



OPHA

Building Bridges:

Food Security & Heart Health

January 1998 to December 31, 2000

Final Report

Ontario Public Health Association
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Building Bridges: Food Security and Heart Health
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FINAL REPORT

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Building Bridges: Food Security and Heart Health Final Report

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Advisory Committee

The Advisory Committee members for Building Bridges also deserve a special mention: Members included Peter Elson of the Ontario Public Health Association, Nicola McDermott of the Heart Health Resource Centre, Audrey Birenbaum and Marg Metzger of the Ontario Heart Health Network, Connie Uetrecht of the Food Security Work Group and Carolyn Barber from Toronto Public Health. Marilyn Tate and Freda Burkholder from the Population Health Fund, Ontario Region, Health Canada, also provided ongoing support throughout this project.

Project Staff

The project was staffed by Ursula Lipski and Fiona Knight, with incredible support from Kathleen Orth at OPHA.

Summary

The purpose of this project was to build a bridge between a mutually defined community interest in heart health and food security, which can be sustained and to profile this collaboration in such a way as to provide a framework for others to follow.

Toward A Healthy Future: Second Report on the Health of Canadians found that the poorest Canadians are more likely to report poor health, and are more likely to die earlier than the wealthiest Canadians. [Toward A Healthy Future: Second Report on the Health of Canadians". Prepared by the Federal, Provincial and Territorial Committee on Population Health for the Meeting of Ministers of Health, Charlottetown, PEI, September 1999.]

Food security groups and programs offer a critical point of entry for reaching low-income people. Building Bridges groups have first-hand experience working directly with individuals and communities who are sometimes seen to be “hard to reach”. These include people living on low incomes, people with language and/or literacy limitations, single parent families, and children living in poor families. This is a relationship Building Bridges wanted to both profile and support.

The positive aspects of presenting issues related to both food security and heart health is that common elements in both areas could be identified and explored. Workshops provided a way for people living in poverty and service providers to look at the issues and problems together and explore ways to solve them together.

One hundred and thirty-five people attended ten Poverty Awareness Workshops and three Train-the-Trainer Workshops. Five low-income women from Peterborough and eight low-income women from Timiskaming were trained as facilitators in the Poverty Awareness Workshops. It is critical to note, however, that while successful in reaching their goals, the workshops have only scratched the surface. More needs to be done in order to incorporate the awareness of the impact of poverty into heart health and other health promotion programming. This will require the establishment of long-lasting partnerships between heart health networks and low-income communities. Relationship building between food security and heart health groups was seen to take time, perseverance, openness and presence. To facilitate communication and collaboration, groups identified a need for food security and heart health groups to learn about and respect each other’s language and culture, and points of view.

Some philosophical differences between programming approaches used by food security and heart health groups were identified. However, groups cautioned that if partnerships were to be mutual, productive and successful, both heart health and food security groups would need to move beyond their own agendas and start focusing on a common goal – one which advances and promotes the interests of both heart health and food security. Community development and educational approaches need not be separate. Building Bridges groups initiated several different project models. What all projects had in common was that they were working with low-income adults or children.

In conclusion, there is an ongoing need to increase the capacity of practitioners in communities across Ontario to develop and implement policies, strategies and programs, which meaningfully include and address the needs and aspirations of low-income people.

Background

Founded in 1949, the Ontario Public Health Association (OPHA) is a voluntary, charitable, non-profit association. OPHA is an organization of individuals and Constituent Associations from various sectors and disciplines that have an interest in improving the health of the people of Ontario. The mission of OPHA is to strengthen the impact of people who are active in public and community health throughout Ontario.

To this end, OPHA has operated the Heart Health Resource Centre (HHRC) since 1993. The HHRC is viewed as the central source of information, consultation and technical support for community-based multi-risk factor heart health initiatives throughout Ontario. In addition, OPHA has been an active participant in determinants of health for some time. But while determinants related to heart health are complex and multi-faceted, consumption of heart healthy food has emerged as an important cardiovascular health risk factor. At the same time, food security proponents determined that of the multiple risk factors associated with food insecurity, including availability, access and quality, it is access to available quality food, which poses the greatest challenge to those at increased risk of heart disease. Therefore this project was designed to address the gap, which exists between food security initiatives and multi-risk factor heart health initiatives in Ontario, and provide a practical means to guide the identification of a shared vision and multi-sectoral action.

The purpose of this project was to build a bridge between a mutually defined community interest in heart health and food security, which could be sustained and to profile this collaboration in such a way as to provide a framework for others to follow.

The Link between Food Security and Heart Health

The idea of linking food security and heart health strategies came out of the work of the Ontario Public Health Association (OPHA) Food Security Working Group. The OPHA Food Security Working Group had been working to develop a common agenda and policy framework for food and nutrition in Ontario since 1993. It defined food security as: "People have food security when they can get enough to eat that is safe, that they like to eat and that helps them to be healthy. They must be able to get this food in ways that make them feel good about themselves and their families." [Ontario Public Health Association. Food for Now and the Future: A Food and Nutrition Strategy for Ontario. Toronto, Ontario: 1995, p. 2.]

The OPHA Food Security Working Group saw a natural link between food security and heart health issues. Helping people find ways to ensure they have enough food to put on the table was seen as one of the first steps in helping people to make heart healthy choices. In late 1997, the OPHA successfully applied for funding to the Ontario Region of the Population Health Fund of Health Canada to further explore ways of linking food

security and heart health programming. The project became known as Building Bridges: Food Security and Heart Health.

Restricted Access to Adequate, Healthy Food

Food security, or access to adequate healthy food, is a basic determinant of health. Food bank statistics are commonly used as proxy indicators of hunger and food insecurity, even though they are believed to grossly underestimate the extent of problem. In Ontario over 283,000 people were assisted by food banks in March 2000. Over 38% of those being helped are under the age of 18. [Canadian Association of Food Banks. Hunger Count 2000: Canada's Annual Survey of Emergency Food Programs. Toronto, Wilson and Steinman, October 2000.]

