

BC First Nations Healthy Food & Beverage Community Initiatives

Catalyzing Community Food Action

Phase III & IV Evaluation Report

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Introduction

This report documents the evaluation of Phase III & IV of the Healthy Food and Beverage Sales Initiative in First Nations communities. The evaluation examined both the implementation and the perceived impact of the initiative and is primarily based on self-report by the communities. Whenever possible, direct quotes from coordinators who led the project in the communities are presented to highlight their perceptions of the initiative in the community setting.

Background

The BC Healthy Eating Strategy was developed and formally adopted by the BC Healthy Living Alliance (BCHLA) in May 2007 as one of four targeted approaches to health promotion in the province. Within the Strategy were four initiatives targeted at increasing the availability of healthy choices, consumption of healthy choices, and skills related to making healthy choices in environments where families live, learn, work and play.

Prior to the implementation of the BCHLA strategy, a provincial needs assessment explored the current situation in British Columbia recreation facilities; illustrating that municipal recreation facilities across the province had eating environments that were not 'health promoting' and in fact appeared 'obesogenic'¹. The needs assessment showed that recreation stakeholders were interested in taking action to improve this situation and a model to facilitate change was developed.

The BCHLA BC Food and Beverage Sales in Recreation Facilities and Local Government Buildings Initiative (HFBS) adopted and adapted the broader food environment model to facilitate change in municipal recreation facilities. The initiative was lead by the British Columbia Recreation and Parks Association (BCRPA) and aimed to: a) build organizational and community capacity for action, b) provide support to local government buildings and recreational facilities to encourage the voluntarily adoption of the sale of healthy food and beverages guidelines and c) encourage the provision or promotion of healthy options in all areas of recreation operations (e.g. children's programs and events). Based on community interest and need a companion initiative was lead by the BCRPA to determine the feasibility and impact of the initiative on municipal recreation food environments and in First Nations communities. The evaluation was conducted under direction of Dr. PJ Naylor at the University of Victoria.

Phase 1 included one First Nations community. The feedback from this community suggested a modified evaluation and implementation approach. The approach used within the First Nations community was also more community-wide and less facility orientated because the community context could vary radically. For example, some communities did not have traditional recreation venues for vending, and catering for community events was a significant issue. The evaluation process was adapted based on this finding and key recommendations from Phase I and rolled out in Phase II, III and IV. Phase III and IV findings are reported in this document.

¹ 'Obesogenic' environments are places where "the influences, surroundings, opportunities, or conditions of life promote obesity in individuals or populations." Swinburn B, Egger G. Preventive strategies against weight gain and obesity. *Obesity Reviews* 2002;3(4):289–301

Participating Phase III & IV First Nations Communities

Six First Nations communities were awarded grants of \$7,500 CDN to implement the initiative in Phase III and IV (three in each phase). Phase III communities participated in the project between July 2009 and March 2010 and phase IV participated between March and August 2010. One Phase IV community did not complete the evaluation because their community was evacuated in the summer 2010 wildfires in BC and experienced significant staff turn-over.

These communities addressed healthy eating through areas like food sales at tournaments and events and public awareness and nutrition education in facilities such community health buildings.

Grant Phase	Community	Population	Metropolitan Influence Zone [□]
III	New Aiyanih Village Government	806*	Remote
III	Stellat'en First Nation	175*	Remote
III	West Moberly First Nation	51**	Suburban/Rural
IV	Nazko First Nation	117*	Urban
IV	Pauquachin First Nation	(no data available)	Urban
IV	Tsawout First Nation	585*	Urban

* BC Stats, Aboriginal Data Initiative 2006, <http://www.bcstats.gov.bc.ca/data/lss/abor/profile/abprof.asp>

**2006 British Columbia Indian Reserve Census Figures,
<http://www.bcstats.gov.bc.ca/data/cen06/ir2006.csv>

□ Metropolitan Influence Zones recognize inherent differences in the social and economic characteristics of different communities and differences in their geographic locations, which may have important influences on quality of life, and in this case specifically speak to food access. **Source:** Natural Resources of Canada, "Metropolitan Influence Zones", <http://atlas.nrcan.gc.ca/auth/english/maps/peopleandsociety/QOL/miz>

