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Food, Fitness and Families Project

SUMMARY REPORT

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Food, Fitness and Families Project Summary

Introduction

The goal of the Food, Fitness and Families (FFF) Project was to create a culturally relevant type 2 diabetes prevention program for First Nations populations. The project was made possible through the Canadian Diabetes Strategy by a grant to the Centre for Healthy Weights – Shapedown BC from the Public Health Agency of Canada. Our approach followed two of several recommendations by National Aboriginal organizations in the 2005 integrated Pan-Canadian Healthy Living Strategy that; 1) Aboriginal communities need to be involved at all levels in any healthy living strategy, and 2) any program design must be open and flexible (not prescribed), to support community control. Guided by these recommendations, this summary will highlight our four project objectives and their outcomes. A one page overview can be found on page 8.

Objectives 1 and 2

- Establish a formal link with First Nations communities for collaborative development and coordination of healthy living initiatives with recognition of strengths and gaps within each community.
- Establish a relationship with a community that may serve as a model for others.

Outcomes

In July of 2013, we set out to deepen our relationships with our pre-existing contacts at the Sechelt Indian Band, the Sliammon First Nation, and the Tillicum-Lelum Aboriginal Health Centre in Nanaimo. A fourth off-reserve community, the Vancouver Aboriginal Friendship Centre (VAFC) was added later in the project. A total of seven in-person community meetings were held that resulted in the establishment of formal links with Sechelt, Sliammon and the VAFC.

At this time, we also met with experts in the area of childhood obesity, healthy living, and First Nations Health from the University of Victoria and Simon Fraser University. Following these meetings, partnerships were formed with SCOPE (Sustainable Childhood Obesity Prevention through Community Engagement), Action Schools BC, LEAP Decoda, and the First Nations Health Authority (FNHA).

Objective 3

- Establish a model of early intervention for high-risk families

Outcomes

After speaking with community representatives, experts and our partners, together with our community partners, we chose to develop a program to promote SCOPE's Live 5-2-1-0 message for raising children with healthy weights.

- ✓ Enjoy - **5** servings of vegetables and fruits a day;
- ✓ Power down – no more than **2** hours of screen time a day;
- ✓ Play actively – at least **1** hour everyday; and
- ✓ Choose healthy - **ZERO** sugar-sweetened drinks.

We held workshops and focus groups in Sechelt (21 participants) and Sliammon (13 participants) in August and September 2013 that included participation from parents, children, elders, and practitioners. The workshops introduced activities and resources that could be utilized in a community healthy lifestyles program. Focus group participants gave us feedback about the activities presented, other activities they desired, and what

types of programming would be suitable in their communities. With this feedback, we began researching and gathering information and resources to develop a loosely structured program relevant for First Nations parents and caregivers with young children.

Pilot programs were run in two communities over six sessions. After a healthy snack, each week consisted of a main activity focused on a Live 5-2-1-0 theme, a family focused closing activity, and a shared lunch. Specific information from each program follows.



Tla A'min (Sliammon) Pilot Program - February to April 2014

Our first pilot Food, Fitness and Families program began in Sliammon on February 11th, 2014 at the Childhood Development Centre. There are just over 1000 people living on the Tla A'min Reserve, located 12 km North of Powell River, BC.

The program was co-facilitated with the Early Childhood Co-ordinator. We also had assistance from the Centre's cook. Support from the Community Health Nurse and the Director of Early Childhood Programs was integral to the success of the program. In total, 11 mothers/grandmothers/caregivers with an average age of 32 years, attended the program. Children were invited to attend alongside their mothers, but their presence was not mandatory. Participation frequency ranged from 1 out of 6 sessions, to attendance at all 6 sessions, with an average attendance rate of 43% of the total sessions. The program ran over 8 weeks due to Spring Break and inclement weather that resulted in road closures. Debriefing meetings with staff, and walking meetings with parents, gathered feedback after each session to ensure that the communities' needs were met throughout the duration of the program.

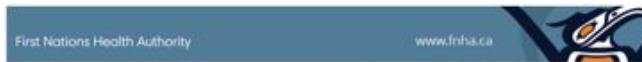


Vancouver Aboriginal Friendship Centre Society Pilot Program - April to May 2014

The second pilot program started April 22nd, 2014 at the Vancouver Aboriginal Friendship Centre. The centre services over 40,000 urban Aboriginal People in the Greater Vancouver Regional District. The program was run out of the Family Centre, co-facilitated by the Family Program Co-ordinator and supported by the Centre's Executive Director.

