Nutrition Education at your local Coffee Shop



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Disclosure

Presenters perceive no conflict of interest with this presentation.

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Who are we?

McMaster Family Health Team

- Provide primary care for nearly 30 000 patients in Hamilton and surrounding area
- 2 clinical teaching units affiliated with McMaster University and Hamilton Health Sciences







Objectives

At the end of this sessions, you will be able to:

- Describe an unique approach to offering health care (nutrition advice) in an unexpected setting
- Have a better understanding of how to start from the home setting and work with individuals at their own pace
- Maximize your capacity to provide services for marginalized individuals and be able to identify how you might launch this idea in your community



541 Eatery and Exchange





The Vision





From Vision to Proposal

- JUST DO IT!
- Submission to Learning by Giving Foundation at McMaster University

We got the green light!



An idea

 Hiring a Registered Dietitian (RD) to work with participants from our community to develop a nutrition program that meets their needs





Small Team with Big Ideas





Goals for our Initiative

Things we wanted:

- Improve access to nutrition advice from RD
- Use existing resources as much as possible
- Develop a series of cooking and teaching sessions to:
 - enhance food knowledge and cooking skills to encourage more homemade meals and less reliance on fast food meals
 - ➤ link individuals with community supports, where to find economical healthy foods, and how to put together a healthy meal from a typical food box along with simple fresh ingredients



The Planning Phase

- Bringing together a team
- Development of cooking sessions
 - Review existing resources eg. HFHT
 - Ask community contacts
 - Plan cooking sessions eg. Themes, recipes, gifts
 - Developing evaluation tools
- Plan Visits
 - Home visits
 - Local Food Banks, markets



Our Role in Providing Self Management Support

- Encourage participants to share life experience, challenges with lack of food security
- Focus on empowerment through sharing of experiences and peer support while enhancing knowledge and skills
- Support for healthy food choices by increasing access to healthy foods and access to nutrition advice



Outline of Nutrition Sessions

- Welcome/introductions
- Introduction to eating well series
 - Menu of topics that can be covered over 6 weeks
 - Participants choose topics
 - Introduce topic using open-ended questions
- Group sharing
- Cooking Demonstration
- Goal setting
- Evaluation



Outline of Nutrition Sessions

Participant-driven

- Connecting with a community member prior to program development
- Assessing needs/interests of potential participants
- Asking staff for feedback



Menu of Potential Topics



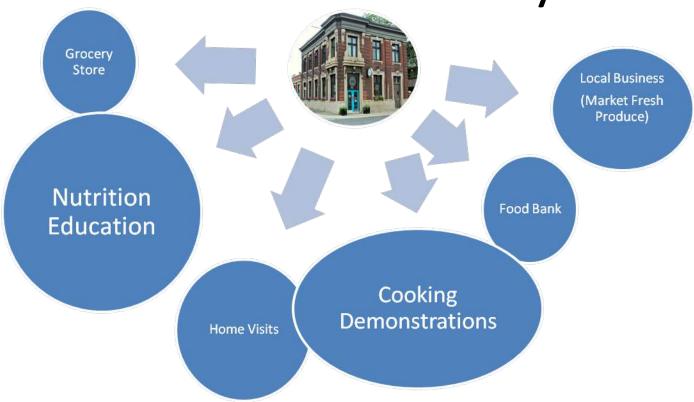




Contact front staff for more information or email...



Eating Well in the Community





Home Visits



- Offered to participants of the Eating Well Workshop series
- Assess needs + individualize care
- Finding solutions in the home





Home Visit = perspective, empowerment & potential for improved diet

Living situations and barriers to eating well are not the same for everyone



Market Fresh Produce





Cooking Demonstrations





Collaboration



- Visited local food banks
 - Brought back box of food and prepared meal together
- Community resources
 - List of services/programs in the community (i.e. cooking classes)
- Partnered with Social Work students from McMaster University
 - Assisting community members (i.e. filling forms, visiting food bank...)



Empowerment: A Gift

"Have you sampled your lentil soup?" (Marika), "I'm not that daring!" (community member)







Nutrition Advice

- In an unexpected setting
- Re-enforcing nutrition messages
- Offering nutrition advice during cooking demonstrations
- Linking participants with services if needed



Evaluation Tools



Eating Well Workshop Series Evaluation

This is the first time we've offered Eating Well in the 541 Eatery & Exchange community. We would love to hear back from you and what your experience was like. We would like to continue offering a space where we can learn from each other and support each other in eating well. Thanks!