Figure 1: Geographic location of First Nations Communities participating in the Healthy Food and Beverage Initiative across four phases, 2008-2010



Evaluation Purpose

The purpose of evaluating the Healthy Food and Beverage Sales project in First Nations Communities was to explore the feasibility, implementation and impact of the HFBS initiative. More specifically the purpose was to:

- 1) To describe what activities were undertaken and tell the story of what happened.
- 2) To describe the impact of HFBS project on, planning efforts and the overall community food environment.
- 3) To identify key issues related to implementation including what was challenging and helpful in implementation of changes.
- 4) To act as a catalyst to encourage and support communities in the planning and process of making sustainable changes.

Table 1: Evaluation activities completed by Phase II First Nations communities

Description of Evaluation Activity	Completed
<p>Community Overview</p> <p>Fourteen statements that project coordinators within each community rated on a scale of 0-3 (0=not in place, 1=under development, 2=partially in place/need improvements, 3=Fully in place). The overview measures the communities' level of development in the areas of a) strategic planning, b) supportive food environments, and c) communication & education. Some communities completed these by hand and submitted them; however most were completed over the phone with an evaluator who read the statement and asked them to provide an accurate rating based on their understanding of their community.</p>	<p>Baseline Phase III: July-Oct 2009 Phase IV: March-April 2009 n= 6 communities</p> <p>Follow-up: Phase III: March 2010 Phase IV: July-Aug 2010 n= 5 communities</p>
<p>Monthly Phone Check-In</p> <p>During the course of the project, one of the evaluation team members called to collect information about the progress, challenges or successes the local initiative was experiencing.</p>	<p>3-4 phone calls per community about once every month</p>
<p>Final Interview</p> <p>This was a semi-structured interview with each project coordinator at the end of the project that addressed how things had gone in developing and implementing the project and what challenges and successes they had experienced.</p>	<p>Phase III: March 2010 Phase IV: July-Aug 2010 5 community leads</p>

Project Description & Activities

The overall goals and direction of each of the six communities were unique and depended on the context for change and level of readiness of community members. A description of each community's project aim was extracted from the project applications. Information on project activities that were completed or underway was collected in monthly phone check-in and final interviews with project coordinators from each community. The findings are summarized in the Table 2. One community was unable to complete the project at the time of evaluation as their community was evacuated in the summer 2010 wildfires in BC and they also experienced major staff turn-over.

Table 2: Summary of project goals and activities for Phase III & IV First Nations communities

Community	Project Aim	Activities Completed or Underway
1	Revamp and improve Band Hall Concession; provide educational materials and resources; point-of-purchase displays to encourage healthy choices; community outreach and education	<ul style="list-style-type: none"> ❖ Surveyed community and staff to see what kind of foods they would like to buy. ❖ Increased awareness of healthy eating through the survey and staff meetings. ❖ Completed concession and vending audit. ❖ Purchased new refrigerated vending machine and stocked with healthy choices including yogurt, fruit, healthy muffins, water, 100% fruit juice. ❖ Used the Brand Name Food List to promote Choose Most items and trained Band Hall staff to use the list.
2	Hire a dietary consultant to start a Healthy Food Program in the concession of New Community Hall and to offer these services to the children's' program and Elder's Meals on Wheels program.	<ul style="list-style-type: none"> ❖ Partnered with existing Community Health Representative. ❖ Worked towards getting community kitchen licensed for operation to cook meal for Elders and children's programs. ❖ Purchased pots and pans and other supplies for when kitchen is up and running. ❖ Eliminated selling pop, chips and other junk foods at youth dances. ❖ Replacing pop with water at all community events and meetings. ❖ Offered healthy eating workshops in combination with diabetes education.

Table 2 continued ...