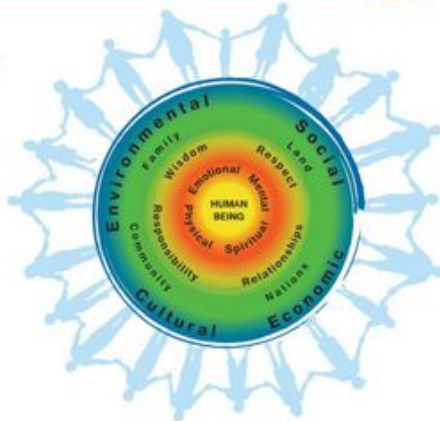
In total, 8 mothers/grandmothers with an average age of 34 years attended the program. Participation ranged from 1 out of 6 sessions, to attendance at all 6 sessions, with an average participation rate of 63%. The program ran for 5 consecutive weeks, with the 6th celebration session occurring as a dinner in the 5th week. Each week the program lead met with the co-facilitator to shop for food and to discuss the session ahead. A follow-up phone call gathered further feedback about each session to ensure that the Centre's needs were met.

Respecting Traditions



First Nations Perspective of Wellness

- A visual expression of the First Nations Perspective on Wellness – the way it has always been.
- Passed down from our Elders and traditional healers.
- Wellness belongs to every human being and their reflection of this Perspective will be unique.



Informed by the Perspective on Wellness Wheel (created by the First Nations Health Authority), Food Fitness and Families aims to promote healthy living by helping participants to take responsibility and have respect for the self, for others, for traditions and the land.

Some examples of how the program integrated aspects of the Wellness Wheel include:

The Human Being

Attendance of parents and their children at the program sessions demonstrated individual accountability for health and wellness.

Emotional, Mental, Spiritual, Physical

The program not only focused on nutrition and physical activity, but also incorporated aspects of family to promote the notion of balance between emotional, mental, spiritual and physical health.

Respect, Relationships, Responsibility, Wisdom

Giving the opportunity for parents to be leaders each week allowed them to take responsibility for their own learning while sharing their newfound wisdom with others.

Community, Family, Land, Nations

Each session focused on family and community supports for healthy living, such as encouraging family activities, eating meals together and providing non-food rewards.

Environmental, Social, Cultural, Economic

At each session, we made every effort to include Elders, traditional foods, opportunities for traditional language learning, and promotion of outdoor activities such as walking and a scavenger hunt.



Summary of changes to Awareness, Understanding, and Behaviours

Table 1. At the **community level**, participation in the Food, Fitness and Families program resulted in increased **awareness about healthy living messages**.


	Are you seen messages in your community about:	% of group YES responses PRE-Program Participation	% of group YES responses POST-Program Participation
	How many fruits and vegetables your child should be eating each day?	67%	80%
How much time your child should spend on screen time (TV watching, computer use, video games)?	46%	50%	
How much exercise and active play your child should be getting each day?	50%	60%	
How many sugar-sweetened drinks such as pop or juice your child be drinking each day?	46%	70%	

Table 2. At the **individual level**, there were positive changes in those reporting improvements in health **understanding**.

Individual level understanding about:	% of negative changes from Pre-to-Post Program Participation	% of positive changes from Pre-to-Post Program Participation	% with no changes from Pre-to-Post Program Participation
How many fruits and vegetables do you think your child should eat each day?	25%	0%	75%
How much time do you think your child should spend watching TV, on the computer, and playing video games each day?	38%	38%	24%
How much time do you think your child should spend getting exercise or playing actively each day?	25%	25%	50%
How many sugar-sweetened drinks such as pop, juice and energy drinks do you think your child should drink each day?	14%	14%	72%

Overall, understanding did not result in remarkable changes from individual participants. The negative changes could have resulted from a greater awareness of the message, or a misunderstanding of the question asked because, as we observe from the next table, positive behavioural changes occurred at the individual level.

Table 3. At the **individual level**, there were positive changes in those reporting improvements in **health behaviours**.

Child's behaviour as reported by parent:	% of negative changes from Pre-to-Post Program Participation	% of positive changes from Pre-to-Post Program Participation	% with no changes from Pre-to-Post Program Participation
How many fruits and vegetables does your child eat each day?	0%	50%	50%
In total, how many hours per day does your child watch TV, use the computer, and play video games ?	29%	14%	57%
How many days per week is your child physically active , outside of school time, for at least 60 minutes?	38%	13%	50%
How many cups, cans, or bottles of juice, pop, sports drinks, energy drinks, or other sweetened drinks (like ice tea or lemonade) does your child drink per day?	13%	13%	75%

There was a positive behavioural change reported by the parent regarding their child's consumption of fruits and vegetables. Half of the parents reported an increase, while the other half reported no change in the number of servings of fruits and vegetables eaten per day. Negative changes were also reported, however, with 29% percent reporting that their child increased their screen time per day, and 38% reporting a decline in the number of times their child was physically active in a week.

The changes observed in both the community and at the individual level are positive overall. We had a low response rate for the survey that decreases the reliability of the results. Program surveys are rarely popular activities, but particularly for this population, alternate methods of collecting the information, such as one-on-one interviews or reading the questions aloud, should be considered.