The Links between Hunger, Poverty and Health

Hunger and food insecurity are closely associated with poverty. The relationships between poverty or low socio-economic status and health have been well documented. Ill-health remains disproportionately concentrated in underprivileged populations. People who experience low socio-economic status related to income, education and occupation are more likely to experience premature morbidity and mortality.

The 1999 report Toward A Healthy Future: Second Report on the Health of Canadians found that the poorest Canadians are more likely to report poor health, and are more likely to die earlier than the wealthiest Canadians. ["Toward a Healthy Future: Second Report on the Health of Canadians". Prepared by the Federal, Provincial and Territorial Commission on Population Health for the Meeting of Ministers of Health, Charlottetown, P.E.I., September 1999.]

The Link between Poverty and Heart Health

Socio-economic status is linked to heart health in several ways:

- People with low income and education are at greater risk for heart disease
- People of lower socio-economic status are more likely to report anxiety and depression, which are associated with cardio-vascular disease. They are more likely to work in dangerous and stressful jobs where they face high demands and have little control in the workplace.
- Lower levels of social support are more frequent among poor and less educated people. Lack of social supports and networks have been shown to have a negative impact on health. Social supports enhance health through the positive effects of social interaction; self esteem building, creating a sense of belonging and accessing new information and contacts. People with lower levels of social supports engage in more risk-taking behaviours and fewer health promoting behaviours.
- Heart health risk factors are associated with education level. Smoking rates, obesity, high blood pressure and lack of physical activity are higher among people with lower levels of education. [Report on the Health Status of Residents of Ontario. Public Health Research, Education and Development Program, February, 2000.]

Although low-income populations are at higher risk of heart disease, heart health strategies have tended to be population based, and have often not paid adequate attention to the distinct needs and life situations of low-income people. Heart health promotion strategies often focus on life-style or behavioural risk factors (i.e. smoking, healthy eating, physical activity), without addressing the socio-economic determinants of heart health and the barriers that socio-economic factors pose in adopting healthy lifestyles.

Lifestyle or behavioural approaches generally assume that if people have appropriate knowledge and skills, they can choose whether they will eat nutritious foods, exercise regularly or smoke.

Poverty, However, Limits Choice

For instance, purchasing a healthy diet is difficult, if not impossible, for some people living in poverty. Several studies have shown that when basic living costs, such as housing, are factored in, people living on social assistance or on minimum wage earnings, cannot afford to purchase a healthy diet. [See, for example, Peterborough Social Planning Council, A Report on Hunger in Peterborough, Peterborough, ON, 1996. Windsor-Essex County Food Security Steering Committee, Is There Food For All ... in Windsor-Essex County? Technical Report, Windsor, ON, 1997.] People who have no other options but to rely on food banks face even greater difficulties, as they have little, if any, choice about the quantity or quality of food they receive. A recent study of women food bank users found that even though women were using food banks, they were still at risk of nutrient deficiencies. [Tarasuk, V. et al. Nutritional Vulnerability and Food Insecurity Among Women in Families Using Food Banks. Toronto, ON: University of Toronto: 1998.]

Responding to the Problem

Strategies targeted to the poor must recognize that education alone is of limited value to people who simply cannot afford to purchase enough food. Putting food on the table is people's first priority. Some of the traditional food security strategies such as community gardens and school food programs may provide opportunities to introduce heart health education and to model healthy behaviours while also providing participants with some food. However, this is only the first stage in developing long term and meaningful relationships with those suffering food insecurity in a community.

The Building Bridges Project has pioneered new ways of helping organizations and other nonprofit groups to integrate strategies for removing barriers for low-income people to participate in projects. Building Bridges has helped nonprofit groups, health units, and heart health networks by providing technical assistance, producing outreach materials for their use, holding training workshops for their leaders and staffs, generating national publicity for their efforts, bringing them together with potential partners, and (when possible and appropriate) providing them with small grants of seed money.

For these reasons, for three years in a row Building Bridges has provided nominal yet timely allocations of funds to heart health organizations and other nonprofit groups to assist in their efforts to expand the role of low-income people in program planning and to bolster community food security. Building Bridges has assisted in strengthening a local sense of community by helping groups to bring volunteers and neighbours together on local projects to build community gardens, start farmers' markets, teach nutrition education, and provide summer meals for children, among other initiatives, to strengthen a sense of community.

Expanding Opportunity

Building Bridges has assisted community efforts to help individuals and families obtain nutrition assistance; obtain job training; start food-related and other micro-enterprises; improve their dietary practices; produce and process their own food; and learn how to improve their financial management – all of which expand opportunity by helping families move from poverty to self-sufficiency by:

- Catalyzing the development of new partnerships at the local, and provincial levels to help communities reduce food insecurity and links to heart health;
- Improving the coordination among existing programs, such as heart health & community food programs, ongoing research and related community initiatives;
- Expanding technical assistance to communities, and nonprofit groups to build long-term local structures to increase the involvement of low-income people; and
- Educating the public by using the Poverty Awareness Workshops and Train-the-Trainer workshops to increase public awareness of the causes of food insecurity and highlight innovative community solutions to hunger and heart health.

Criteria for Seed Funding

Phase	Criteria for seed funding		
Phase I 1998	Increase access of low-income people to programs and services		
Phase II 1999		Increase participation of low-income people in program planning and delivery	
Phase III 2000			Increase participation of low-income people in program policies, planning and delivery

Building Bridges Phase I – 1998

The Building Bridges project set out to deliberately mirror the process we were anticipating in community groups, by setting up an Advisory Committee from the various provincial partners. The Advisory Committee recognized that projects would individually construct their own goals and objectives, while our focus would be on the process to develop partnerships between heart health and food security groups. In February 1998, Building Bridges invited community organizations that were interested in both food security and heart health issues to participate in the project and to share their experiences in addressing these issues collaboratively.