Community	Project Description	Activities Completed or Underway
3	Enhancing current programming and working with Health Advisory Committee to complete a facility assessment for Gathering Strength Community Facility, to develop recommendations for food policy; enhance current Good Food Box Program.	<ul style="list-style-type: none"> ❖ Centralizing produce box distribution to new community centre and combining pick-up with opportunities for healthy lifestyle activities and community engagement. ❖ Established healthy living events, once a month on an ongoing basis. For example, a healthy cooking demonstration was held at the time of produce box pick-up, showing an easy recipe that can be made with the contents of the box. ❖ Sent out community newsletter to promote and advertise the event. ❖ Established a healthy food and beverages policy to govern practice in community health building and programs.
4	Implement healthy choices in vending, schools, after school programs, special events and educate staff on how to implement the First Nation Bands Healthy Food and Beverage Sales Program.	<ul style="list-style-type: none"> ❖ Created Healthy Choices committee with a variety of community stakeholders ❖ Implemented healthy choices in concession for sports tournaments. ❖ Implemented healthy choices in vending; worked with vendor to get at least 60% Choose Most and Choose Sometimes products in machines. ❖ Began addressing foods sold for fundraising. ❖ Partnered with dietitian and nearby grocery store and planned nutrition tours as a practical education opportunity for community members. ❖ Nutrition workshops in the planning phases. ❖ Purchased table and chairs to create more comfortable eating environment in foyer of fitness centre where snacks are sold. ❖ Incorporated healthier food and beverage options into pre-existing programs with youth and children through the community recreation centre; furthermore, partnered with local high school to increase awareness of the importance of teaching and encouraging healthy eating habits among the youth. ❖ Purchased blender for recreation centre concession to support them in making fruit smoothies in place of pop and other less healthy drink options. ❖ Had promotional materials set up at a booth for every public meeting or event with the 'Stay Active Eat Healthy' marketing materials

Table 2 continued ...

Community	Project Description	Activities Completed or Underway
5	Consult with community about healthy eating, especially the food available at community events and programs. Link and expand present health activities that have a healthy food component. Provide workshops or discussions on healthy food topics identified by elders and community members and hire a community member to coordinate the Healthy Food and Beverage Project.	<ul style="list-style-type: none"> ❖ Hired a community member to coordinate the project. ❖ Promote healthy foods in the community: switching from pop and other sugar sweetened beverages to water, increasing fruit and vegetable intake. ❖ Eliminated the sale and prevalence of pop and chips in the community health building and at workshops, meetings and events. ❖ Increased community awareness of the importance of healthy eating through dialogue initiated by community coordinator. ❖ Working towards a community grocery order, to increase accessibility (in cost and transportation) of healthy foods.
6	Demonstrate Healthy Food Choices that support aboriginal health for people residing on the Indian Reserve Lands. Highlight traditional food choices at community gatherings.	(no follow-up data provided by community)

Community Overview Results

- ❖ Project coordinators rated their community on 14 statements organized into 3 categories. They indicated their state of development in the areas of strategic planning, supportive environments and communication & education.
- ❖ Five (n=5) communities completed the Community Overview Assessment Questionnaire at baseline and several months later at the end of the grant timeline. One community did not complete the evaluation as their community was evacuated in the summer 2010 wildfires in BC and in combination with staff turn-over, this was understandably not a priority.
- ❖ Communities indicated an increase in capacity and support for healthy eating across all categories including strategic planning, supportive environments and communication & education for healthy choices (See Figure 2 and Table 3).

