

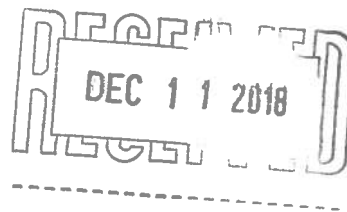
From: Rachelle Cote <coter@timiskaminghu.com>
Sent: Tuesday, October 9, 2018 3:31 PM
To: City of Temiskaming Shores; Town of Cobalt; Town of Englehart; Town of Latchford; Township of Armstrong & Thornloe; Township of Brethour; Township of Casey/Hudson/Harley/Kerns; Township of Chamberlain; Township of Coleman; Township of Eanturel; Township of Gauthier; Township of Harris; Township of Hilliard; Township of James; Township of KL; Township of Larder Lake; Township of Matachewan; Township of McGarry; Vacant Clerk; Township of Charlton & Dack
Subject: THU Board Correspondence
Attachments: Board Minutes-Set.5.18.pdf; Item 9a - Community Influenza Vaccine Program 2018-2019.pdf; Item 9b - Active Outdoor Play Position.pdf; Item 9c - Diabetes Prevention Project.pdf

Good afternoon, the following correspondence is attached for information:

- Board of Health Minutes (September 5, 2018)

Other items of interest:

- Community Influenza Vaccine Program 2018-2019
- Active Outdoor Play Position
- Diabetes Prevention Project



File ☒ Incoming ☐ Other
 Mayor ☐
 Council ☒ I ☐ A
 CAO ☒
 Building ☐
 Finance ☐ S ☐ C
 Ec Dev ☐ S ☐ C
 Parks & Rec ☐ S ☐ C
 Planning ☐ S ☐ C
 Public Wks ☐ S ☐ C
 PPP ☐
 Social Services ☐
☐ _____
☐ _____

For distribution as appropriate. Thank you!

Rachelle Côté

Executive Assistant

Secretary to the Board of Health

Timiskaming Health Unit

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MINUTES

Timiskaming Health Unit Board of Health

Regular Meeting held on September 5, 2018 at 6:30 P.M.

New Liskeard – Timiskaming Health Unit Boardroom

1. The meeting was called to order at 6:40 p.m.

2. **ROLL CALL**

Board of Health Members

Carman Kidd	Chair, Municipal Appointee for Temiskaming Shores
Tony Antoniazzi	Vice-Chair, Municipal Appointee for Town of Kirkland Lake
Mike McArthur	Municipal Appointee for Temiskaming Shores
Jesse Foley	Municipal Appointee for Temiskaming Shores (<i>teleconference</i>)
Merrill Bond	Municipal Appointee for Township of Chamberlain, Charlton, Ewanturel, Hilliard, Dack & Town of Englehart
Jean-Guy Chamaillard	Municipal Appointee for Town of Kirkland Lake
Sue Cote	Municipal Appointee for Town of Cobalt, Town of Latchford, Municipality of Temagami, and Township of Coleman
Audrey Lacarte	Municipal Appointee for Township of Brethour, Harris, Harley & Casey, Village of Thornloe

Regrets

Vacant	Provincial Appointee
Kathleen Bougie	Municipal Appointee for Township of Larder Lake, McGarry & Gauthier
Maria Overton	Provincial Appointee
Kimberly Gauthier	Municipal Appointee for Township of Armstrong, Hudson, James, Kerns & Matachewan
Dr. Glenn Corneil	Medical Officer of Health (A)

Timiskaming Health Unit Staff Members

Randy Winters	Director of Corporate Services, CEO (A)
Kerry Schubert-Mackey	Director of Community Health
Rachelle Cote	Executive Assistant

Guest

Dr. Monika Dutt

3. Presentation: **Public Health Policy Priorities for Consideration - 2018 Municipal Election Candidates** by Kerry Schubert-Mackey & Amanda Mongeon

Mrs. Mongeon left the meeting at 7:25 p.m.

4. **APPROVAL OF AGENDA**

MOTION #39R-2018

Moved by: Merrill Bond

Seconded by: Sue Cote

Be it resolved that the Board of Health adopts the agenda for its regular meeting held on September 5, 2018, as amended:

- 9a – Grown Your Own – Nurse Practitioner Certification
- 9b - Leases – Policies/Procedures
- 11c – Identifiable Individual

CARRIED

5. **DISCLOSURE OF PECUNIARY INTEREST AND GENERAL NATURE**

None.

6. **APPROVAL OF MINUTES**

MOTION #40R-2018

Moved by: Mike McArthur

Seconded by: Jesse Foley

Be it resolved that the Board of Health approves the minutes of its regular meeting held on June 6, 2018 as amended. Minutes of July 11, 2018 (Personnel Sub-Committee) and July 11, 2018 (Special Meeting) were approved as presented.

CARRIED

7. **BUSINESS ARISING**

None

8. **MANAGEMENT REPORTS**

The Q2 Board Report, Staff List and the Immunization Coverage Report (2016-2017) were all received for review and for information purposes.

Jesse Foley arrived at the meeting at 7:10 p.m.

9. **NEW BUSINESS**

a. **GROW YOUR OWN – NURSE PRACTITIONER PROGRAM**

Discussed employee retention strategies for future employee training opportunities such as the Grown Your Own program. Many leave or move on to other employment opportunities. It was expressed that it is difficult to retain nurse practitioners due the continued shortage in the area.

b. **LEASES – POLICIES AND PROCEDURES**

Discussed engaging legal advice when signing future leases. It is important to include a termination clause when agreeing to a long-term lease and negotiate a shorter reasonable length of years when possible.

9. **CORRESPONDENCE**

MOTION #41R-2018

Moved by: Audrey Lacarte

Seconded by: Tony Antoniazzi

The Board of Health acknowledges receipt of the correspondence for information purposes.

CARRIED

Dr. Monika Dutt left the meeting at 7:40 p.m.

10. **IN-CAMERA**

MOTION #42R-2018

Moved by: Merrill Bond

Seconded by: Sue Cote

Be it resolved that the Board of Health agrees to move in-camera at 7:42 p.m. to discuss the following matters under section 239 (2):

- a. In-Camera Minutes (June 6, 2018)
- b. MOH-CEO Update
- c. Identifiable Individual

CARRIED

11. **RISE AND REPORT**

MOTION #43R-2018

Moved by: Tony Antoniazzi

Seconded by: Jesse Foley

Be it resolved that the Board of Health agrees to rise with report at 7:55 p.m.