Objectives

The following objectives were established:

- To network with community organizations involved in food security across Ontario, in order to identify and document the nature and magnitude of food security initiatives across the province.
- To identify and prepare Community Stories: Experiences and Observations in Linking Food Security and Heart Health Programming, a catalogue of strategies and learnings from seven communities, which have adapted integrated heart health and food security strategies.
- To enhance the capacity of community and public health organizations and their community partners to develop integrated heart health and food security strategies, which provide low-income families with economic, environmental, and social supports needed to improve access to healthy, culturally appropriate foods.

Outcomes

Phase I was concerned with enhancing and promoting links between food security and heart health programming in Ontario.

Food Security in Ontario [Food Security in Ontario is a directory of organizations involved in food security issues in Ontario, available from the OPHA website at <http://www.opha.on.ca/publications/FSDirectory.pdf>], a directory of organizations working in food security in Ontario was published and distributed widely. The directory has been used locally as a tool to identify and document the nature and magnitude of food security initiatives across the province. Information included in the directory was obtained through a mail-out survey to health, agriculture and social service organizations and groups across Ontario. In some cases, follow-up phone calls were made to encourage survey response. Information presented for each project is arranged under the following headings: goals of the organization, main food security activities, agriculture and food production, food access initiatives and public education and policy change initiatives. Contact names, telephone numbers and addresses are included for each project so that further information can be easily obtained. The directory is available in hard copy from OPHA or downloaded from the OPHA website.

In 1998 Building Bridges worked with community organizations that were addressing both food security and heart health issues. Building Bridges provided each participating

project with a small grant to assist them in developing collaborative programming. The seven community organizations undertook a variety of programs including school food programs, group cooking programs, nutrition related heart health education, produce gleaning and gardening. These programs focused on assisting adults and children who live on low incomes to gain better access to healthy food. Providing direct supports and food assistance to enable individuals and families to eat a healthy diet were described as strategies addressing both food security and heart health.

The stories and experiences of the groups participating in the first year of the project have been captured in a report entitled Community Stories: Experiences and Observations in Linking Food Security and Heart Health. Copies of this report can be obtained by contacting OPHA. [Copies of the full report can be ordered from the Ontario Public Health Association website at <http://www.opha.on.ca/publications/#reports> or by telephoning (416) 367-3313.]

"There is such good food. Beautiful food. You can't know what this means to my family. In the country I came from there is so much war that people are not able grow such food. I have never seen such beautiful fruit. My family will eat good food this winter."

What Food Security Groups and Programs Offer

- Food security groups and programs offer a critical point of entry for reaching low-income people.
- Food security groups already work with low-income people and have an understanding of people's needs and interests. They can provide heart health groups with knowledge, expertise and venues through which to work with low-income people. With the help of food security groups, heart health programming ideas may be adapted to suit the specific needs and interests of low-income people. This need not be limited to food security or healthy eating, but may also include other heart health risk factors depending on people's interests.
- Involving and consulting with low-income people in program design and decision-making is an important way of ensuring that programming is responsive to people's needs and life situations.

Towards that end, the focus of Building Bridges in 1999 was to support food security and heart health partnerships in involving low-income people in program design and in reducing barriers, which make it difficult for people to participate in programming. Our goal was to help make programming more accessible to low-income people, and to improve their participation and involvement in the process.

Building Bridges Phase II – 1999

Participation, partnerships and collaboration were the priority areas for Building Bridges in 1999. Given the lessons learned in the first year of the program, and responding to requests from community projects, the Building Bridges Advisory Committee was particularly interested in supporting initiatives that removed barriers that make it difficult for people living on low incomes to participate, not only in program planning, but as participants of programs as well. Building Bridges aimed to increase access to, and participation in programming for people living on low incomes.

Program Initiatives

Building Bridges funds were used for initiatives that seek to develop programs designed to meet the specific needs and concerns of people who live on low incomes. This may include items or activities such as:

- Honorariums to compensate people who live in poverty for time spent in program planning or delivery
- Pilot testing of resources or education messages with people living on low income to ensure their appropriateness
- Conducting focus group discussions with people who live on low incomes to determine whether programming meets their needs

Removing Barriers

Building Bridges funds were used for initiatives that remove barriers that make it difficult for people to participate in, or benefit from programs. This may include items or activities such as:

- Childcare and transportation expenses to attend a community meeting
- Transportation tokens to travel to a program
- Subsidizing the costs of food used in a skills development program
- Production of resources in alternate formats or delivery methods that make them more accessible (i.e., video or slide presentations, low literacy written resources, multilingual print resources) to a wide range of people

The Request for Proposals clearly stated that Building Bridges is not a funding agency. While providing small grants to community groups, the hope was to work collaboratively with groups so that we can all learn about ways to improve food security and heart health programming for people who live in poverty. Building Bridges provided small grants to ten community groups involved in these types of initiatives (See Acknowledgements for a listing of participating projects.). The final “community snapshots” were received by Building Bridges in December, 1999. A sample was published in the Ontario Food Security & Nutrition Network Bulletin, which was distributed to 125 subscribers the same month, and is available for viewing at www.opha.on.ca/foodnet.

Objectives

The following objectives were established:

- To increase collaboration and partnership among food security and heart health groups, both at the local and provincial level.

- To increase health professionals' understanding of the unique and specific needs of low-income people so that both food security and heart health programming can be appropriately designed.
- To facilitate increased participation of low-income people in the design and implementation of food security and heart health programming.

Outcomes

As it turned out, almost all of the groups who applied to Building Bridges were food security groups – groups who intended to reach out to the heart health sector in their community or who were planning to include heart health strategies in their own programming. Our Heart Health representatives on the Advisory Committee suggested that we should seek opportunities to inform and involve heart health sites in the project. In November 1999, members of the Peterborough group attended and presented at the Ontario Heart Health Conference; Valerie Gennings from the Guelph group presented at the OPHA conference; and a flyer advertising the Poverty Awareness Workshops and the Building Bridges program was widely distributed. These strategies significantly increased the number of Heart Health professionals who knew of the Building Bridges Project and subsequently participated in Poverty Awareness workshops.

Building Bridges groups have first-hand experience working directly with individuals and communities who are sometimes seen to be “hard to reach”. These include people living on low incomes, people with language and/or literacy limitations, single parent families, and children living in poor families. This is a relationship Building Bridges wanted to both profile and support.

