

ENVIRONMENTAL SCAN OF FOOD SKILLS PROGRAMING IN THE DISTRICT OF NORTH BAY

Background

Food skills means more than cooking or being able to follow a recipe. In Ontario, public health defines it as a set of skills which includes:

- **Knowledge:** Our understanding of what is in the food we eat, where food comes from, how to read a food label, how different foods go together in a healthy way, and how to handle and store food safely.
- **Planning:** How we go about planning and preparing meals: when or what to make; where to get ingredients; what tools and appliances we need; how much money we need; putting it all together; and making time to eat and enjoy the food.
- **Conceptualizing:** How we improve recipes and make good use of leftover food.
- **Mechanical Techniques:** How we use different tools and techniques for cooking and storing.
- **Food Perception:** How we use our senses: the texture and taste of the food; the flavouring of the food; and if the food is safe and ready to eat.



Purpose

The purpose of this environmental scan is to provide dietitians at the North Bay Parry Sound District Health Unit (Health Unit) with an understanding of the programs and resources that are being utilized within North Bay to address food skills development in the community.

Methodology

An *Environmental Scan of Food Skills Programing Facilitator's Guide* was developed by Health Unit staff to explore the food skills practice and perceptions among organizations in the city of North Bay. Staff from fourteen organizations in the city of North Bay were interviewed about their food skills programming by Health Unit staff between November 2015 and January 2016. A thematic content analysis of the qualitative data was performed using QSR NVivo10 software.

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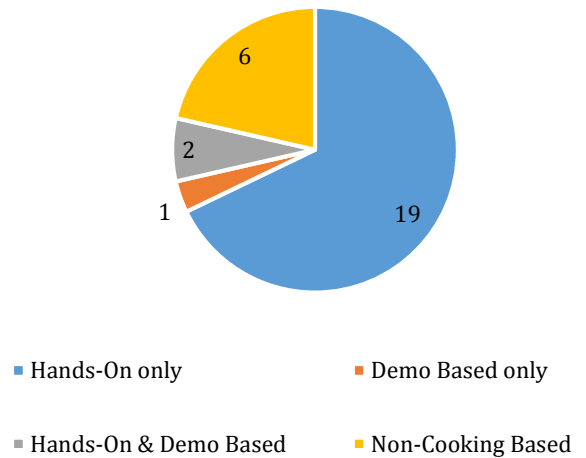
Findings

FOOD SKILLS PROGRAMS IN DISTRICT OF NORTH BAY

Fourteen organizations in the city of North Bay were interviewed about their food skills programming. These organizations collectively facilitate twenty-eight individual programs they self-identified as pertaining to food skills, which include:

- *Hands-On Only:* These program had participants actively partake in the preparation and cooking of food
- *Demo-Base:* These programs had the instructor demonstrate how the food was prepared, with no active participation in preparation or cooking of food by the participants
- *Hands-On & Demo Based:* These programs had components that were demo-based and some components that were hands-on.
- *Non-Cooking Based:* These programs had no food involvement. They revolved around discussion of food and nutrition topics.

Figure 1. Approach to Food Skills Program



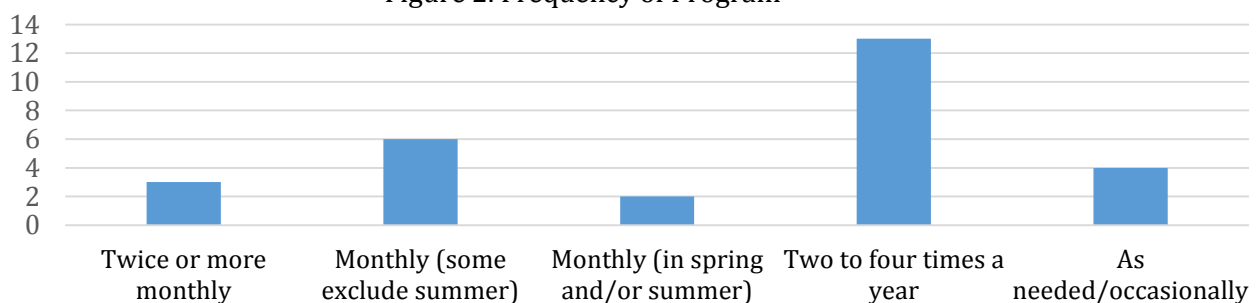
Of the 28 programs, 19 (67.9%) were identified as being hands-on, one (3.6%) was identified as being demo based, two (7.1%) include elements of demo and hands-on approaches, and six (21.4%) involve non-cooking based food skills development (see Figure 1).