Figure 1: Community Overview Results for Phase III & IV First Nation Communities

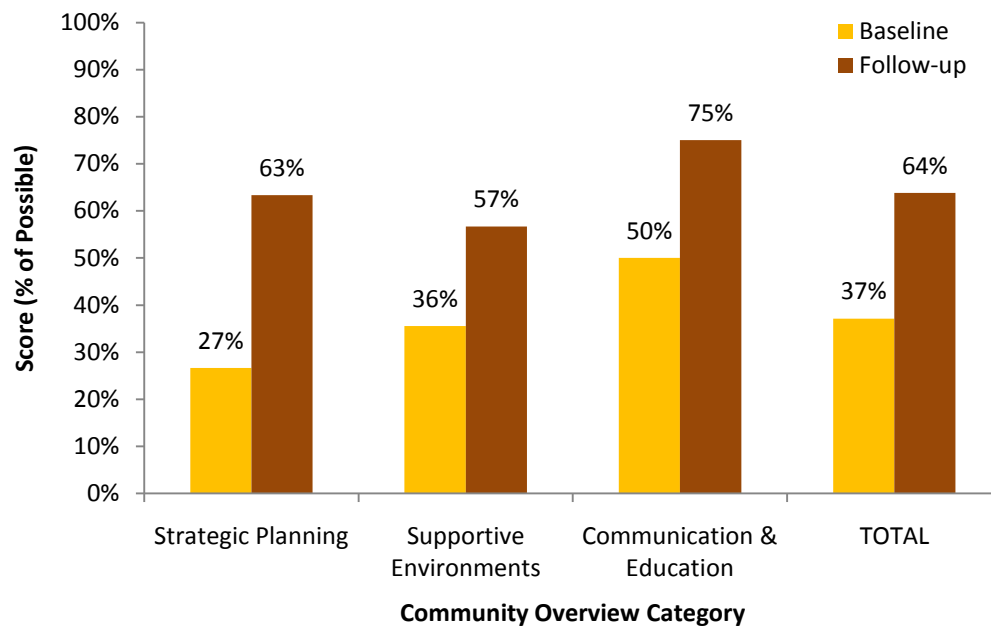


Table 3 on the following page provides a detailed break-down of the results of the *Community Overview* by category statement.

Table 3 provides a detailed break-down of the average results of the *Community Overview* by category statement, according to the data provided by the 5 communities that complete the baseline and follow-up assessment in phase III & IV.

Table 3: Average Community Overview Results for Phase III & IV First Nations Communities

	Assessment Statement	Baseline Average	Follow-up Average	Total Possible
Strategic Planning	A Healthy Choices Committee been formed	1.0	2.0	3
	A Healthy Choices Plan and/or policy been written and approved by decision makers	0.2	1.4	3
	The community has dedicated resources and/or assigned responsibility for the plan.	1.6	2.2	3
	The community's healthy choices goals are monitored and evaluated.	0.4	2.0	3
	Strategic Planning Total	3.2	7.6	12
	%	27%	63%	100%
Supportive Environments	Vending machines serve healthy choices in accordance with the Guidelines	0.2	1.4	3
	Concession/Snack Bar serve healthy choices in accordance with Guidelines	0.2	0.8	3
	Events serve healthy choices in accordance with the Guidelines	1.6	2.0	3
	All fundraising done with healthy choices or non-food choices	0.8	1.6	3
	At formal meetings in our community (e.g. Band Meetings) healthy foods are served	2.0	2.2	3
	Our community members support making healthy changes to the community	1.6	2.2	3
	Supportive Environments Total	6.4	10.2	18
	%	36%	57%	100%
Communication & Education	Community members are made aware of this healthy food and beverage initiative.	1.6	2.2	3
	There is a communications campaign to educate community members about health and healthy eating choices.	1.2	2.2	3
	Food Safe training is available for community leaders and volunteers	1.8	2.4	3
	Work shops, classes, or other training opportunities in relation to healthy eating are offered regularly	1.4	2.2	3
	Communication & Education Total	6.0	9.0	12
	Communication & Education %	50%	75%	100%
	TOTAL OVERVIEW	15.6	26.8	42
	TOTAL %	37%	64%	100%

Success Stories

What is the story behind the data?

Story telling is a tradition of First Nations communities. To honour this and their culture we used the narrative from phone check-ins and final interviews to capture three stories that illustrate and celebrate what can and did happen.

Healthy Vending Machine Success

One of the First Nation's communities to participate put their Healthy Food and Beverage grant fund to use by purchasing a refrigerated vending machine for the local band hall, a place where many community members visit and often purchase a snack.

Before the machine was stocked, community members were surveyed and asked what types of healthy foods and beverages they would like to see in the machine. This feedback process not only allowed for the community voice to be heard but also provided the opportunity to raise awareness and excitement around the new machine.

The machine arrived in December and was placed in the lobby of the Band Hall. By the New Year the machine was regularly stocked with healthy choices including 100% juices, milk, yogurts, fruit cups, apple sauce, and fresh home-made healthy muffins made by in licensed kitchen in the childcare centre. Some options that have not fit into the machine, such as soups are now also sold through the front desk. Since this community is in a remote location, the fresh options were especially appreciated, and the apple cinnamon and blueberry muffins have been a real hit, selling out within a few days.