Therefore at the end of March 1999, Building Bridges entered into a new partnership with the YWCA of Peterborough, Victoria and Haliburton to train facilitators and deliver Poverty Awareness workshops over the course of the year. Five low-income women from Peterborough were trained over a two-month period to deliver the workshops. To be most effective, the workshops were delivered solely by or in partnership with experts in the field: low-income people.

Building Bridges Phase III – 2000

Building Bridges Priority Directions for 2000

Participation, partnerships and collaboration were the priority areas for Building Bridges in 1999. We supported ten community organizations that demonstrated a desire and willingness to build partnerships between the food security and heart health sectors, and are committed to maximizing low-income people's participation in planning and implementing projects.

The Building Bridges Advisory Committee again expanded its interest in supporting initiatives that remove barriers that make it difficult for people living on low incomes to participate, not only in program planning, but as participants of programs as well. The third phase of the project specifically addressed building upon the work in projects of the previous years, as well as enabling new projects that were committed to ongoing work integrating low income peoples into all aspects of programming and policy development.

Objectives

- To increase collaboration and partnership among food security and heart health groups, both to the local and provincial level.
- To increase health professionals' understanding of the unique and specific needs of low-income people so that both food security and heart health programming can be appropriately designed.
- To facilitate increased participation of low-income people in the design and implementation of food security and heart health programming.

Outcomes

- Phase III enabled ten groups (listed in Acknowledgements section) to sustain an integrated approach to planning, programming and policy development, including low-income people in each stage of the process. All project initiatives were completed by September 30, 2000.
- Phase III enabled ten groups to strengthen some of the existing connections between food security and heart health programming, and to identify some of the challenges and opportunities for collaborative programming. The final reports from each project were received by December 30, 2000 and the groups' comments are listed in the Observations and Recommendations section of this report.

Poverty Awareness Workshops

Methodology

The Poverty Awareness Workshop is a half-day workshop that uses a board game called the Poverty Game to introduce participants to the difficulties and challenges faced on a daily basis by people who live on low incomes. Through the Poverty Game, workshop participants assume the life of a person living in poverty and are challenged to reflect on how poverty impacts on people's choices and well being.

"Making health promotion programs more relevant to people who live in poverty."

Following the game, participants engage in a facilitated discussion to explore their feelings and emotions experienced during the game and to begin to identify ways of making health promotion programs more relevant to people who live in poverty. In addition, strategies related to program planning and policies are explored.

The YWCA of Peterborough, Victoria and Haliburton developed and designed six training sessions to prepare five low-income women to become the workshop co-facilitators for the Poverty Game. The women were selected from a pool of participants involved in neighbourhood and food security programs. They were chosen based on their interest in the project, their availability and their skills.

Training sessions were developed to provide participants with knowledge of the workshop, as well as skills in public speaking, problem solving and media relations. The sessions concluded with the delivery of three trial workshops: one with YWCA relief and outreach workers and two others with volunteer literacy workers. The sessions and the trial workshops enabled the participants to develop their facilitating skills and to be ready to deliver workshops with heart health centres. The first workshop took place on June 22, 1999 in North Bay. It was then followed by three workshops: Brantford (September 28), Hamilton (October 14) and the last one in Keene (November 29).

Train-the-Trainer Workshop

The workshop evaluations clearly indicated that the experience was very successful. In addition, a specific train-the-trainer project was undertaken by the YWCA of Peterborough, Haliburton and Kawartha to facilitate the participation of low-income people in programming, through a Poverty Awareness workshop series that was offered to a limited number of Heart Health networks. The Train-the-Trainer Workshop was designed to increase the capacity of heart health networks to run workshops in their own communities. This approach enabled a greater diffusion of the poverty awareness workshop materials and skill building experience; reduced participant transportation costs and built on the strength and knowledge of more communities, particularly in Sudbury and Timiskaming.

Sudbury became the site for the first train-the-trainer workshop, on March 23 and 24, 2000. In Sudbury, the Myths and Mirrors group took the responsibility for implementing the workshops. They rehearsed in the spring and summer. A session was offered at Place Nolin. The game was played one morning over CBC radio, which increased local

awareness of related issues and activities. Myths and Mirrors is the popular education arm of federally funded Better Beginnings/Better Futures Program. An additional train-the-trainer workshop was held in Timiskaming on June 12 and 13, 2000. Eight women who had personal experience with low income were trained to deliver the Poverty Awareness workshop, and the feedback was very positive.

Results from 1999 Poverty Awareness Workshops

"[The Poverty Game] brings the reality of poverty down to a basic level." "The game was a great eye opener to the struggle that life can present." [The Game was] useful. [I now u]nderstand that there are very few choices. [It is v]ery stressful [to live in poverty]. "I was very unaware of the restrictions put on people who need help (and I work in public health!)" "It touched my heart. Wow! We have to change some of our approaches to health promotion programs."

Project Successes

- 135 people attended ten Poverty Awareness Workshops and three Train-the-Trainer workshops
- Five low-income women from Peterborough and eight low-income women from Timiskaming were trained as facilitators in the Poverty Awareness Workshops
- In total, 80 people attended the Poverty Awareness Workshops (with the following breakdown in participation) in 1999: 22 in North Bay, 24 in Brantford, 14 in Hamilton, 20 in Keene. In total, 68 participants (70%) filled in the evaluation form. They all felt that it was a very useful exercise in awareness building.
- Additional Poverty Awareness Workshops were delivered in Niagara on May 17, 2000 and in Halton on June 19, 2000, by the trained facilitators from Peterborough. Fifty-five people attended the following workshops in Spring 2000: 18 participants in the Niagara workshop, 16 in the first Halton workshop and 21 in the second one.