CARRIED

In-Camera Minutes

MOTION #44R-2018

Moved by: Mike McArthur

Seconded by: Merrill Bond

Be it resolved that the Board of Health approves the in-camera minutes of meeting held on June 6, 2018 as presented.

CARRIED

Hire of MOH/CEO

MOTION #45R-2018

Moved by: Merrill Bond

Seconded by: Tony Antoniazzi

Be it resolved that the Board of Health agrees to hire Dr. Monika Dutt as MOH (A) – CEO, and direct staff, upon her registration with the College of Physicians & Surgeons of Ontario being approved, to submit the required documentation to the Ministry for appointment as MOH/CEO.

CARRIED

MOH/CEO Moving Expenses

MOTION #46R-2018

Moved by: Sue Cote

Seconded by: Jean-Guy Chamaillard

Be it resolved that the Board of Health agrees to cover the moving expenses of Dr. Monika Dutt to a maximum of \$3,000.00.

CARRIED

12. **DATES OF NEXT MEETINGS**

The next Board of Health meeting will be held on October 3, 2018 at 6:30 p.m. in Kirkland Lake.

13. **ADJOURNMENT**

MOTION #47R-2018

Moved by: Audrey Lacarate

Seconded by: Sue Cote

Be it resolved that the Board of Health agrees to adjourn the regular meeting at 7:56 p.m.

CARRIED

Carman Kidd, Board Chair

Rachelle Cote, Recorder

Board of Health Briefing Note

To: Chair and Members of the Board of Health

Date: October 3, 2018

Topic: **Community Influenza Vaccine Program 2018-2019**

Recommendation: That this report be received for information.

Background

The goal of the Universal Influenza Immunization Program is to provide individual protection against influenza, to reduce the number and severity of influenza cases, to reduce the impact on the health care system, and to decrease the overall economic impact (health care and societal costs). Influenza is one of the most burdensome vaccine-preventable diseases in Canada and disproportionately afflicts high-risk populations such as the elderly, infants, and health care workers.

The publically-funded products available this season are: a quadrivalent vaccine offering protection against four strains of influenza available to everyone six months of age and older, a high-dose tetravalent vaccine offering potentially superior protection against three strains of influenza which is available to those 65 years and older, and a nasal spray form of the quadrivalent vaccine available to those 2-17 years of age. Older adults have choice between two vaccine products and can make a decision based on the level of protection they would prefer against the circulating influenza strains.

Local Action

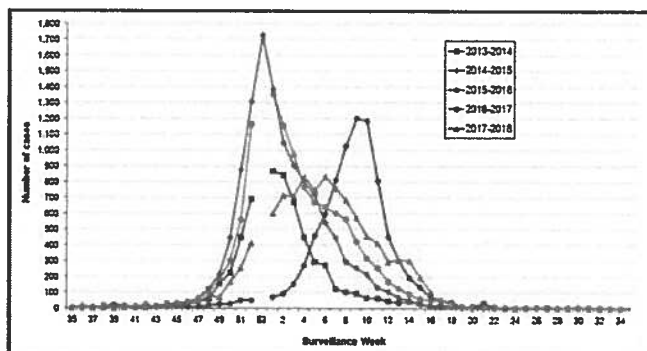
All influenza products will be available at the health unit, community health centres, and family health teams. Pharmacies will have only the quadrivalent vaccine available and can only immunize those 5 years of age and older.

Influenza Administration by Provider			
Provider	2012-13	2015-16	2017-18
	%	%	%
Health Units	9.8	3.5	2.2
Pharmacies	8.8	31.4	42.6
Physician	73.1	60.5	53.8
Other	8.3	4.6	1.5

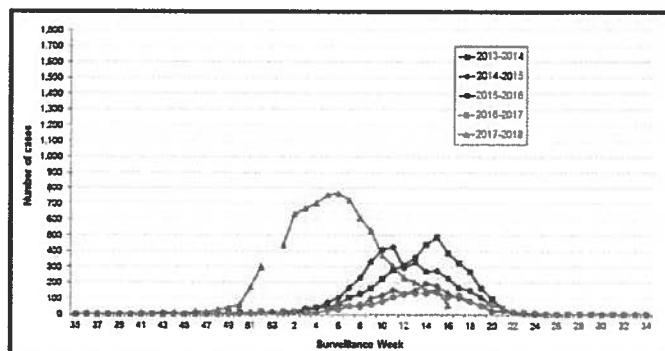
Once again, THU will be hosting community flu shot clinics and additional office visits by appointment during daytime and evening hours (*after our community clinics have ended*) in our Kirkland Lake and New Liskeard offices. For the community immunization clinics schedule, please see down below.

Influenza A peaks between December and March every year and Influenza B typically peaks in the spring with the exception of last year, which saw an early peak in February.

Influenza A cases



Influenza B Cases



Board of Health Briefing Report

To: Chair and Members of the Board of Health

Date: October 3, 2018

Topic: **Active Outdoor Play**

Recommendation

It is recommended that the Board of Health;

1. Adopt the position statement on active outdoor play: *"Access to active play in nature and outdoors-with its risks-is essential for healthy child development. We recommend increasing children's opportunities for self-directed play outdoors in all settings- at home, at school, in child care, the community and nature."* ; and
2. Forward this report to relevant local partners such as municipal government, children services, education.

Key Points

- Active play outdoors supports healthy child development across many domains and over the lifespan.
- Play is an antidote to declining physical activity rates among children and youth.
- The Timiskaming Health Unit will continue to work on strategies to increase children's active play outdoors.
- Public Health is well aligned to provide education on the topic and enhance outdoor play opportunities through communication strategies and community partnership initiatives.

Issue

Outdoor play includes the concepts of unstructured, child-led play and nature play. Children who spend time outdoors are more active and are three times more likely to meet the physical activity guidelines. Not only is this a cost-free way to get families moving, outdoor active play benefits children's physical health, mental health and helps to develop social skills and build resiliency. It also increases sunlight exposure, which helps with sleep regulation.

Data show the amount of time children spend outdoors and time spent participating in unstructured play are decreasing. Parental support is a strong influencer on a child's level of outdoor play. Perceived risks with regard to injury and safety are some of the contributing barriers. Most injuries from physical activity are minor and the benefits of the activity outweigh the risks of minor injuries.