Objective 4

- Establish a template for the process and content of a model of early intervention for high risk families that is sustainable and transferable

Outcomes

Food, Fitness and Families is a program designed to be implemented out of pre-existing parent/family groups. Each week participants have the opportunity to volunteer to be a parent leader, assisting the facilitator(s). This process provides leadership opportunities and contributes to increasing community capacity. Developing and piloting the program in two communities provided us with content and feedback to produce a draft facilitator manual. This draft manual was then used in a Facilitator Training Workshop, held on June 9th, 2014.

Train the Trainer - Facilitator Training Workshop

Representatives from seven communities attended the workshop, taking on the responsibility to offer the Food, Fitness and Families program within six months of the training session. Based on the workshop evaluation, 85% of the participants rated the content of the program and the activities as very good to excellent. Trainers were enthusiastic and excited to run the program in their communities. The recipes and hands-on cooking demonstrations, LEAP/HOP session led by Action Schools! BC and the Facilitator binder were some of many highlights from the day.



Facilitator Manual and Family Workbook



A Facilitator Manual and Family Workbook were developed based on the materials and feedback from the Sliammon and Vancouver Aboriginal Friendship Centre pilot programs and additional feedback from the Facilitator Training Workshop attendees.

The Facilitator Manual was developed to provide information and support for Facilitators, while allowing for flexibility in the delivery of materials and messages to suit the needs of the community.

The two pilot communities as well as new communities that participated in the Facilitator Training Workshop were provided with a Facilitator Manual and 10 Family Workbooks. Additional manuals and workbooks have also been printed for communities that have expressed interest in the program.

Next Steps

We have a website (<http://www.foodfitnessfamilies.ca>) and a Facebook page (www.facebook.com/FFFInBC) where we post program related tips and news. We are actively recruiting new communities and have plans to host another facilitator workshop. Please contact the Project Lead, Ann Yew for more information.

**Thank you for your interest, participation, and feedback.
You've helped us make this program a success!**

Live 5-2-1-0 song
(to the tune of Twinkle Twinkle Little Star)



♪ Five fruits and vegetables every day,
Only two hours of screen time, then go out and play.
One hour of exercise to help me on my way,
Zero sugary drinks – let's all shout hooray!
5-2-1-0 is the way to be, a very healthy and happy ME! ♪

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Food, Fitness and Families Project – Summary of Objectives and Outcomes

Objectives	Actions	Outcomes	Success Indicator
1. Establish a formal link with First Nations communities for collaborative development and coordination of healthy living initiatives with recognition of strengths and gaps within each community.	Established formal links with First Nations communities for collaboration: Sechelt Indian Band, Sliammon First Nation, the Tillicum-Lelum Aboriginal Health Centre in Nanaimo, and the Vancouver Aboriginal Friendship Centre (VAFC) was added later in the project.	Increased knowledge and experience for development of program, consulted communities and various experts, and strengthened relationships with all partners.	Communities were eager to meet, build relationships and participate in the program.
2. Establish a relationship with a community that may serve as a model for others.	Established relationships with 2 First Nations Communities for pilot program development and implementation (Sliammon and the VAFC)	Health champions and role models were designated by the Sliammon First Nation and Vancouver Aboriginal Friendship Centre.	Leaders were trained to train others to run the program and can advocate for healthy living.
3. Establish a model of early intervention for high-risk families	Developed a type 2 diabetes prevention program to promote healthy living habits for families by teaching concepts from the Live 5-2-1-0 message (increasing fruit and vegetable intake, decreasing screen time, increasing physical activity and eliminating sugary beverages).	Improved awareness around health behaviours in communities that implemented the program and in program trainers.	Attendance in initial program planning was high with workshops and focus groups in Sechelt (21 participants) and Sliammon (13 participants). The Sliammon pilot project had a high number of overall attendees, with 11 mothers/grandmothers/caregivers- average age of 32 years, attended the program. The Vancouver Aboriginal Friendship Centre had a higher frequency of attendance than the Sliammon pilot. 8 mothers/grandmothers- average age of 34 years, attended the program.
4. Establish a template for the process and content of a model of early intervention for high risk families that is sustainable and transferable.	Established a template for a model of early intervention for high risk families that is sustainable and transferrable by creating a Facilitator Manual and Family Workbook for future communities to run the program.	Increased community capacity with facilitator manual, a family workbook, and train the trainer workshop.	8 future FFF Facilitators attended the Training Workshop from 7 different communities (Sechelt, Sliammon, Squamish North and Squamish Vancouver, Sto:lo Nation, City of Abbotsford, Vancouver Aboriginal Friendship Centre). Facilitator Manuals and Family Workbooks were distributed to these communities and additional manuals and workbooks are available for future interested communities.