This partnership has been extremely valuable from the perspective of the participants as well as the facilitators. Workshop participants, for instance, have gained greater awareness about the daily realities of people living in poverty. The five facilitators who have been trained to deliver the workshops have also gained an essential experience through this process. Their knowledge and expertise have been validated and they have developed valuable skills through the process. As a result, they are now assessing ways to transform this experience into a long-term, income-generating initiative. Three of the facilitators are now at the point of working on a business plan for the group to continue to facilitate workshops by request from individual Heart Health groups and expand the opportunity to Health Units and other community groups across Ontario. The group can be contacted through Cindy Buott by email at cgbuott@pipcom.com

It is critical to note, however, that while successful in reaching their goals, the workshops have only scratched the surface. More needs to be done in order to incorporate the awareness of the impact of poverty into heart health and other health promotion programming. This will require the establishment of long-lasting partnerships between heart health networks and low-income communities.

Lessons Learned from the Poverty Awareness Workshops 2000

The poverty awareness workshop was used to educate and bring together low-income people and service providers. The poverty game provided an excellent interactive tool to discuss and explore food security and heart health. It provided an opportunity to discuss what services worked and why. It allowed us to examine other areas that affect low-income people.

- Poverty and health-related issues such as a lack of dental services leads to dental caries and gum disease, which can be a factor leading to heart disease.
- Medications essential to the health and well being of low-income people are not covered or are de-listed and therefore are not available.
- Safe drinking water for people in poverty who cannot afford to buy bottled water or boil it for extended periods.
- Nutritional deficiencies due to improper diets because of poverty. One example is someone suffering from an iron deficiency and cannot afford a diet rich in iron or the cost of buying an iron supplement.
- An increase in diseases and various infections directly related to lack of available affordable food sources.
- Childcare, transportation and lack of financial support are the common factors preventing low-income people from seeking medical services.

The facilitators of the Poverty Awareness Workshops found ways to educate and assist low-income people with healthy choices. Services providers were given sensitivity and awareness training.

"Some of the barriers that we, as low-income people delivering the workshops, face are a lack of resources for such items as photocopying, long distance phone calls, reliable childcare, meeting space and transportation."- Cindy Buott, facilitator

The positive aspects of presenting issues related to both food security and heart health is that common elements in both areas could be identified and explored. Workshops provided a way for people living in poverty and service providers to look at the issues and problems together and explore ways to solve them together.

Evaluation

Evaluation of the project took place on an ongoing basis throughout the course of project to ensure that the project proceeded as planned, and to make necessary adjustments along the way to ensure project process objectives and outcomes were met. As the project included both the identification and implementation of specific initiatives, as well as information sharing and networking, feedback from participants in these processes was reviewed on a systematic basis to ensure that project objectives were met at the end of the project.

Through the networking and information sharing processes via teleconference, project participants provided mutual support and feedback within the project in areas such as: the type of information they feel is most needed; how to make information most accessible to a wide variety of groups; how to reach and involve diverse groups across the province, particularly those in remote and isolated communities.

In addition to the ongoing monitoring, an end-of-project assessment compared the outcomes achieved by the project with those proposed at project outset, and compared responses from projects over a number of months after the project was completed. Projects that received funding in 1998 and 1999 were surveyed in November 1999 to determine the usefulness of the grant and to identify what food security, heart health or joint activities, if any, were being continued by the groups. The results are summarized in Appendix A - Final Evaluation Survey of Building Bridges Groups.

The evaluation was primarily qualitative in nature, seeking to determine the extent to which the project and the materials produced, assisted community organizations in integrating heart health and food security programming, and assisted in enhancing the participation of low-income people on project planning, implementation and evaluation. The project maintained records on information requests and will follow-up with persons making requests to determine: whether they are continuing to integrate their programming.

Quantitative indicators of success were included and were assessed by the Advisory Committee to determine relevance and reliability. These indicators included: the number of participating community groups by area of primary interest (food security or heart health); the number of mutually defined areas of mutual interest; the number of requests for information; the number of teleconference participants; the number of new integrated heart health and food security initiatives. These results are profiled in Appendix A - Final Evaluation Survey of Building Bridges Groups.

Observations and Recommendations

Building Bridges was interested in fostering collaboration between groups working in food security and in heart health, and between food security and heart health programming itself. Food security, or access to healthy food, was seen as one of the determinants of heart health specifically, and health and well being in general. As such, ensuring that people's basic food needs are met is vital in promoting heart healthy food choices among low-income people.

Building Bridges learned that if organizations are asked to take on significant new activities, then the project must provide additional resources to help such organizations to do so; even volunteer-driven organizations need funds to assist in removing barriers, to purchase necessary supplies and equipment, and to significantly involve program participants in the decision making and policy development processes.

The following observations and recommendations were identified with several other individuals and groups who have been working in food security and heart health but who were either not part of the projects, or were funded by Building Bridges and submitted final reports outlining their Successes, Challenges and Recommendations.

What the Groups Said They Got Out of the Project

- A chance to work with others and learn about what others were doing
- Three of the women are running a business providing the Poverty Awareness Workshops
- Over two-thirds of the groups have stated that the Building Bridges financial support had a positive and lasting impact on the ability of food security groups to incorporate heart health messages
- Over three-quarters of the groups stated the grant enabled low-income people to be directly involved in program planning and training.
- Nearly all of the groups indicated the grant was the impetus for food security groups to work with heart health networks (or vice versa).
- Many families received fresh, locally grown produce, which enhanced their opportunity to have a healthy diet.
- An educational component was provided, for example, learning how to cook with different/new fresh produce.
- It provided people with an opportunity to get out, meet people and learn more about their communities.
- Projects successfully recruited community members to continue coordinating some of the programs
- Community members were involved in planning meetings as well as program implementation.
- Found it was helpful to have coordinator act as a clearinghouse for information

Food Security and Heart Health Partnerships

Most groups who participated in Building Bridges were primarily focused on food security and had not worked previously on heart health issues. In most cases, food security and heart health groups had just recently begun working together, or they began to do so as part of the Building Bridges project.

Relationship Building Takes Time

- Relationship building between food security and heart health groups was seen to take time, perseverance, openness and presence.
- Tight project time-lines, for both Building Bridges and for the Heart Health sites, meant that relationships had to be built very quickly, sometimes before groups had the opportunity to fully understand one another's needs and interests.

