Huron County	135	110
Wellington-Dufferin-Guelph	99	92
Ottawa	207	137
Niagara Region	75	65
Kingston, Frontenac, Lennox and Addington Counties	192	180
Durham Region	102	61
Sudbury	52	43
Total	1055	842

Training: In 2013, a total of 68 training placements were completed.

Table 2a. The total number of training placements completed, by CFA site

CFA Site	Training Placements
Hamilton	50
South East Grey Community Health Centre	2
Halton Region	Not specified
Huron County	0
Wellington-Dufferin-Guelph	0
Ottawa	12
Niagara Region	4
Kingston, Frontenac, Lennox and Addington Counties	NA
Durham Region	0
Sudbury	0
Total	68

Services/Placements not filled: In 2013, a total of 208 services/placements were not filled. The top explanations reported as to why requests were not being filled included the request being cancelled for reasons such as insufficient registration and/or other reasons, such as the unavailability of volunteers.

Table 2b. The total number of service/placements that were not filled

CFA Site	Service/Placements not filled
Hamilton	31
South East Grey Community Health Centre	0
Halton Region	4
Huron County	25
Wellington-Dufferin-Guelph	7
Ottawa	70
Niagara Region	10
Kingston, Frontenac, Lennox and Addington Counties	12
Durham Region	41
Sudbury	8
Total	208

Table 3. Comparison of requests, training, and completions for 2008, 2009, and 2013

CFA Site Indicator	2008	2009	2013*
Total number of requests for CFAs	904	1037	1055
Total number of request completed	768	842	842
Training placements	N/A	41	68
Total number of requests not filled	136	176	208
Percentage of requests filled	85%	81%	80%

*Note: The total number of respondents varied for the years specified. In 2008 (n=14), 2009 (n=12), and for 2013 (n=10)

While the total number of CFA requests appears to have decreased slightly, it remains within the range of requests for CFAs from 2008 to 2009 (Table 3). It is important to note that the 2013 data is based on a slightly smaller sample size (see Limitations).

Organizations/Comparison: In 2013, the majority of these requests came from community groups (41%), schools (16%) and other organizations (9%), compared to 2008/2009 when the requests mainly came from community groups and schools. Examples of ‘Other’ organization requests reported for this year include requests from places of worship, such as churches, other government (both municipal and provincial), social services agencies, hospitals, cultural and recreation centres, the school board, community kitchens, a Food-Co-op, the Science Centre and other health care organizations.