After the machine was put in place, community members were given several more opportunities to provide feedback on other ways to support healthy eating, and be involved in deciding what products made it into the machine. A taste-testing day was allowed individuals to try the different products and a focus group was held for staff working in building as well as for the community at large.

“ People have asked for sandwiches and other healthy choices, but some say they still want chips so we are investigating what healthier chips we can order. ”



The Brand Name Food List was instrumental in the success. The key lead in the project printed off a list of snack and beverage products by “Choose” category, with healthier choices at the top moving towards not recommended choices at the bottom. The list included products that had previously been sold as well as items now offered in the new machine and at the front desk concession. Those items that used to be offered where highlighted in a different colour than the new healthy choices. Community members found it interesting to see what products were on the top of the list and which items were on the bottom. Several community members, including the front desk receptionist, have been trained to understand and use the Brand Name Food List and find it a helpful tool in ensuring the Band Hall sells healthy foods and beverages.

Overall, the introduction of the new and healthy food and beverage machine received more positive feedback than originally anticipated. Community members were able to be involved in the process and are now able to purchase healthy food and beverage snacks from a convenient location.

A Healthy Eating Community Champion

One of the First Nation's community participants used their Healthy Food and Beverage grant to build community capacity for healthy eating through community consultation, communication and education. With the seed funding they hired a community member to coordinate the project to increase awareness and support and encourage community members in eating healthy. Their coordinator was an enthusiastic, energetic band member, soccer player and mother, which helped her create dialogue with community members to find out what they needed to support them in healthy eating. As part of her job, this coordinator attended as many community events and gatherings as possible and often sat at community hall reception to strike up conversation with other band members. Understanding their perspectives and daily struggles was very important process for her as she sought to brainstorm ways to expand healthy eating in the community. She shared

“ *The project has helped us open up so many more doors...[community members] are willing to make healthier choices when they look at their children growing up in the same footsteps...a diabetic saying 'I don't want my child to be a diabetic' ... I think those little one-on-one times has been the most inspiring thing of all.* ”

When this project coordinator began her work on the Healthy Food and Beverage project she quickly identified her role as a parent and her involvement in sport as excellent avenues through which to talk to others about healthy eating. “With my children and other parents’ children ... using sport and ... being with my children in the park is my plan to help spread the word about what we’re doing next” she recounted. One of her biggest focuses was increasing awareness and education regarding healthy eating at sport games and in school. “You are what your kids eat” she says, “my big thing is having creative eating ... because when we cook dinner for family you want your kids to eat , so you’ll eat what they’ll eat.” Her passion to inspire healthy eating for children led her to brainstorm all sorts of fun and fresh ways to prepare healthy foods, such as stuffing a cucumber with a carrot and making mashed potatoes red with beats.

The First Nation Healthy Food and Beverage initiative is contributing to a slow and steady movement towards healthier living in the this community. A new standard is being set at community events and gatherings where chips or cake is being replaced by fruit and pop or sugary juice by water. As one community staff member said:

“ *They’re not allowed to sell pop and chips here anymore either ... Comparing now to the past, there’s been a huge change ... I didn’t see any person bring in their own pop, chips, their candy or anything else...the outlook is changed and I think that’s huge.* ”

One of the unique project goals of this community is the development of a community-wide food order. The goal is to increase the affordability and accessibility of healthy grocery purchases. The concept involves having households fill out a grocery order in advance, combining orders and then sending one vehicle to pick-up food for everyone. Ordering in bulk means healthy foods such as whole grain products, dairy, poultry and produce can be purchased at a lower price, and having the food delivered to each doorstep limits current transportation barriers and costs association with poor diet. Moreover, this process removes the tendency to buy unhealthy foods while in the store. The hope is to have the delivery up and running in the fall of 2010.

There are still a lot of challenges preventing the ideal environment for healthy eating. Everything from inexpensive and readily accessible junk food and food addictions to lack of knowledge, funds and transportation, prevent households from ideal eating. Finding successful avenues and times to deliver key messages about what foods to eat, where to get those foods and how to best prepare them is an ongoing negotiation. Diversifying and increasing fruit and veggie intake is often challenging simply because many are unfamiliar with produce varieties. It is ongoing work to provide education and increase community member buy-in and support and inspire those struggling to make changes in their personal and household diets is an ongoing effort.