- Having one or more people regularly attend each other's meetings was an important way of hearing and beginning to understand each other's points of view, and to build trust. Being present around the table and participating in discussions and decisions was generally the first step in building relationships. In addition, it was important to have a supportive committee member who would further the cause and continue to promote collaboration.
- In cases where groups had already established some type of relationship, or had previously worked together on a project, partnerships were more readily established. In all cases, developing a common vision or area of interest around programming was important for fostering collaboration and working together. Helping people to improve their access to "healthy food" was a common goal identified by many groups. It was a goal, which could be fully supported by both heart health and food security groups. Having a common goal was also a way of breaking down some of the barriers associated with turf and territory issues. Working collaboratively was not always a smooth process.

Identified Needs

To facilitate communication and collaboration, groups identified a need for food security and heart health groups to learn about and respect each other's language and culture, and points of view.

Most heart health groups had limited experience working with low-income people and had limited understanding of low-income people's specific needs and issues. Similarly, food security groups had little experience with heart health programming approaches. In some cases, even key words such as "food security" or "population health", were not always understood by all partners, and had to be clarified.

One of the difficulties in working collaboratively was that there tends to be a significant difference in the amount of resources available to food security and to heart health groups. Food security groups tend to have fewer financial resources and may not be able to participate fully in heart health activities (particularly meetings) as this puts a strain on their limited resources and takes time away from direct programming. In fact, some food security groups were motivated to collaborate with heart health because heart health was seen as a possible funding source.

However, groups cautioned that if partnerships were to be mutual, productive and successful, both heart health and food security groups would need to move beyond their own agendas and start focusing on a common goal - one which advances and promotes the interests of both heart health and food security.

Food security and heart health groups were seen to bring different resources and expertise to the table. Food security groups tend to have expertise in community development, significant experience working with the poor, and established connections with organizations working with the poor. Heart health groups have expertise in educational programming and health promotion, but often have limited direct experience working with the poor. Heart health groups may be able to reach low-income people

more effectively by working through the already established networks and programs of food security groups.

Collaborative Food Security and Heart Health Programming

Some philosophical differences between programming approaches used by food security and heart health groups were identified.

Food security initiatives are designed specifically for low-income people, while heart health approaches tend to be population based. Food security strategies tend to use a community development approach and to provide environmental and direct supports to help people access food and to possibly meet other basic needs as well. Heart health strategies on the other hand, tend to use awareness-raising and educational approaches aimed at behaviour change. They also aim to create supportive environments and to build healthy public policy to support behaviour change.

Community Development and Educational Approaches Need Not Be Separate.

Several Building Bridges groups looked for ways to incorporate heart health education into food security programming. For instance, group-cooking experiences were used to help people access some food, while being a vehicle for teaching healthy eating and cooking methods. Similarly, existing school snack or meal programs were settings in which healthy food choices could be offered to children, and in which healthy behaviours could be modeled.

Programs such as group cooking or collective/community kitchens, and school food programs are generally described as food security programs. In many ways, however, they appear to serve more as heart health rather than as food access strategies, as they tend to be education focused (i.e. low fat cooking, promoting fruit and vegetable consumption). Though the programs provide some direct food assistance to participants, the amount of food is generally limited and is probably insufficient to significantly change the amount of food available to a family. They do however provide some relief and an opportunity for people to socialize and to be exposed to new ideas and concepts. In this sense, they may provide some environmental and social supports to assist people in making healthier choices.

Some heart health groups had difficulty fully endorsing food security programs as food security only deals with one heart health risk factor, nutrition. However, it was pointed out that many anti-tobacco, nutrition and physical activity strategies do not address multiple risk factors, and that projects should not be discriminated against because they only address one risk factor. As well, though food security only addresses one risk factor, improving access to food was believed to be a starting point for other strategies. Once people have been assisted with some of their basic food needs, heart health education or skills building opportunities might be considered.

Working with Low-Income People

Project Models

Building Bridges groups initiated several different project models. What all projects had in common was that they were working with low-income adults or children.

As well, most projects provided some direct food assistance to low-income adults or children, and they offered some form of heart health education. Through this work, projects made several observations about working with low-income people on food security and heart health issues.

Special efforts must be made to make programs accessible to low-income people and to remove barriers to participation. Some of the barriers to participation included: lack of child care, lack of transportation, program costs, low literacy, language barriers, family responsibilities, lack of spousal support, low self-esteem and confidence, and rigid and inflexible programming.

Strategies to Overcome Barriers

Some of the strategies used by Building Bridges groups to overcome these barriers included:

- Offering free programming.
- Providing child care or structuring programs so that children could participate.
- Making programs universally accessible (i.e. open to people of all income levels) so that participants' dignity is maintained.
- Ensuring that participants can take home meals or food so that spouses perceive the programs as valuable and that they support their spouse's participation.
- Hiring cultural interpreters, and not just language translators.
- Offering fun, family-oriented programs.
- Offering programs on-site, or arranging for free transportation to programs or activities.
- Having flexible programs, which meet people where they are at in terms of their needs and skill levels.
- Creating participant-driven programs to ensure that programs adequately address people's needs and interests. Having a self-help focus to allow participants to build their skills and to maintain their dignity.

Tips to Consider in Your Programming

Building Bridges groups have learned a lot about effective programming through their efforts. If you are planning on starting food security and heart health programming, consider the following tips:

Building Food Security / Heart Health Relationships

- Be patient. It takes time and perseverance to build trusting and lasting relationships.
- Take time to listen and learn about each other's work, values, interests, hopes and concerns.
- Participate in and support each other's work.