Background

Outdoor play is essential to healthy child development. Not only does it support children in meeting the physical activity guidelines¹, it also increases mental health, cognitive development, and social and emotional health². Furthermore, these benefits can be achieved in a fun way that has no monetary cost, making it a universally accessible activity.

Risky play has been defined as "thrilling and exciting play that can include the possibility of physical injury"³. This can include great heights, high speeds, dangerous elements, dangerous tools, get lost/disappear and rough and tumble play³. Many professionals recognize and support the need for play to have some element of risk.

Although there has been media coverage on the concept of risky outdoor play, in an effort to re-normalize the idea of play that involves some risk and to make it sound less intimidating, the word "risky" is being used less in this context. It's being referred to more as just "play" or "active outdoor play". Assessing and managing risk is an important life skill. Children need to be given opportunities to recognize and evaluate challenges according to their own ability. In other words, children should be given the freedom to decide how high to climb, to explore the woods, and get dirty, among other opportunities. In this context, there is a need to recognize the difference between danger and risk. All risky play opportunities should be

age and stage appropriate and considered from the child's perspective. For example, one can see that a great height for a 5 year old is not typically the same height for an adult.

One of the challenges of promoting active outdoor play is the need to balance risk and safety. Many researchers in this area will highlight that play does not need to be as safe as possible, but as safe as necessary⁴. A child should never be put in a situation that they are not developmentally ready to manage. It's important to highlight that the concept of outdoor active play is not reckless or neglectful; it's allowing children to play freely and interact with the world around them. Adults are responsible to remove or take care of basic hazards, without negating the potential for challenge, growth and imagination⁵. The developmental benefits of children playing outdoors are far greater than the risk of a potential injury.

The Position Statement on Active Outdoor Play encourages play in nature and the outdoors in all settings- home, schools, child care and the community⁶. It provides evidence in favour of children getting outside to engage in self-directed play as much as possible as well as recommendations for every level of society that impacts this, from parents, educators, and caregivers to health and injury professionals to governments and society as a whole.

There are currently 345 supporters of the Position Statement⁷. On June 1, 2018, the Council of Chief Medical Officers of Health released a statement that supported and endorsed the Position Statement⁸. While a number of public health professionals are listed as having endorsed the document, there are currently no public health units within the list. Endorsing the Position Statement sends a clear message about THU's position on the promotion of active outdoor play.

Current Status

Local data on the physical activity rates of young Timiskaming children is limited, but consider that the foundation of physical activity behaviours are laid in childhood and the behaviours tend to persist as we get older. Sedentary lifestyles do not simply develop overnight. Nearly half (43.8%) of residents aged 12 and over are inactive⁹ and 17.4% of Timiskaming youth spent fifteen or more hours per week doing sedentary activities such as watching television, playing video games and using the computer¹⁰. Both sedentary lifestyles and screen use have additional adverse health implications. Children who spend time playing outdoors have less time to engage in sedentary behaviours and screen time while also enjoying the benefits that are associated with active outdoor play.

At the national level, there is clear trend to stay indoors and inactive. 37% of Canadian 11-15 year olds report playing outdoors for more than 2 hours outside of school hours⁴. At the same time, 76% of 5-19 year olds in Canada report watching television, playing computer or video games, or reading during the school period⁴.

Timiskaming Health Unit Action

Outdoor play with elements of risk supports healthy child development and leads to long-term health and social outcomes in children. THU will continue to work in the following areas:

- Promote the importance of getting children outside to all stakeholders, including families, child care centres and schools. Encourage prioritization of outdoor play and engaged learning by connecting with the outdoors whenever possible.
- Examine existing policies and by laws related to outdoor play spaces and advocate for changes to those that pose a barrier to active outdoor play.
- Support development of a district-wide playground community of practice.
- Continue working with partners to enhance affordable access to recreation opportunities in the district.
- Work with stakeholders working with children in developing or updating site policies that enhance outdoor play opportunities for children.

Submitted by

Crystal Gorman, Public Health Promoter

Reviewed by

Amanda Mongeon, CDPW & ISUP Program Manager
Kerry Schubert-Mackey, Director of Community Health -

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- ⁴ Dubois, N. (2012). *Healthy Eating and Active Living In the District of Timiskaming A Situational Assessment Report*.
- ⁵ CPHA (2018). Retrieved 19, March, 2018, from <https://cpha.ca/risk-hazard-and-play-what-are-risks-and-hazards>
- ⁶ Tremblay, M.S., Gray, C., Babcock, S., et al (2015). *Position statement on active outdoor play*. *Int. J. Environ. Res. Public Health*, 12(6), 6475-6505.
- ⁷ CHEO (2018). Accessed 7, August, 2018, <http://www.haloresearch.ca/outdoorplay/>.
- ⁸ CCMOH (2018). *Active outdoor play statement from the Council of Chief Medical Officers of Health*. From Pan-Canadian Public Health Network <http://www.phn-rsp.ca/aop-position-iae/index-eng.php> .
- ⁹ Public Health Ontario. (2015). Snapshots: Timiskaming Health Unit: Self-reported rate of being active, moderately active, and inactive during leisure time, 2013-14. Toronto, ON: Ontario Agency for Health Protection and Promotion. Retrieved June 28, 2016 from <http://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Health-Behaviours---Physical-Activity.aspx>
- ¹⁰ Timiskaming Health Unit (2017). Timiskaming health stats: Screen time in the Timiskaming Health Unit. Internal report: accessed on Mindoka.

POSITION STATEMENT ON ACTIVE OUTDOOR PLAY

Position



Access to active play in nature and outdoors—with its risks—is essential for healthy child development. We recommend increasing children's opportunities for self-directed play outdoors in all settings—at home, at school, in child care, the community and nature.

PREAMBLE

We conducted two systematic reviews to examine the best available scientific evidence on the net effect (i.e., balance of benefits vs. harms) of outdoor and risky active play. Other research and reviews were also consulted. The Position Statement applies to girls and boys (aged 3-12 years) regardless of ethnicity, race, or family socioeconomic status. Children who have a disability or a medical condition should also enjoy active outdoor play in compliance with guidance from a health professional.