The community project coordinator will be able to continue in her position with grant funding from the regional Healthy Authority and is planning to continue exploring avenues to improving the health of her community through healthy eating. She looks forward to strengthening partnerships with the surrounding First Nations in the quest for healthy eating. Amongst her top priorities is securing land and buy-in for a community garden and planting fruit trees in around the community and along the road. Her mission is to combine fun nutritional education with sports and physical activities amongst children and youth in the community and her plan for the next season is to get activities like kickball, and capture the flag popular and make good nutrition popular through providing education in this context. "I'd like to introduce them to freezing their own yogurt sticks and different things like that ... if I can get them to come out" she says with a sparkle in her eye.

Increasing Nutrition Education & Community Cooking

One First Nation that participated in the Healthy Food and Beverage initiative this year focused their efforts on increasing nutrition education. A new health building was recently built in the centre of the community with many multi-purpose rooms, a gymnasium and a fully stocked industrial kitchen (complete with stainless steel counters, stoves, fridges and plenty of cooking tools). Prior to the Healthy Food and Beverage Sales program, these valuable kitchen facilities sat nearly unused by the community. The health director, community health nurse and several other staff saw the potential to bring community members into the facility and familiarize them with it so that they felt comfortable making use of the kitchen on a regular basis. Their strategy to accomplish this was to centralize the delivery for an already very successful and well established food program in the community called the Good Food Box. The program had been running in the community for several years, but had always involved a driver delivering the fresh fruits and vegetables straight to household doorsteps.

The effort began by sending out plenty of communication to community members, letting them know that the food boxes would be available to pick up at the Health Centre and inviting them to come to a free cooking event with tasty fresh food. For the first monthly event, a chef came in and provided a healthy cooking demonstration for all community members coming to pick up their good food box. Part of the cooking demonstration included teaching how to cook the vegetables included in the box. The community health nurse commented:

“ *People are pretty happy to come and pick up the food from the community centre which is a big win for us to be able to get people into the new facility ... The biggest benefit that I see is my young moms, the prenatal/postnatal moms ...as well as the diabetics ... they are generally people that are very low income and wouldn't have access to the fresh fruits and vegetables.* ”

In support of the healthy eating goals of the program, the community health director and staff also sat down and developed a policy to provide guidance as to what types of food and beverages should be served in the building and through all Health Department meetings and programs.

“ *Our guideline highlights why it's important to make healthy food choice and make a consistent message across the board from all staff rather than on one side saying something and the other side doing something completely different.* ”

Says the community health nurse who decided to spearhead the guideline development. “We have to keep ourselves healthy and there is an example to set as well” she affirmed.

The outcome of this Healthy Food and Beverage program is increased cooking capacity and regular nutrition education opportunities which means better health for all. Community members are slowly becoming familiar with the new health facility, and hopefully will begin to feel a greater sense of ownership over the kitchen. Regular cooking classes and workshops will continue to be offered in tandem with the pick-up of the Good Food Boxes. The plan for the future will be to 1) develop a healthy recipe cookbook resource, 2) strengthen partnership with neighboring First Nations communities to increase community capacity for action, and 3) continue to expand and improve opportunities for nutrition education.

The Implementation Process

What did the implementation process look like?

What were the challenges?

Who and what helped support the initiative?

The Implementation Process

Each of the First Nations communities had a unique process to implementing their Healthy Food and Beverage Sales initiative. The approach to increasing healthy food options varied depending on community readiness and capacity for action. Each community identified a coordinator to work with the HFBS team and manage the implementation. These coordinators included community centre directors, local community health workers and community members hired on contract. These individuals consulted with Band members to further identify needs and clarify the approach beyond what was first described in the application. Project coordinators tended to have a very personal and relational focus in their work, and much time was spent in dialogue with community members. In addition to some very unique and defined goals, those communities also integrated the HFBS project into already existing programs, events and ways of being in the community. The target for change was diverse from one community to the next and included food sales at local band offices and health buildings, as well as food and beverages served at Elder's meetings, culture events and sporting tournaments. In many cases, major practical and social barriers arose that hindered progress, but there were also many key supports.