Within the 22 (78.6%) programs that include some form or food preparation, many included a variety of nutrition components, such as creating a grocery list, budgeting, reading nutritional labels, following a recipe, and safe food preparation. Some programs explore additional topics such as healthy substitutions, how to introduce new foods, and portion control. The six (21.4%) programs that do not include food preparation, may include some or all of the related nutrition content and have a more specific focus such as budgeting or food label reading.

FOOD SKILLS PROGRAM ADMINISTRATION

Programs were reported as being run with varying frequency, although the greatest number of programs took place two to four times a year (n=13; 46.4; see Figure 2).

Figure 2. Frequency of Program



Of the 28 programs, 24 (85.7%) do not charge a fee to participants, however several programs require a membership with the organization. Of the four (14.3%) programs that do, the cost ranges from one to five dollars.

The cost for the organization to run the program varies depending on the frequency of the sessions and the content (e.g. groceries for food preparation).

FOOD SKILLS PROGRAM CONTENT

Of the 28 programs, eleven (39.3%) are based on an established curriculum and 17 (60.7%) are not (see Figure 3).

Among those that are not based on an established curriculum or program, 14 (82.4%) use an informal structure in which the curriculum is created by staff and the content is primarily (though not exclusively) based on client interests, requests and need. Three (17.6%) use a formal structure and follow defined objectives for course outcomes, based on a secondary school nutrition course or staff course.

Figure 3. Use of Established Curriculum or Program

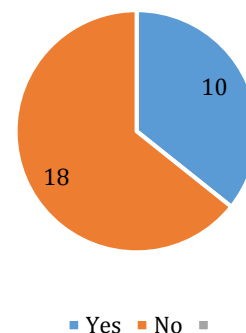
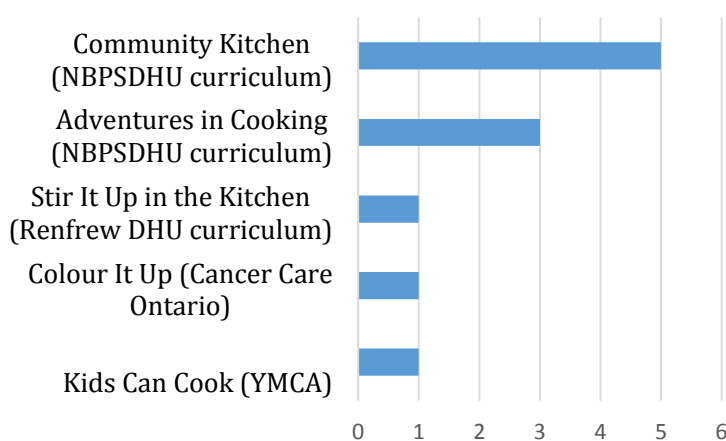


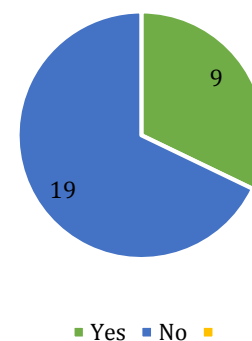
Figure 4. Established Curriculums and/or Programs Used



Of the eleven programs that are based on an established curriculum, five (45.5%) follow the Health Unit's *Community Kitchen* program and three (27.3%) use its *Adventures in Cooking* program (see Figure 4). Four of these eleven programs (36.4%) have been adapted to accommodate participant interests, likes, and activities (e.g. if participants do not shop for their groceries, this discussion is eliminated from the curriculum).

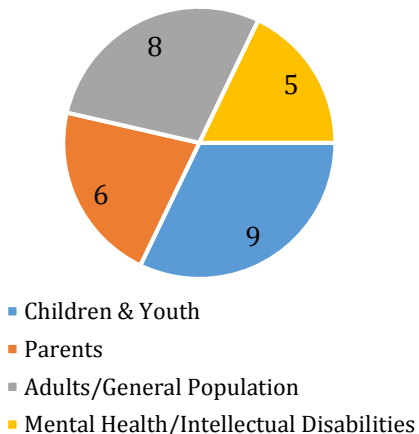
Figure 5. Food Safety Program Component

Of the 28 programs, nine (32.1%) include a food safety component and 19 (67.9%) do not beyond the integration of handwashing during food preparation (see Figure 5). Food safety programs were described as including elements such as food storage, thawing meat, cooking and fridge temperatures, cleaning and sanitizing your cooking workspace, preparing food, knife safety, food expiration, and eating safely during pregnancy.