Figure 1. Summary of the requests for service by organization type

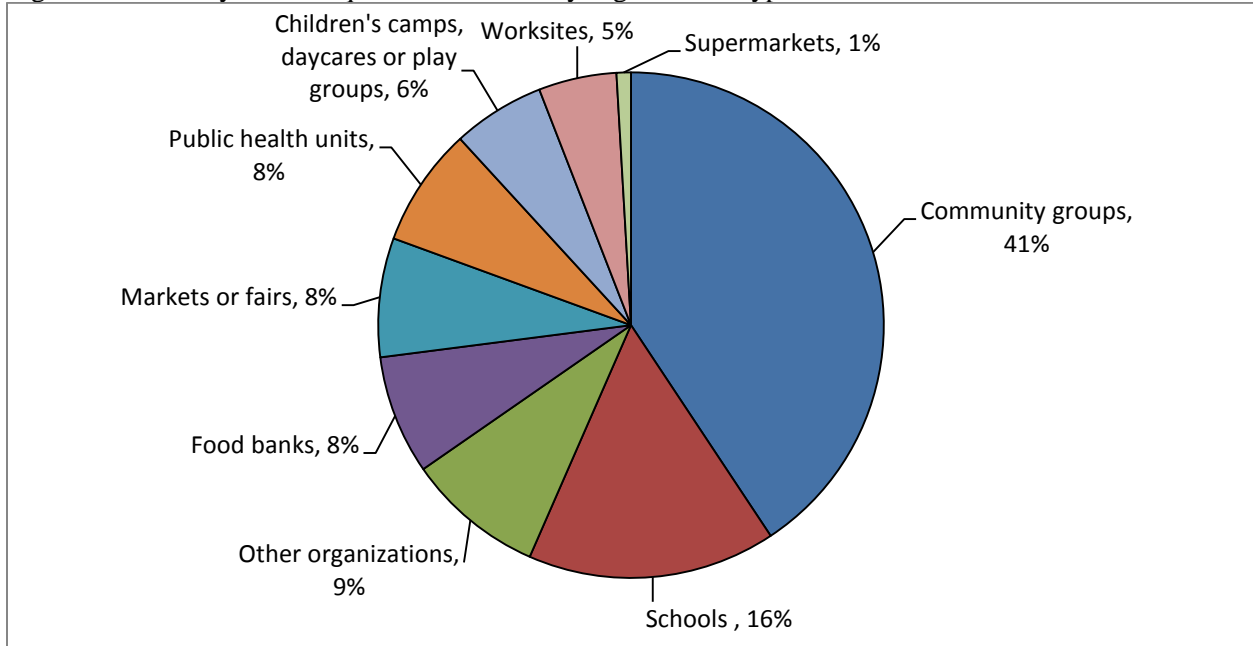


Table 4. Comparison of requests for service, based on organization type for 2008, 2009, and 2013

Request by Organization	2008	2009	2013
Community groups	40%	39%	41%
Schools	20%	13%	16%
Public Health Units (PHUs)	15%	11%	8%
Worksites	6%	9%	5%
Markets or fairs	5%	5%	8%
Food banks	4%	4%	8%
Children's camps/daycares	4%	5%	6%
Supermarkets	2%	3%	1%
Other organizations	3%	11%	9%

Part 2: CFA/Volunteer Activity

Active CFAs: In 2013, there were a total of 247 active CFAs and 50 new CFAs trained.

Table 5. The total number of CFAs that are active and that were newly trained in Ontario

CFA Site	Active CFAs	New CFAs trained
Hamilton	38	25
South East Grey Community Health Centre	10	0
Halton Region	9	0
Huron County	22	0
Wellington-Dufferin-Guelph	32	0
Ottawa	47	25
Niagara Region	23	0
Kingston, Frontenac, Lennox and Addington Counties	28	0
Durham Region	21	0
Sudbury	13	0
London Community Resource Centre	4	0
Total	247	50

Table 6. Comparison of the number of active CFAs for 2008, 2009, and 2013

	2008	2009	2013*
Active CFAs	285	304	247

*Note: The total number of respondents varied for the years specified. In 2008 n=14, 2009 n=12, and for 2013 n=12

Volunteer Hours: In 2013, a total of 5,139.25 volunteer hours were completed, most of the hours (31%) were spent on direct service related activities.

Table 7. Total number of volunteers hours accumulated, by activity**

Volunteer Activity	Hours	Percentage
Direct service provision	1,590.75	31%
Travelling	1,092	21%
Preparing for service/cleanup	1,062	21%
Education updates	674.5	13%
Resource development	400	8%
Other activity	320	6%
Total	5,139.25	100%