- Develop and work towards a common goal and agenda.
- Strive to find a balance between traditional health education and community development approaches.
- Throw the net wide and bring in diverse partners.
- Foster a safe environment in which low-income people feel free to share their views and experience without feeling judged, and in which diversity of opinion and experience is honoured.
- Be creative about how to involve low-income people in decision-making. Sitting in day-long planning meetings may not be appropriate for many people. Informal consultations, meetings or simple chats with low-income people can be more relaxing and less threatening ways of involving people.
- Make sure programs are accessible in terms of costs, language, literacy and transportation.
- Make programs fun!
- Partner with organizations or individuals who work directly with low-income people. They can help you reach low-income people and design appropriate programs.
- Value low-income people as experts in understanding their own life situations and needs.
- Provide honorariums to low-income people for the time and effort they make in attending meetings or in planning initiatives. At minimum, consider child care and transportation expenses.

Remain practical and hands-on

- Putting food on the table is people's first priority.
- Start small and build up. You may not be able to include all heart health risk factors in one program.

Building Sustainability

- Recognize that some programs may need ongoing funding in order to make them accessible for low-income people.
- Include food security / heart health projects in the four-year heart health plans.
- Develop relationships with other organizations that help sustain programs.

A Future for Food Security and Primary Prevention

While this funding, like most projects, was time-limited, the issues and support required to systematically address food security issues are not. There is, as a result of this project, a demonstrated need to continue to bridge the gap between practitioners, managers and policy makers and food security practitioners, advocates and researchers. This applies not only to heart health programs, but all primary prevention programs for which low income is an acknowledged risk factor.

There is a need to systematically coordinate and communicate, primarily to nutrition and chronic disease managers and practitioners in Boards of Health and Community Health Centres in Ontario, with and about provincial food security and nutrition initiatives.

In conclusion, there is an ongoing need to increase the capacity of practitioners in communities across Ontario to develop and implement policies, strategies and programs, which meaningfully include and address the needs and aspirations of low-income people.

Background Documents for Further Reading

Policy Studies

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Appendix A

Survey Responses

The due date of the Survey was November 30, 2000. A total of fifteen (15) responses were received from the following people.

Building Bridges Groups 1998

- Lisa MacKinnon-Garic and Marni Wilks, Sudbury & District Health Unit
- Joan Mercer and Mary Jo Sullivan, YWCA in Peterborough

Building Bridges Groups 1999

- Alison McMullen, Food Action Network at the Ogden East End CHC
- Susan Knowles, North York Basic Needs Action Network
- Marilyn Murphy, Youth Mentoring Project., Canadian Red Cross
- Janet McPherson, The Youth Centre, Ajax

Building Bridges Groups 2000

- Barb Holmberg/Lisa Schwartz, Harvest Share, Parry Sound
- Kayla Glynn, Huron County Food Focus Groups
- Sherry Phillips, Lawrence Heights CHC Cooking With Kids Club
- Lisa Snedden, London Intercommunity Health Centre, Cooking for Kids
- Donna McGregor, Healthy Cooking on a Budget Workshops
- Catherine Schwartz Thunder Bay Food Action Network
- Cindy Buott, Poverty Awareness Workshop Group
- Mike Marcolongo, Guelph Garden Fresh Box Project
- A survey was also received from Marjorie Sagon, Zhiibaahsing, Baby Food Making Group

Final Evaluation Survey

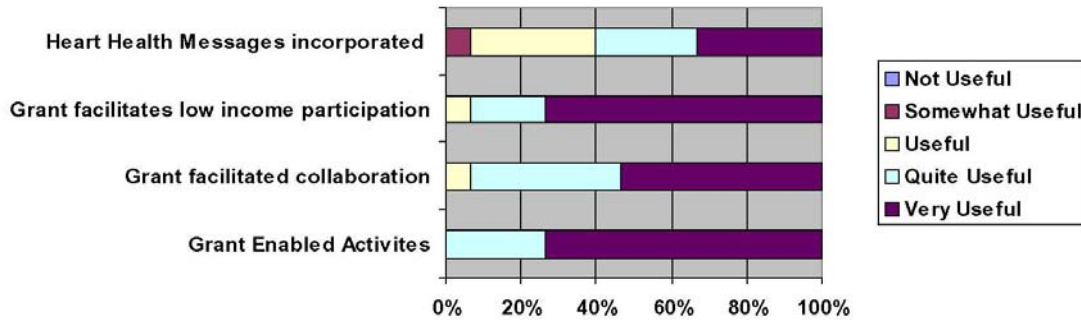
Survey Questions

On a scale of 0 to 5 (0 being not useful and 5 most useful). The number in brackets indicates the response.

1. The extent to which the Building Bridges grant has enabled the group's activities to reflect both heart health and food security issues.
0 - 1 - 2 - 3 - 4(4) - 5(11)
2. The extent to which the community grant facilitated the collaboration and partnership between heart health and food security activities.
0 - 1 - 2 - 3(1) - 4(6) - 5(8)
3. The extent to which the community grant facilitated the participation of low-income people in your activities.
0 - 1 - 2 - 3(1) - 4(3) - 5(11)

4. The extent to which Heart Health messages have been incorporated in your activities with low-income people.
 0 - 1 - 2(1) - 3(5) - 4(4) - 5(5)

Bar Chart of Survey Responses



Which activities is your group involved in? Check all that apply.

Name of group or organization: See [Matrix Responses](#).

The number in brackets below indicates the response.

Food Access Programming

Emergency Food Programs

[4] Food bank

[8] Free or low cost meals

[3] Food rescue or reclamation

[3] Food gleaning

[1] Other, please specify: Support all food access programming and food security action (Peterborough)

Community food / self-help program

[5] Community kitchens

[7] Community gardens

[0] Food buying clubs

[1] Food cooperatives

[5] Community meals

[10] Cooking classes

[5] Good Food Box

[2] Community / neighbourhood markets

[3] Community Food Advisor Program

[9] Child nutrition programs, school food programs or breakfast clubs

[5] Prenatal / postnatal nutrition programs

[5] Other, please specify: Grow-A-Row (Peterborough), community kitchen leader training (Thunder Bay), traditional foods preparation workshop (Noojmowin Teg), baby

food making (Zhiibaahsing First Nation), preserving workshops (Thunder Bay), Garden Fresh Box (Guelph)

Food and nutrition skills development

[5] Food budgeting, meal and menu planning

[10] Healthy eating

[1] Supermarket tours

[11] Fruit and vegetable promotion

[2] Other, please specify: Information on diabetes distributed through food box, food exchange and swap recipes (Peterborough and Poverty Awareness group)

Poverty Awareness

[9] Promoting / supporting low income people through program planning

[9] Training / education to raise awareness of Poverty Issues

[2] Other, please specify: Poverty Awareness Workshops, Train-the-Trainer sessions and employment through workshops

Public Education and Policy Change

[8] Public education and awareness raising

[5] Policy advocacy

[3] Research

[0] Other, please specify:

Heart Health

[11] Healthy Eating Programs

[5] Smoking Cessation Programs

[8] Physical Activity Programs

[2] Other, please specify: Developed resources to support/link food security to heart health (Sudbury & Thunder Bay)

Do you have any program information and/or evaluations you would be willing to share with others?