CONTEXT

In an era of schoolyard ball bans and debates about safe tobogganing, have we as a society lost the appropriate balance between keeping children healthy and active and protecting them from serious harm? If we make too many rules about what they can and can't do, will we hinder their natural ability to develop and learn? If we make injury prevention the ultimate goal of outdoor play spaces, will they be any fun? Are children safer sitting on the couch instead of playing actively outside? **We need to recognize the difference between danger and risk. And we need to value long-term health and fun as much as we value safety.**

Risk is often seen as a bad word—by parents, neighbours, care providers, insurance providers, schools and municipalities. But in play, risk doesn't mean courting danger—like skating on a half-frozen lake or sending a preschooler to the park alone. It means the types of play children see as thrilling and exciting, where the possibility of physical injury may exist, but they can recognize and evaluate challenges according to their own ability.¹² It means giving children the freedom to decide how high to climb, to explore the woods, get dirty, play hide 'n seek, wander in their neighbourhoods, balance, tumble and rough-house, especially outdoors, so they can be active, build confidence, autonomy and resilience, develop skills, solve problems and learn their own limits. It's letting kids be kids—healthier, more active kids.

EVIDENCE

» **When children are outside they move more, sit less and play longer³⁻¹² — behaviours associated with improved cholesterol levels, blood pressure, body composition, bone density, cardiorespiratory and musculoskeletal fitness and aspects of mental, social and environmental health.¹³⁻²²**

» **Outdoor play is safer than you think!**

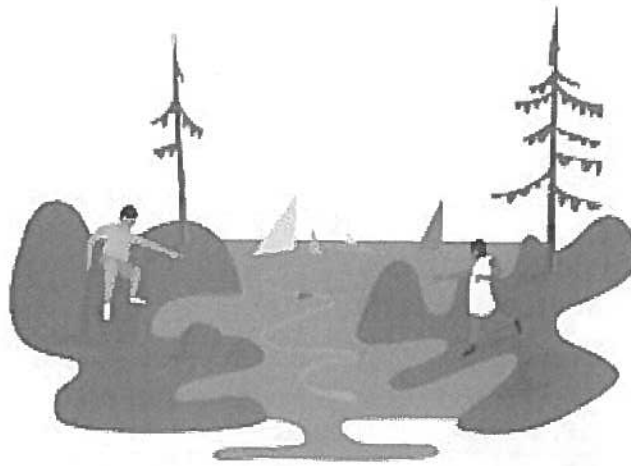
- o The odds of total stranger abduction are about 1 in 14 million based on RCMP reports.²³ Being with friends outdoors may further reduce this number.
- o Broken bones and head injuries unfortunately do happen, but major trauma is uncommon. Most injuries associated with outdoor play are minor.²⁴⁻³¹
- o Canadian children are eight times more likely to die as a passenger in a motor vehicle than from being hit by a vehicle when outside on foot or on a bike.³²⁻³⁴

» **There are consequences to keeping kids indoors—is it really safer?**

- o When children spend more time in front of screens they are more likely to be exposed to cyber-predators and violence, and eat unhealthy snacks.³⁵⁻³⁹



- o Air quality indoors is often worse than outdoors, increasing exposure to common allergens (e.g., dust, mould, pet dander), infectious diseases, and potentially leading to chronic conditions.⁴⁰⁻⁴³
- o In the long-term, sedentary behaviour and inactivity elevate odds of developing chronic diseases, including heart disease, type-2 diabetes, some forms of cancer and mental health problems.⁴⁴⁻⁵³



- » **Hyper-parenting limits physical activity and can harm mental health.**⁵⁴⁻⁵⁷
- » **When children are closely supervised outside, they are less active.**^{4,58-68}
- » **Children are more curious about, and interested in, natural spaces than pre-fabricated play structures.**⁶⁹⁻⁷⁹ Children who engage in active outdoor play in natural environments demonstrate resilience, self-regulation and develop skills for dealing with stress later in life.⁸⁰⁻⁹⁸
- » **Outdoor play that occurs in minimally structured, free and accessible environments facilitates socialization with peers, the community and the environment, reduces feelings of isolation, builds inter-personal skills and facilitates healthy development.**^{4,59,70,76,83,99-103}

RECOMMENDATIONS

- » **Parents:** Encourage your children to engage more fully with their outdoor environments in a variety of weather conditions. When children are supported to take risks, they have more fun and learn how to assess and manage risk in all areas of their lives.^{2,82,104}
- » **Educators and Caregivers:** Regularly embrace the outdoors for learning, socialization and physical activity opportunities, in various weather conditions—including rain and snow. Risky active play is an important part of childhood and should not be eliminated from the school yard or childcare centre.
- » **Health Professionals:** Be influential! Promote every child's connection with nature and the outdoors—identify outdoor play resources and partner with municipalities, parks, nature-related organizations, parent groups and children to support this process.
- » **Injury Prevention Professionals:** Find a balanced approach to health promotion and protection that considers the long-term dangers of a sedentary lifestyle along with the acute potential for injury.
- » **School and Child Care Administrators:** Choose natural elements over pre-fabricated playgrounds and paved areas—and encourage children to play in, and help design, these environments.
- » **Media:** Provide balanced reporting—sensationalizing stories about predators and danger elevates fear; cover success stories related to outdoor and risky active play.
- » **Attorneys General:** Establish reasonable liability limits for municipal governments—this means Joint and Several Liability Reform.
- » **Provincial and Municipal Governments:** Work together to create an environment where Public Entities are protected from frivolous lawsuits over minor injuries related to normal and healthy outdoor risky active play. This protection would no longer

- restrict Public Entities to using the Canadian Standards Association CAN/CSA Z614 “Children’s Playspaces and Equipment” as a guide for the design of outdoor play spaces and as a requirement for the funding of these spaces. An increased investment in natural play spaces in all neighbourhoods is encouraged.
- » **Schools and Municipalities:** Examine existing policies and by-laws and reconsider those that pose a barrier to active outdoor play.
- » **Federal and Provincial/Territorial Governments:** Collaborate across sectors to find ways to improve children’s access to risky active play in nature and the outdoors.
- » **Society:** Recognize that children are competent and capable. Respect parents’ assessments of their children’s abilities and their decisions to encourage self-directed play in nature and the outdoors. Allow all children to play with and form a lasting relationship with nature on their own terms.