How many Eating Well workshops were you able to attend? (Check one)

- € 1-2
- **≰** 3-5
- **≰** All 6

What was your biggest challenge in coming out to the workshops every week?

(Check all that apply)

- My routine
- My health
- Transportation
- My motivation
- My job
- My appointments
- Other:_
- # I had no challenges and came every week

What motivated you to come out to the workshops?

(Check all that apply)

- I want to learn about nutrition
- # I want to change how I eat
- **★** I want to get inspired
- I want to learn new recipes and sample different items
- **★** I made a commitment to go
- **★** I enjoy learning with others
- I appreciate the food provided
- The reminder phone calls
- **€** Other:

l enjoyed _____

I learned something new about

McMaster
University
HEALTH SCIENCES

Department of Family Medicine
McMaster
Family Health Team

What We Learned

Participants love it!

- Opportunities to learn new food skills
- How to stretch their food dollars
- Where to find economical, healthy food choices in the community
- Getting their questions answered from a dietitian in a familiar setting



What We Learned

We loved it too!

- Opportunity to reach people who may not otherwise ever meet a dietitian
- Opportunity to build food skills to enhance nutritional intake, promote health and prevent disease



Participant Experience





Participant Feedback

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"Reminded me of some stuff I forgot"
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"Eating well with less money"

"I enjoyed new ways to use chickpeas especially"

"Food demos are motivating – new ideas & seeing how easy to implement"

Some things they will remember...

"Learning from each other" "Learning how to cook different foods"

"How important it is to eat fruit and vegetables"

"How little people actually know about food"



Satisfaction

100 % of participants who attended the nutrition sessions

- Found it was helpful to be in a group like this
- Would recommend attending the cooking sessions to others
- Would come to another series like this



Next Steps for 541

- Offering ongoing Eating Well sessions
- > Start a Community kitchen



Our Conclusions

- Rethink how we deliver care to marginalized individuals/ groups
- Utilize creative solutions to reach the most vulnerable



Resources

Food Insecurity in Canada



What causes food insecurity?

Financial constraints. When income is too low or unsteady, there is not enough money left to pay for sufficient healthy food after paying for housing, utilities, transportation and health expenses.

How serious is food insecurity?

- One in eight households experience food insecurity

 that's over 4 million adults and children.
- The highest rates of food insecurity are in the Territories, especially in Nunavut (45%).
- Households are more likely to experience food insecurity if they:
 - receive their income from minimum wages, part time jobs, workers compensation, employment insurance or social assistance
 - are First Nation. Métis or Inuit
 - have children (especially with a lone mother)
 are homeless
 - are nomeless
 are new immigrants
 - have chronic health problems.

Food insecurity and health issues go together

- Living with food insecurity doubles the risk of poorer health and health care costs.
- Rates of chronic disease, depression and suicidal thoughts are higher among children and adults living in food insecure households.

All Canadians pay the price of health and social problems related to food insecurity.

The solution to food insecurity: enough money to buy food

Canada needs a comprehensive, integrated strategy to reduce food insecurity, ensuring sufficient incomes and benefits, so that all Canadian households can pay for basic needs, including food.

Elements of a national strategy to address food insecurity should include:

- Government policies and programs that tackle the problems of material deprivation. For example, food insecurity rates have dropped:
 - among citizens of Newfoundland and Labrador whose income was from social assistance or low paying jobs, following improved financial interventions
 - when Canadian seniors turn 65 and receive Old Age Security and the Guaranteed Income Supplement,
 as more affordable housing options are available.
- Addressing the unique challenges of food insecurity among Aboriginal peoples, especially in northern/ remote communities. Nunavut has by far the highest rate of food insecurity in Canada – a solution is urgently needed.
- A commitment to regular monitoring of food insecurity rates in all provinces and territories.

Household food insecurity is much more than a food problem

While emergency food initiatives in communities may provide some food relief, food insecurity is reduced by addressing the underlying problems of poverty or material deprivation.





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Thank you!

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