"I see it happening. I know it is. Compared to when we first started in June when we first got funding compared to now. There's been positive changes in the community. And this program helped out, I see more people coming in doing healthy stuff."

~Community Project Lead

Factors that were Helpful in Implementation

We collected information about factors that helped to facilitate the project in the communities through phone check-ins and final interviews. The following summarize the main points that arose from conversations with community project leads:

Connecting with Other Communities

Several Phase III and IV communities took advantage of the fact that there were other communities in the province who had previously received grant funding and pursued change in their communities. Those who did take the time to seek out this peer advice and learn from other communities found that their communications with other project leads had been helpful in their planning and process. They were encouraged to know they were not alone and found the ideas of other inspiring and motivating. Receiving success stories via email or by the initiative webpage was also helpful. Some communities also connected with surrounding communities in effort to see if they could build some partnerships and gain synergy in local healthy eating efforts such as planning community gardens and the organization of local food boxes.

"I looked at some of the success stories that were on the website. That kind of helped, [another Phase II Band] was on there. So after it was there, I asked them a few questions about what they did ... Talking to the other bands, when we all got together and had that short little meeting. It was a lot help. So finding another person to lean on, to share ideas with and help you brainstorm. That's been huge."

(Factors that were Helpful in Implementation continued ...)

"I talked to [another First Nations community] about setting up good food boxes and how that worked. And we also talked to [another FN] about ... how that worked for them and how did they make that happen, so it was a lot of talk with other communities and how did you transition."

Communication with UVic and BCRPA

Community project leads expressed that the communication with the UVic evaluation coordinator and BCRPA staff helped to keep them on track with their projects and provided them with the support, resources and motivation to move passed roadblocks and keep moving forward.

"I just wanted to thank BCRPA for introducing this to our community and making it an ongoing program that will be here every year. I look forward to keeping this sustainable."

The Grant Funding

"Of course number one would be the funding, having an end-date "ok, you gotta do this". You know that's the push there, making sure we don't lose the funding."

Community-level Communication

Project leads expressed that the best way to increase awareness about healthy eating and some of the project initiatives was by striking up conversation with community members face-to-face or using popular local media such and local radio stations.

"I know emailing is like I said, there are a lot of people in the community who don't have computer... But being able to see them basically is what really helped. Spreading the word ... So it was that just being vocal about what was going on and just putting myself in different areas just to run into to everybody."

"I like to use the kids to open up the door ... meet the parents and to meet other people in the community ... at the park to spark up that little conversation ... telling them about nutritionist on this day, come on out on this day. I use things like that or any chance at the receptionist wasn't in, I would try to get that kind of position so I can see everybody that walked through the doors and it was just being vocal to get people there."

"The First Nations Community VHS. Everybody uses it. Everybody has them is getting the word out VHS the radio station. Everybody has one in their home. Really emergency phones besides their own home phones and that ... we used the radio to get the word out."

(Factors that were Helpful in Implementation continued ...)

A Local Champion

One very important key to success was having a community-member champion—individuals that are already involved and passionate members of their communities who have the ability to influence and motivate others and had a vision for the project.

“There’s a lot more I have to do. I’ve been executive for 17 years now, as a volunteer. I quit playing competitive sports when I was 30. I said well it’s time for me to give back. The YMCA has brought me around since I was a little kid eh. I do the other part now.”

“It was nice to be able to hire someone who was so enthusiastic in her questions. She’d come in and ask questions and I’d tell her go for it. You can do it, you need to do this-this-and-this, she’d run with it and just go and do it.”

Support from other Community Members and Staff

“The only thing ... that made it easier on me is that [my boss] every time she’s free, if there’s nobody here I can just come through and say I’m struggling with this.”

“I have a really good team of people that help on Good Food Box days. They are really good and really consistent and I know who’s going to be there and who I can rely on. We have found who was doing things, we have become more efficient.”

Help from a Dietitian or Nutritionist

Having the expert advice or authority of a Registered Dietitian or nutrition expert was another factor that was mentioned by several communities as an extremely helpful factor.