This Position Statement was informed by the best available evidence, interpreted by a group of Canadian experts representing 14 organizations, and reviewed and edited by more than 1,600 stakeholders. Details of the process are published in the *International Journal of Environmental Research and Public Health* [www.mdpi.com/journal/ijerph].

ACKNOWLEDGMENTS

Funding for the development of the Position Statement was provided by:



The Position Statement was developed and is supported by Professor Susan Herrington, MLA, University of British Columbia; Dr. William Pickett, Queen's University, and:



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Board of Health Briefing Note

To: Chair and Members of the Board of Health

Date: October 3, 2018

Topic: **Diabetes Prevention Project – Timiskaming Program Evaluation Results**

Recommendation: That this report be received for information.

Background: THU receives \$150,000 annually for community-based initiatives that support high risk populations in adopting healthy behaviours to prevent of type 2 diabetes. Funding requirements specify that interventions:

- Are evidence-based
- Focus on/prioritize populations as higher risk
- Are tailored to meet the needs of communities identified
- Are outcome-focused
- Apply a health equity lens
- Do not duplicate or offset any existing services

After review of possible interventions, and in collaboration with partners*, THU staff adopted two programs that have been evaluated and whose design seemed transferable to the Timiskaming context.

These programs are Fresh Start (elsewhere known as the Primary Care Diabetes Prevention Project) and Food Skills for Families. Both began in Timiskaming with a train-the-trainer component that has now evolved into THU supporting a network of community partners in delivering programming to a variety of target audiences. The programs have also been evaluated locally.

Key Evaluation findings: Both programs demonstrated success in meeting their stated goals (e.g. reduced risk factors related to type 2 diabetes). For Fresh Start, we learned that the participants were not as well-matched with our target audience as we would like. Additional evaluation finding details are included below.

Action taken: Both programs showed promise and are being implemented a second time. For Fresh Start, the delivery is being modified to address lessons learned and for Food Skills for Families, work is being done first to support program partners in being able to pay for program implementation. We will also work to identify and link follow program “graduates” of both programs with maintenance programming.

After the second year of implementation, THU and the Diabetes Prevention Project partnership will review the two years’ findings in considering whether, and how, to proceed across the district.

***current partners in Diabetes Prevention include:**

- | | |
|--|--|
| • Temiskaming Native Women’s Support Group | • Centre de santé communautaire du Temiskaming |
| • Matachewan First Nation | • DTSSAB |
| • Timiskaming Diabetes Program (KL, NL) | • Kirkland District Hospital |
| • Beaverhouse First Nation | • Northern College |
| • Temiskaming Métis Community Council | • NEOFACS |
| • Great Northern Family Health Team | • Town of Kirkland Lake |
| • Temagami Family Health Team | |

Fresh Start

...a lifestyle balance program

2017
-
2018

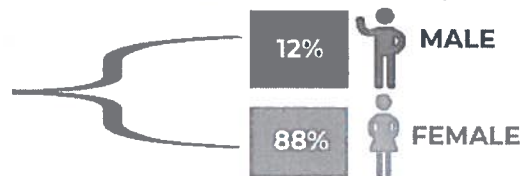
NUMBERS

11
COMMUNITY
PARTNERS

- Timiskaming Diabetes Program (NL & KL)
- Canadian Mental Health Association
- Great Northern Family Health Team
- Haileybury Family Health Team
- Temagami Family Health Team
- Town of Kirkland Lake
- Temiskaming Hospital
- Kirkland Lake Hospital
- Shardul Kara Physiotherapy & Massage Therapy
- Balanced in Motion
- King Street Fitness
- Temiskaming Shores Pool and Fitness Centre

22 1-hr WEEKLY SESSIONS (over a 6 month period)

33 PARTICIPANTS



Group age average:
66 years

15% drop-out rate

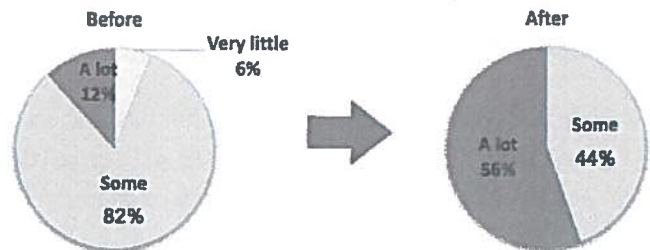
GOALS

- G1. Increase knowledge of type 2 diabetes risk factors and how to reduce risk.
- G2. Increase food literacy and improve healthy eating.
- G3. Increase physical literacy and moderate physical activity to >150 mins/week.
- G4. Decrease body weight by 5-7%.
- G5. Increase knowledge and motivation to make healthy lifestyle changes.
- G6. Improve quality of life indicators.

RESULTS

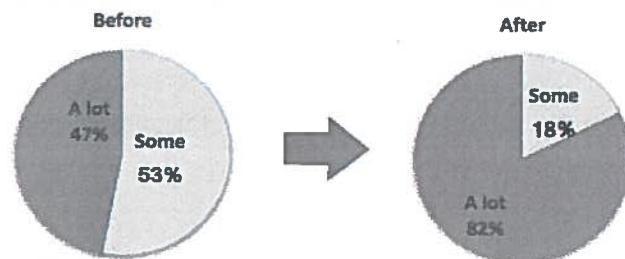
G1

27% more people know "a lot" about diabetes risk factors



G2

35% more people know "a lot" about healthy eating principles



70%
improved their
eating habits



G3

38% more people know "a lot" about physical activity recommendations



80%
changed their
attitude/beliefs
about physical activity.



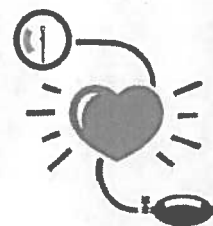
RESULTS

G4

Improvement Towards Healthy Weight*

Lost 5-7% of body weight (31%)	62%
Lost <5% of body weight (31%)	
Maintained weight	15%
Gained weight	23%

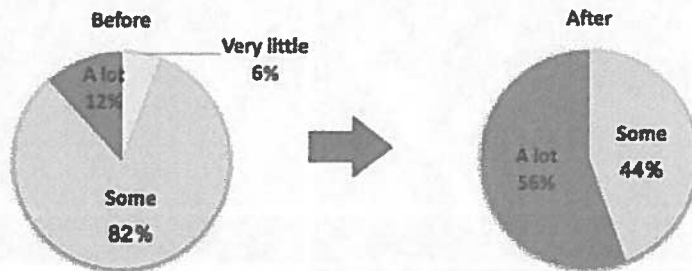
67%
decreased their
blood pressure.