[10] Yes

[5] No

Evaluations available in Community Stories and from Building Bridges Co-ordinator.

What type of information would you find useful to receive?

[11] Information on new programs / best practices

[6] Advocacy related action ideas / campaigns

[8] Latest food security related research

[7] News from other Building Bridges Projects

[7] Information on Heart Health resources

[3] Other, please specify: Networking resources related to both Heart Health and Food Security and funding sources

Would you like to join a food security list serve of Ontario food security groups?

[10] Yes

[4] No/already belong to a list serve

Name of group or organization: see Matrix Responses.

Matrix of Survey Responses

Prepared by Fiona Knight for the Building Bridges Advisory Committee, December 5, 2000.

1998 Sudbury and District Health Unit	1998/99 YWCA Peterborough	1999 Ogden East End CHC, Thunder Bay	1999 North York Basic Needs Action Network	1999 Canadian Red Cross, Mentoring Project	1999 The Youth Centre, Ajax	1999/2000 Harvestshare Parry Sound	2000 Huron County Food Focus Groups	2000 Lawrence Heights CHC Cooking for Kids
Food Access Programming								
Food bank	Food gleaning, Grow a Row	Advocacy on food security	Food rescue & gleaning	Free/low cost snacks for children	Food bank	Community gardens & gleaning	Food bank	Free/low cost meals
Free/low cost meals	Community gardens	Community kitchen training	Cooking classes – Cooking with kids	Community meals	Good Food Box	Community meals & food redistribution	Community kitchens/low cost meals	Community kitchens
Community kitchens	Cooking classes	Community meals	Prenatal & postnatal programs	School food programs	Cooking classes with youth	Good Food Box	Community gardens	Cooking with Kids classes
Community gardens	Good Food Box – information on diabetes distributed	Cooking classes	Fruit & vegetable promotion	Fruit & vegetable promotion		Community markets	Cooking classes	Child nutrition programs
Food buying clubs/food co-ops	Fruit & vegetable promotion	Child nutrition programs				School food programs	Good Food Box (in development)	Fruit & vegetable promotion
Community Food Advisor Program		Prenatal & postnatal programs				Prenatal/postnatal programs	Community Food Advisor Program	
Prenatal/postnatal & child nutrition programs		Food budgeting menu planning					Child nutrition programs	
Food budgeting, fruit & vegetable promotion		Supporting low- income people through program planning		Supporting low- income people through program planning		Supporting low- income people through program planning	Supporting low- income people through program planning	Supporting low- income people through program planning
Supporting and training low-income people		Supporting low- income people through training	Supporting low- income people through training	Supporting low- income people through training		Supporting low- income people through training	Supporting low- income people through training	
Heart Health Programming								
Healthy Eating Programs	Healthy Eating Programs		Healthy Eating Programs	Healthy Eating Programs	Physical activity programs	Healthy Eating Programs	Healthy Eating Programs	Healthy Eating Programs
Smoking cessation programs			Smoking cessation programs	Public education & awareness raising		Public education & awareness raising	Smoking cessation programs	
Physical activity programs			Physical activity programs				Physical activity programs	
Joint Heart Health and Food Security Programming								
Public education and awareness. Policy advocacy and research. Developed joint food security & heart health resources.	HH dollars support food programs Poverty Awareness Workshops, trained facilitators	Community kitchen leader training	Program now funded by North York Heart Health Network – Adversity Challenge to be held in 2001	Student nutrition programs. Partnership, mentoring programs. Physical activity with school snack programs	Cooking classes for teens subsidized low- income participants and incorporated physical activity programming	Food demos. Vegetable growing and produce sales to encourage healthy eating. Hands-on cooking classes for low-income people who plan menus	Information on food security & Heart Health programming shared through Food Focus groups with low-income residents	Cooking program with kids and mothers provides Heart Healthy recipes

MATRIX CONTINUED – 2000 Projects				
2000 London Inter- community Cooking for Kids	2000 Noojnowin Teg & Zhiibaahing (two responses)	2000 Thunder Bay Food Action Network	2000 Poverty Awareness Workshop Group	2000 Garden Fresh Box, Guelph
Food Access Programming				
Food bank Food reclamation	Cooking classes Baby food making	New gleaning program	Poverty Awareness Workshops, trained facilitators	Garden Fresh Box
Free/low cost meals	Free/low cost meals	Preserving workshops	Community gardens	Community gardens
Community gardens	Cooking classes/baby food making	Cooking classes	Swap food and exchange recipes	
Cooking with Kids classes	Community Food Advisor Program		Supporting low- income people through training	
Child nutrition programs	Child nutrition programs			
Food budgeting, menu planning	Traditional food preparation workshops			
Heart Health Programming				
Healthy Eating Programs	Healthy Eating Programs	Healthy Eating Programs	Healthy Eating Programs	Healthy Eating Programs
		Smoking cessation programs		
Physical activity programs		Physical activity programs	Physical activity programs	
Joint Heart Health and Food Security Programming				
Cooking program teams medical students with local kids to prepare nutritious meals	Traditional food preparation workshops incorporate heart health and diabetes information	Distribute heart health resources through gleaning project	Training to raise awareness of poverty issues	Public education and awareness-raising