**Note: Volunteer Activity Hours may be lower due to missing data (n=3 for this question)

Figure 2. Summary of the percentage of volunteer hours spent by activity type

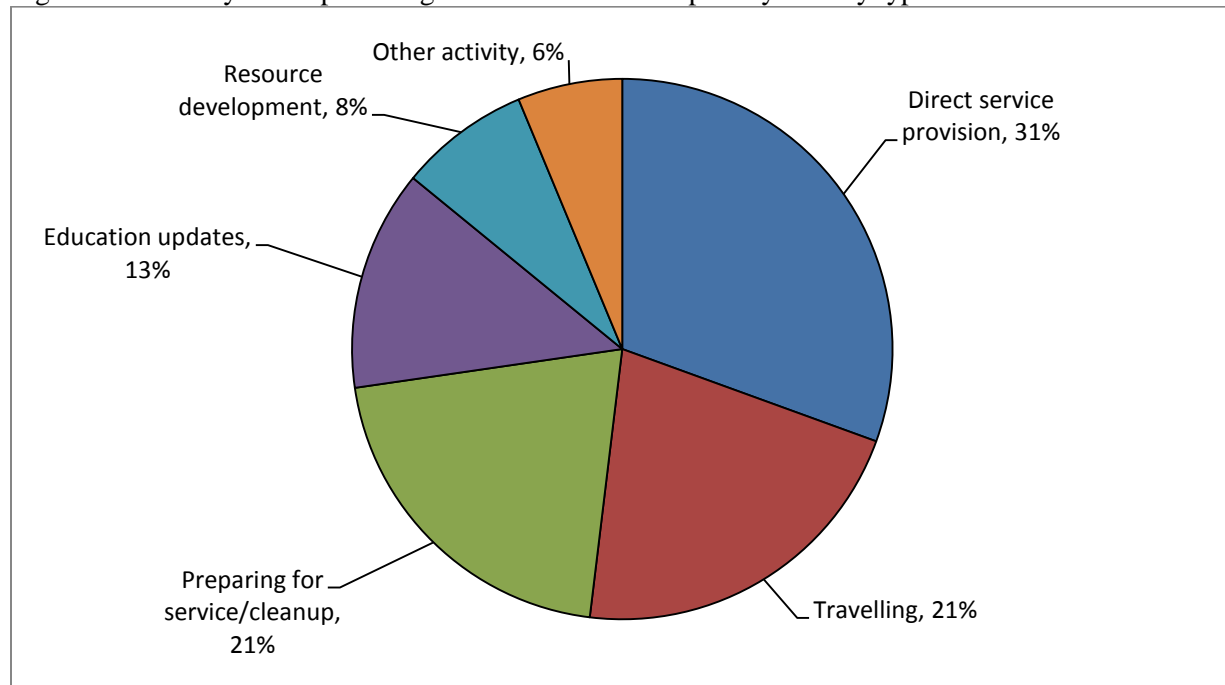


Table 8. Comparison of total volunteer hours accumulated for 2008, 2009, and 2013.

	2008	2009	2013**
Volunteer Hours	13,532	15,064	5,139.25

**Note: Volunteer Activity Hours may be lower due to missing data (n=12 for this question)

Types of Service: In 2013, a total of 773 services were completed. The most prominent service was “one-time presentations”. Examples of ‘other services’ included participating in a supermarket tour, soup competition, packing a good food box, resource development and other nutrition related activities.

Table 9. Total number of services offered by type

Type of Service	Number	Percentage
Presentation (1 time):	248	32%
Presentation + Food Demonstration (1 time):	166	21%
Display	66	9%
Taste Test Booths:	62	8%
Cooking Workshop/Cookshop (eg. canning at a community kitchen event)	63	8%
Presentation + Food Demonstration (series of 2 or more)	51	7%
Cooking Workshop/Cookshop (series of 2 or more eg. Basic Shelf Course)	57	7%
Other Services	34	4%
Presentation (series of 2 or more)	26	3%
Total	773	100%

Table 10. Comparison of total number of services offered for 2008, 2009, and 2013

	2008	2009	2013*
Total Services	881	817	773

*Note: The total number of respondents varied for the years specified. In 2008 (n=14), 2009 (n=12), and for 2013 (n=10)

Topics Covered: In 2013, the most frequent topic covered by CFA’s was *Healthy Eating*, followed by *Safe Food Handling/Food Safety and Food Shopping/Budgeting*. Examples of ‘other topics’ included: canning/preserving, food labelling, baby food making, basic cooking for adults, local/seasonal eating, community kitchens and topics under the ‘Cookstruction’ cooking program (Let’s Cook cooking program) etc.

Table 11. Total number of topics covered/health promotion services offered

Topic Covered	Number	Percentage
Healthy eating (includes focus on a specific food group or nutrient)	434	52%
Safe food handling/food safety	135	16%
Food shopping/budgeting	128	15%
Healthy Eating for Healthy Aging	59	7%
Cooking Basics for Kids	51	6%
Other topics	21	3%
Total	828	100%

In 2008/2009 the most popular topic was *Healthy Eating*, followed by *Basic Cooking*.

Number of People Reached: The most number of people reached are in the mixed age group (39%), this is consistent with 2008/2009 where the most number of people reached were also in the mixed age group (41%, 46%, respectively).

Table 12. Total number people reached, by age group.

Age Category	Number	Percentage
Kids (12 and under)	3,399	16%
Teens (13-19)	1,602	7%
Adults (19-65)	6,933	32%
Older Adults (over 65 years)	1,302	6%
Mixed Age Groups	8,441	39%
Total	21,677	100%

Table 13. Comparison of total number of people reached for 2008, 2009, and 2013

	2008	2009	2013**
Total Reached	47,841	39,601	21,785

**Note: Volunteer Activity Hours may be lower due to missing data (n=13 for this question)

Resignations:

- There were a total of 27 resignations reported in 2013. Nineteen were due to life changes, five were due to the volunteer moving, two were due to lack of enjoyment in volunteering and one resignation was due to time constraints.
- The total number of resignations has decreased in 2013 compared to 2008/2009, where the number of resignations was 45 and 35, respectively.

Table 14. Comparison of reasons for resignation for 2008, 2009, 2013*

Reason	2008	2009	2013**
Life Changes	36	31	19
Concern over how program is run	2	2	N/A
Did not enjoy volunteering	1	2	2
Volunteer moved	4	4	5
Too much time required	4	1	1
Other	4	N/A	N/A

*For some respondents more than one reason was provided

**Note: The total number of respondents varied for the years specified. In 2008 (n=14), 2009 (n=12), and for 2013(n=10)

Partnerships Developed:

Huron County reported the creation of a new partnership with the School Health Team within Huron County Public Health Unit. The School Health Team further marketed the CFA program within their Healthy Schools programs. Additionally, they have been partnering with a seniors program to work on a senior-peer education initiative to better meet the range of needs among this group (as some continue to shop and eat at home, some need Meals on Wheels, and others continue to dine out frequently).