*Different lifestyle goals among participants (lose, maintain or gain weight; records of personal goals were not kept)

G5

44% more people know "a lot" about stress management



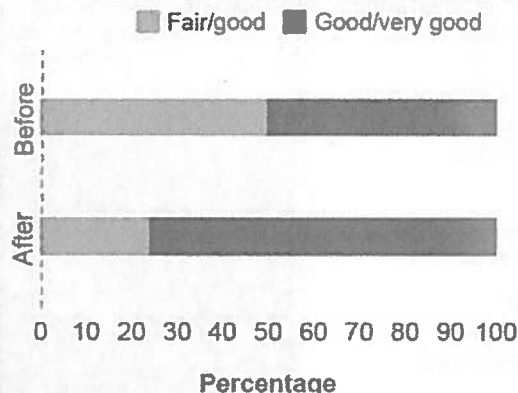
100%

indicated that Fresh Start motivated them to make **changes in their lifestyle.**

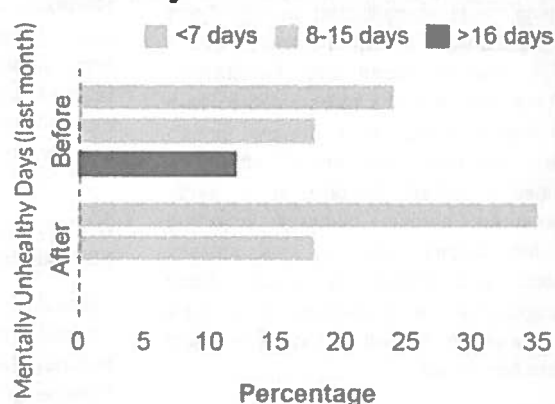


G6

Better Perceived General Health



More Days of Good Mental Health



FEEDBACK

"I became more aware of how good nutrition can have a positive effect on the body & reduces chances of chronic illness."

"Great group of staff and great group of clients!"

"I am more aware of my health and believe I am going to the future with much more knowledge."

Over 85% agreed that facilitators were: well prepared, stimulated learning, related content to real-life situations and held attention.



TO IMPROVE

- Improve tracking and evaluation methods.
- Recruit the target population for the program.
- Ensure the venue is conducive to learning.

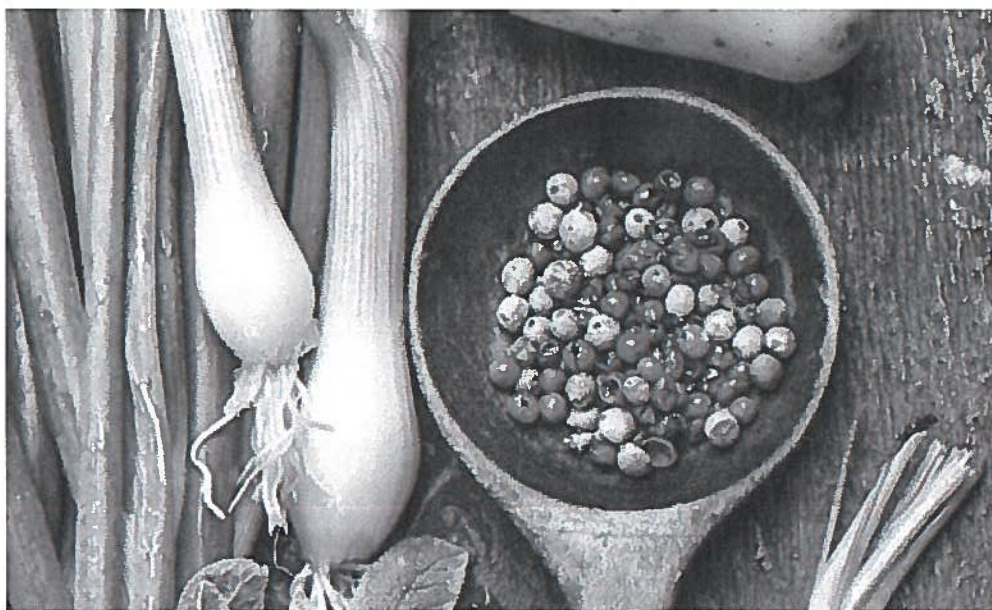
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Services de santé du
TIMISKAMING
Health Unit



FOOD SKILLS FOR FAMILIES 2017 EXPANSION ONTARIO

Food Skills for Families report on program implementation

In spring 2017, 13 individuals from the Timiskaming area participated in the Food Skills for Families (FSF) Train-The-Trainer (TTT) program to become Community Facilitators. This TTT was the first in Ontario in the Food Skills for Families expansion beyond British Columbia. The new Community Facilitators were trained to deliver the program to at-risk populations for chronic diseases including seniors, low income families, low literacy populations, and Indigenous groups. Each target population is supported by a best practice curriculum with facilitator and participant handbooks.

In 2008, with the support of the Ministry of Health in B.C., Diabetes Canada developed and launched the program. The annual evaluations demonstrate that the Food Skills for Families program continues to achieve each of its stated goals and to have a positive impact on participants. Most significantly, the program has positively influenced healthier eating behaviour.

Program specifics:

- Is led by trained and certified community facilitators in kitchens within host community organizations
- Encourages participation and social interaction
- Includes six 3-hour sessions on a weekly basis, for 12 participants

Addresses topics based on Canada's Food Guide, such as food label reading, portion size, ingredient substitutions and a grocery tour
Inspires and empowers participants to eat well while creating fast, easy meals using fresh, whole ingredients

Organizations represented in the FSF Northern Ontario Expansion

- Timiskaming Health Unit
- Timiskaming Diabetes Program
- Northeastern Ontario Family and Children's Services
- Temiskaming Native Women's Support Group
- Northeastern Ontario Family and Children's Services
- Literacy Council of South Temiskaming
- Temagami First Nation - Doreen Potts Health Center
- Temagami First Nation - Family Healing & Wellness Centre
- Canadian Mental Health Agency - Northern Star
- Timiskaming Child Care Early Years Center
- Métis Nation of Ontario

FOOD SKILLS FOR FAMILIES Timiskaming 2017

PROGRAM OVERVIEW

FOOD SKILLS FOR FAMILIES is a hands-on, curriculum-based program that connects people in the kitchen and demonstrates that healthy eating can be easy, enjoyable and affordable.