FOOD SKILLS PROGRAM PARTICIPANTS

Figure 6. Intended Program Participants



Of the 28 programs, nine (32.1 %) are intended for children and youth, six (21.4 %) are intended for parents, eight (28.6 %) are intended for adults/general population and five (17.6 %) are intended for people with intellectual disabilities or dealing with mental health issues (See Figure 6).

Twenty-four (85.7%) programs are attended by their intended population.

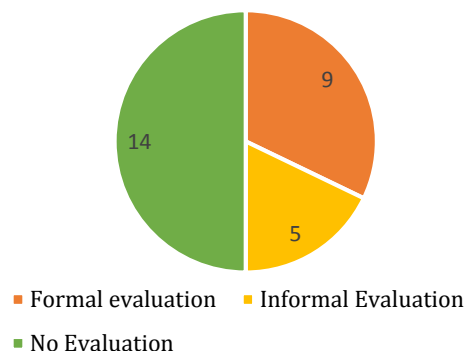
Participants of twenty-one programs (75.0%) require a membership in, or registration with, the affiliated organization. Seven programs (25.0%) are open to anyone in the community, however four of these programs tailor their focus and marketing to a specific audience.

When asked how often program capacity is reached, 18 (64.3%) reported they always or almost always do.

FOOD SKILLS PROGRAM EVALUATION

Of the 28 programs, 14 (50.0%) evaluate the impact of their food skills program. Among them, nine (64.3%) use a formal approach (e.g. survey) and five (35.7%) use an informal approach (e.g. post session discussion; See Figure 7). Fourteen programs (50.0%) do not implement any form of evaluation.

Figure 7. Evaluation of Program Impact



FOOD SKILLS PROGRAM STAFFING

Programs are implemented by staff, volunteers or a combination. Seventeen (60.7%) are run exclusively by staff, one (3.6%) is run by a volunteer, and ten (35.7%) are run by staff and volunteers. Staff and volunteer responsibilities were similar at every organization (see Table 1).

Table 1. Staff and Volunteer Responsibilities

Staff Responsibilities	Volunteer Responsibilities
<ul style="list-style-type: none"> Program coordination and facilitation Menu and/or activity planning Grocery shopping Leading food preparation Facilitating engagement Book the sessions and facilitate marketing (select program) 	<ul style="list-style-type: none"> Assisting with food preparation Cleanup Program facilitation Client supervision. <p>*In the case of the program run solely by a volunteer, responsibilities extend to program planning and facilitation</p>

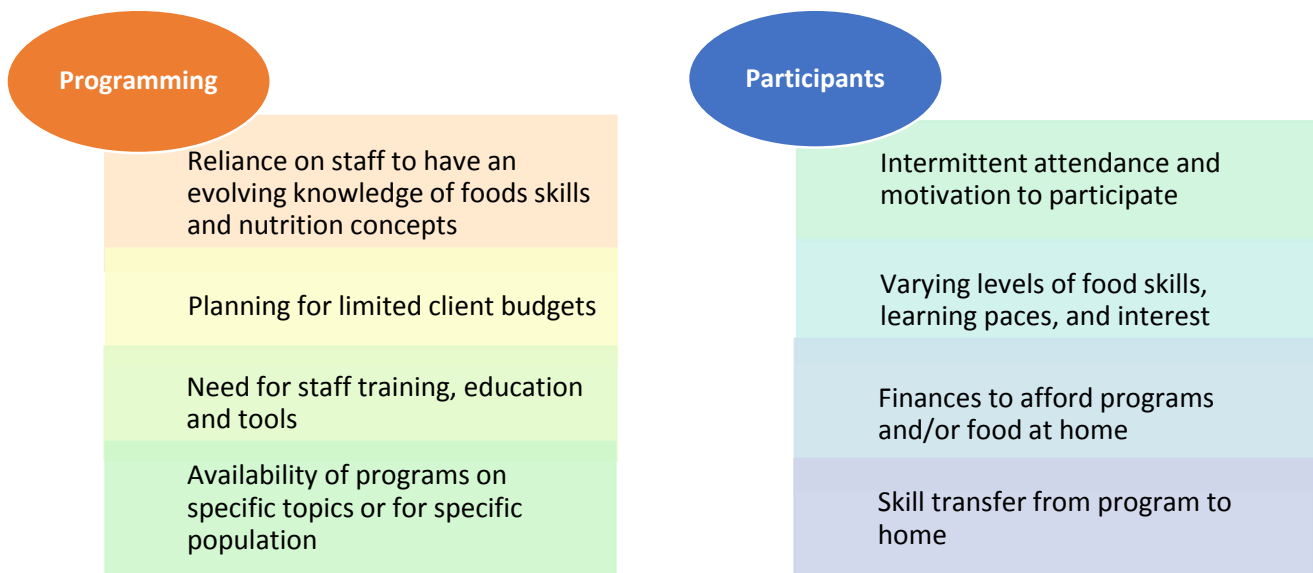
Of the 27 programs that include staff in their implementation, 13 (48.1%) reported having received formal training in food skills programming (e.g. Adventures in Cooking, Community Kitchen) while 14 (51.9%) have not. Seventeen (63.0%) of these programs are led by staff who are in receipt of their safe food handling certificate, and ten (37.0%) are not.