Sudbury reported a new partnership through initiating dialogue with a new community agency (Transitional House) that services clients who were homeless or on the road to homelessness. Discussions were around delivery of hands on cooking session for clients attending their program. Additionally, Sudbury reported delivering the topic of food preservation as part of a science series and working to deliver information on baby food making using seasonal produce with their local food co-op.

KFLA reported a new partnership with 'Vim & Vigor' (a senior's organization) where they partnered for Healthy Eating and Aging presentations around the city. They also reported partnerships with two adult education centres and home based housing.

Elgin-St.Thomas indicated that pending decisions regarding the future directions and support for the CFA program beyond 2013/14 their health unit would like to consider approaching their local Community Health Centre to further explore whether collaborating would be helpful to maintain an active and stronger program in their community moving forward.

Part 3: Other Comments

Highlights

Overall, many of the respondents commented on the high level of enthusiasm and engagement of their volunteers to be a major highlight of implementing the CFA program. The confidence and capacity of the volunteers is very valuable to the communities they serve. In addition, having trained new recruits and graduates were considered highlights for this year as well as being able to reach out to more individuals attending various events and provide consistent messaging with improved outreach. Some unique highlights include:

Sudbury has currently been working with many different high risk groups (e.g. mental health survivors, addictions clients, physically/mentally challenged clients, etc.) as well as clients in rural catchment areas (e.g. food bank staff, farmer's market attendees, etc.). Other highlights from *Sudbury* included food skills training with a chef, the CFA Service Recognition Awards held for all volunteers at the health unit, holding training meetings that involved testing the 'Cooking Basics for Adults' and 'Raising the Bar' recipes as well as providing Basic First Aid + CPR A training in February.

Ottawa has increased its participation in local food markets and Good Food Markets, which are organized by the Poverty and Hunger Working Group of Ottawa in the past year. There has been participation in the Ottawa Public Health Events, including Ottawa Health Day and the Healthy Eating Active Living Forum. In addition, the CFA program had received media coverage with a collection of recipes distributed throughout the city. There were two media requests after graduation of twenty-five new trainees, which included being videoed at a Good Food Market to promote the CFA program.

Huron had conducted a successful series for young mothers that was well received in their community. Their site was able to duplicate this model for social service groups as well as a parenting group for Dads. Through word of mouth, *Huron* has maintained 200% growth in their CFA program for the period from 2009 to 2012 and are currently at capacity. Their social services clients have appreciated the placements provided and have supported their program through funding. *Huron* has further extended their reach into schools by partnering with their Healthy School Team.

Kingston-Frontenac-Lennox & Addington Counties also launched some new programs, building on the CFA program content, including Let's Cook – Cooking Basics for Adults, a slow cooker series and curriculum based CFA school modules.

Additional Resources

The majority of respondents commented on the need to update and maintain the training modules and presentation kits on an ongoing basis (e.g. possibly condensed training to support a greater number of CFAs). Respondents indicated that a ‘train the trainer’ style approach for CFA training and inclusion of important key messages as appropriate, such as the names of legislation related to healthy eating. There was also interest in supporting a ‘blended’ model of learning where some of the CFA training could be provided online to improve accessibility in addition to the practical component. Improved online access to CFA resources and information sharing amongst sites was also suggested. In terms of program coordination, an annual in-person CFA Coordinators meeting and allowing for occasional teleconferences to be chaired by CFA Coordinators was suggested to allow for more practice focused knowledge exchange and updates. Regular teleconferences and provincial updates to all materials, resources and the CFA website were suggested as essential program components.

Other needs that were raised included: funding for program related miscellaneous expenses such as mileage for the CFAs, mobile demonstrations, training and educational updates; the availability of Registered Dietitians for program implementation, as well as greater opportunity to network with CFAs across the province. Several respondents indicated that having a conference for CFAs would be useful for sharing of ideas, lessons learned and resources as well as helping CFAs feel valued for their contribution, allowing for a broader perspective of the program and its impact on the community.

Finally, providing more simplified, relevant, and improved performance metrics was mentioned by some respondents to allow for more succinct and accurate data reporting. Additionally, one respondent was interested in the development of an updated format for data collection such as a matrix so information could be reported using a different method to improve collation of performance metrics.