Creamy Kale Salad featured in Session 6.

PROGRAM HIGHLIGHTS:

- A community-based program for chronic disease prevention targeting high risk populations.
- Education around healthy eating and wellness helps to reduce the impact of barriers such as income, food access, necessary skills, food knowledge and cultural norms.
- Evidence-based, best practice curriculum with sustainable program delivery, featuring centralized administration.

TIMISKAMING PROGRAM DELIVERY IN 2017

Following the TTT in spring of 2017, the Timiskaming Community Facilitators delivered six Food Sense, Healthy Cooking on a Budget programs to Northern Ontario communities in fall 2017. The following is a report on the outcomes of those six programs.

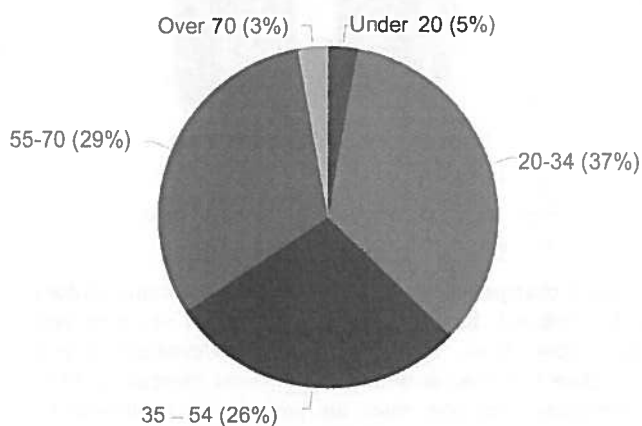
METHODS

Each participant in the FSF program was administered a paper survey at the beginning of the six week session (Session 1) and again at the end (Session 6). The comparison of the aggregated data for each survey highlights the correlation in behaviour and skill change through the completion of the program.

SURVEY RESULTS: PARTICIPANT DEMOGRAPHICS

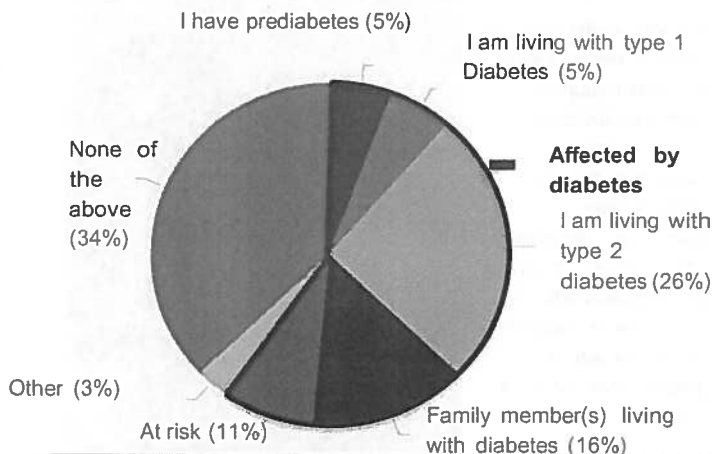
Approximately 50 people participated in the FSF program in the Timiskaming area. 94% were female. The largest age group to participate in the program was the group from 20 to 34 years (37%). Age distribution of all participants is below.

Figure 1: 2017 Timiskaming FSF participant age distribution.



As the FSF program is intended to prevent chronic disease, including diabetes, FSF participants were asked about their association to diabetes. 63% of participants indicated that they are affected by diabetes.

Figure 2: How FSF participants are affected by diabetes.



INDIRECT IMPACT

Learnings gained from the FSF program extend beyond those who were directly involved in the program. On average, FSF participants in Timiskaming reported being responsible for preparing food for at least 2 others, at least once per day. Therefore, the indirect impact of the healthy behaviour encouraged and taught through the FSF program, by the 50 participants, is extended to approximately 150 individuals. 37% of FSF participants identified children (those under 18) as those they were preparing the food for.

SURVEY RESULTS: PROGRAM EVALUATION

FSF was created to improve healthy eating behaviours, in part through reducing barriers to sustaining a healthy diet. Primary objectives of the FSF program for participants include eating more fruits and vegetables per day, increasing knowledge of healthy foods, cooking more meals from scratch and increasing confidence in the kitchen. The program evaluation is designed around these objectives to evaluate FSF's ability to meet them.

Objective #1: Eating more fruits and vegetables per day

There was a 16% jump from session 1 to session 6 in participants saying their fruit and vegetable consumption will increase over the 6 to 12 months following the program.



Objective #2: Increasing knowledge of healthy foods

We observed an increase in knowledge around healthy foods for questions related to Canada's Food Guide. When asked how many portions of fruit and vegetables participants thought health experts recommended eating every day, there was a

33% increase in the number of individuals who answered the question correctly at the end of the six-week program.

We also observed an increase in healthy food knowledge through looking at barriers to buying, preparing and eating more healthy foods. In the table below, barriers with the most significant reductions are highlighted below.

"[I'm now] making healthy food choices"
- Participant

Table 1: Perceived barriers of participants to buying, preparing and eating more healthy foods from session 1 to session 6 of the FSF program.

Barrier	Pre Survey	Post Survey	% Change
I don't know which foods are healthy.	10.5%	0.0%	-100%
I don't know which methods of cooking are healthy.	7.9%	7.7%	-3%
I don't have healthy recipes.	15.8%	7.7%	-51%
I cannot buy fresh fruits and vegetables locally.	2.6%	3.9%	46%
Healthy foods cost too much.	31.6%	23.0%	-27%
I don't have the right equipment or utensils.	7.9%	7.7%	-3%
I don't like the taste of healthy foods.	7.9%	0.0%	-100%
Other	21.0%	23.0%	10%

Objective #3: Cooking more meals from scratch

When asked how many times participants prepared and cooked a meal from basic ingredients, there was an increase of 46% of those who identified a frequency of one to three times per day.

"I am more aware in the grocery store of labels and cooking more healthy at home"
- Participant

Objective #4: Increasing confidence in the kitchen

Confidence increased in each of the three areas measured. The largest shift was seen with following basic food safety procedures (40% improvement).