Of the 11 programs that include volunteers in their implementation, three (27.3%) reported having received formal training and eight (72.7%) have not. Three (27.3%) of these programs include volunteers who are in receipt of their safe food handling certificate and eight (72.7%) are not.

GAPS, CHALLENGES & COLLABORATION

When participants were asked about the major gaps and challenges when planning, implementing and evaluating a food skills program, suggestions pertained to both programming and participants (see Figure 8).

Figure 8. Gaps and Challenges Associated with Programming and Participants



Respondents reported a future interest in:

- Food banks offering community kitchens or a cooking class to provide recipes, resources and a learning opportunity to their clients;
- Learning about grants that are available for funding food programs and the possibility of partnering with other organizations to complete an application; and
- Coordination of community kitchens with *Good Food Box* dates with the intent to facilitate greater collaboration between community organizations.


Twelve (85.7%) of the organizations expressed a need for greater partnership and collaboration and cited examples of past or current success through collaboration. Ideas included regular network meetings, staff training sessions, and sharing activity ideas and knowledge.


Limitations


Limitations that were identified during our research were mainly related to capacity. To keep the scope of the scan manageable, schools were not approached for this environmental scan. Future plans are to include schools in their own environmental scan. There may be additional organizations that were not reached, yet may offer food skills programming to our community.


To both address issues related to staff capacity, multiple staff persons at the Health Unit were involved in the collection of data. With more than one individual responsible for collecting data it is likely that despite a comprehensive facilitator's guide, prompts and follow-up with participants will be inconsistent, resulting in different level of response. The staff collecting data worked closely together to try to keep the interviews as consistent as possible. Responses were verified with the interviewers for accuracy during analysis.


Key Findings


-  Over half of the existing programs are not based on an established curriculum. A health unit resource is the source for most of programs that are based on an established curriculum.


-  Most of programs include a food preparation component with differences in the other content.


-  Nearly three-quarters of the programs do not include a food safety component.


-  The greatest number of programs are intended for children & youth.


-  The majority of available programs require a membership or registration with the affiliated organization.


-  Program capacity is reached by two-thirds of current programs.


-  Evaluation is used by half of current programs.


-  Program staff are responsible for coordination and facilitation of food skills programming at nearly every organization.

-  Over half of the staff involved in program coordination and facilitation have received formal food skills training.

-  Over half of the staff involved in program coordination and facilitation have their safe food handling certificate. The majority of volunteers do not.

-  There is perceived need for improved communication and collaboration among organizations that offer food skills programming.

-  Challenges identified by staff include: motivating clients to participate, structuring programs to suit client interests, client and program budget and skill transfer.

-  Gaps in programming include staff education and program availability for specific topics and the general populations.

Future Considerations

1. Make the Health Unit available to provide train-the-trainer sessions as needed to community organizations.
2. In collaboration with other organizations, develop and distribute program evaluation templates for adaptation and use by organizations that would like to use the resource.
3. Support organizations who have staff/volunteers who do not have their food handler certificate by providing opportunities to make the certification more accessible (e.g. assist with funds for training).
4. Consider how to best create and communicate opportunities to use the kitchen space in the new Health Unit building.
5. Identify ways to provide food skills programming to populations at risk that may not be offered programming. Identify the gap and who is best suited to address this gap.
6. Strategize an approach for collaboration and communication among organizations delivering food skills programming. Create a shared vision for food skills in our community.
7. Identify the essential components of a food skills program and provide program templates to organizations that request more support to develop their food skills program. Provide examples of how to include more food safety content in food skills programming.
8. Explore options for supporting and optimizing the programming available in the community through opportunities such as a Community Food Advisor program and the Good Food Box.
9. Explore opportunities to overlap programs that may target similar participants.
10. Explore why capacity is not being reached by one-third of programs.