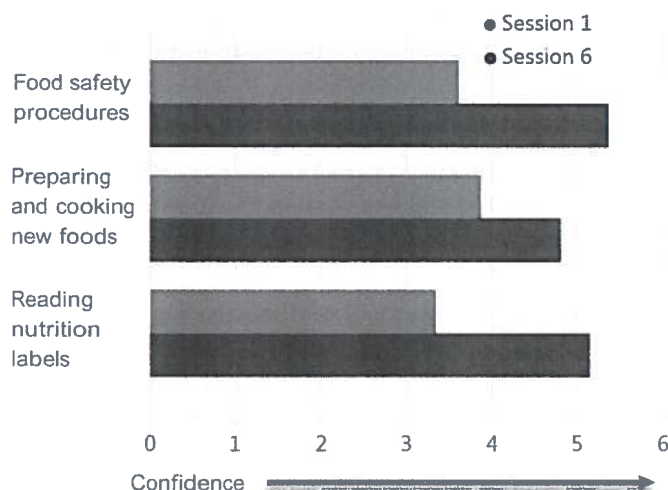


Figure 3: Self-rated confidence for skills used in healthy cooking.

Objective #5: Reduction of negative eating behaviours

Following the program, participants reported a decrease in the consumption of sugary beverages and fried foods, and a decrease in the frequency of adding salt to food.

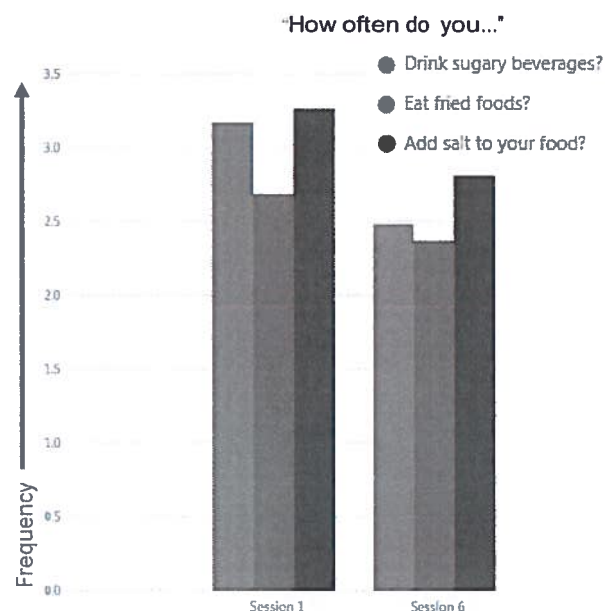
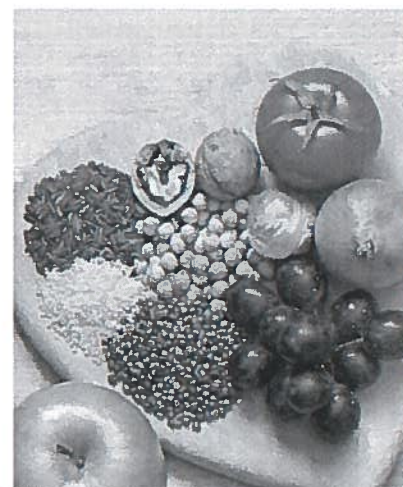


Figure 4: Frequency of unhealthy eating behaviours at session 1 and following the program, at session 6.

The biggest change indicated by participants, and coincidentally what they enjoyed most, was trying new recipes, new food and eating healthier food. They cited new skill development and grocery store savviness as outcomes they liked most about FSF. Also mentioned was how much the program was motivation to "do something for [themselves]". This qualitative feedback speaks to increased confidence in the kitchen as well as prioritizing personal health day-to-day.

DISCUSSION

Survey results indicate shifts in eating trends towards healthier eating behaviours. This includes increasing healthy habits while decreasing unhealthy habits. These findings are aligned with outcomes of program implementation across other parts of Canada.



Healthier eating behaviours are associated with lower rates of chronic disease which is an overall goal of FSF. Given these survey outcomes, FSF supports the prevention of chronic disease and associated risk factors, including prediabetes and type 2 diabetes, cardiovascular disease, among other non-communicable diseases.

The six-week longevity of the FSF program reinforces behaviour change by building and encouraging healthy behaviours among the participants each week. Although the six weeks is instrumental for behaviour change, it does represent a significant commitment for participants, and therefore, some attrition occurs from the number of participants in session 1 compared to session 6.

The Timiskaming pre-evaluation results identify knowledge and understanding related to healthy eating as a barrier to a healthy diet. At the program's completion, these barriers were significantly reduced. As a result, individuals are more confident in applying the knowledge, understanding and skills learned through FSF beyond the six-week program.

In the post-evaluation of the FSF program, a few individuals identified barriers around access and affordability of healthy foods, and, while key to improving issues of food security, lie outside the scope of this program.

Qualitative data indicates that FSF participants enjoyed the classes and the participant handbook. These two resources created a learning environment for several different types of learners. These resources, in combination with the different facilitation activities, provide several opportunities for participants to access the information. The classes also help focus on topics, cultural intricacies or community issues which are not possible to capture in the handbook. The facilitator leading the classes, then, is fundamental to the success of the programs.

Limitations to our evaluation validity is based on the survey methodology. Surveys are susceptible to response bias where respondents may answer questions to appear more socially acceptable or to align with what might be perceived as desired outcomes. FSF participants are asked to respond as honestly as possible to mitigate this limitation.

CONCLUSION

Confidence and feelings of self-efficacy are important to making and maintaining healthy lifestyle changes. FSF enables participants to find this confidence while meeting new people, trying new foods, learning new skills and gaining healthy food knowledge.

In this Ontario expansion, FSF continues to build capacity in Northern communities, and impact high risk populations to ultimately build healthier communities and prevent chronic disease.

FEEDBACK

FROM THE PARTICIPANTS

What is the biggest change you made because of taking the program?

"I [now] take time to plan, prepare and cook"

"I am not afraid to try different foods"

"Willing to try different recipes"

"I'm eating more healthy"

What did you like most about the Food Skills for Families Program?

"[It's] social – meeting new people, try new recipes, no judgement"

"Tast[ing] new food"

"Trying and learning new recipes and food, making a new friend"

"How to cut properly"

"Reading labels and understanding them"

FOR MORE INFORMATION

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