“The nutritionist is, she’s been a great help and to teach me a little bit more to she helps me give me new ideas for working with kids and stuff too. Yeah I really feel like we’re starting got get our feet planted now. We’re getting it now.”

Partnerships

Project leads expressed that partnerships with local high schools, grocery stores and pre-existing groups helped them to further the goals of the healthy food and beverage sales program:

“The high school is really helping out now, they really like what we’re doing up here. The principal says if we want or need anything, to use their facilities. All we have to do is call him, and says we can use it anytime ... he’s pretty good colleague. The superintendant. We really had...During the summertime, we had exchanges too. I always work to inform them about the programs that we are doing here. So then promote the program through the exchange group too.”

“Other things that I see that really helped like I said earlier was setting those partnerships up. I mean enhancing them, even better now than they were before. And I figure that was really important. Like with [the grocery store where we did our nutrition tours]”

(Factors that were Helpful in Implementation continued ...)

The Brand Name Food List

“We used the brand name food list a lot, like constantly just to check on different foods that people wanted and then trying to come up with the right brands that would match the healthy foods ... so that was a valuable resource available to us ... then people know that it doesn’t all have to be healthy food, some of the “choose sometimes” foods are in there and that’s fine.”

The Toolkit

One community indicated that the toolkit was helpful in their process of planning.

“[What helped me was] Following through with...the healthy food guide. ‘Making the healthy choice an easy choice’. The planning for the healthy choices, implementing what you want to implement. The toolkit.”

Personal Testimonies

One particular community lead said that speaking with community members about their own personal struggle with food addictions was a very inspiring and motivating factor in her work on the project.

“There are some community members who talk one on one who really feel ashamed of their eating habits and health wise how they feel. Sharing their stories has inspired me to carry on and to not stop ... They showed that they were willing to make healthier choices and try to make change ... somebody’s diabetic and saying ‘I don’t want my child to be a diabetic, so I think those one on one times with our community members has been the most inspiring thing of all’.

Challenges

The following themes represent some of the challenges that Phase III and IV communities experienced in their Healthy Food and Beverage projects. Whenever possible, direct quotes from community project leads are used to describe the challenges experienced.

Gaining Buy-In from other Community Leaders

Several community project leads mentioned that gaining buy-in and support from community members and leaders continues to be a major challenge they experience in moving forward in the way that they optimally hoped for. In many cases, project leads expressed the loneliness that sometimes accompanies them in their work towards trying to increase healthy eating in the community. One community project lead expressed:

"We put together this wellness committee. But the problem...because of their obligations, they are very busy too ... I've just noticed people stepping back, instead of stepping forward. And it's because some of them say well..."[He] is there so it will get done" but sometimes they don't understand that I need them to really make things happen. Instead of trying to do it on my own. And sometimes I do feel alone. ... Sometimes I want to take big steps and I have to pull myself back. And it's really frustrating when they don't see what you see ... I'm not going to give up....that's just a minor roadblock there."

"It was interesting you know, at the beginning everyone was: "I'll be part of the committee"
"We'll do this and that". But when the time comes to actually do the work it's like the Chicken Little story, you know."

~Community Project Lead

Lack of Community Engagement

"We have had some workshops, like day workshops about diabetes and healthier eating. There's really not that much attendance. So that may be one of the issues, when we have stuff like that but there's really not that much attendance. Like there's maybe 4 or 5 people, or sometimes even less."

Communication

"Challenge now is, like, a lot of things happening. Within the community there's ... a group that's doing something else. It's hard to get the word out when there's a lot of things going on."

"I think finding the time for everybody to be together is tough ... One of the ladies I talked to almost every other day ... but the biggest challenge is reaching the rest of the band members."

Gaining Buy-In From Community-level Staff

"Staff were worried that we would take away all their unhealthy choices. We had a coke machine, that's still there! We have a few more juices than pops now, but they can still have their coca cola fix if they need it. You know, we assured them that we weren't pulling everything out. We're offering them options, so that was kind of a challenge to get them to wrap their brain around that. Another thing was just getting staff involved because everyone's so busy right now and they always seem to be ..."

(Challenges continued ...)

Staff Turn-Over

Although one community originally had a young, innovative and eager chef onboard to run with the project, employment opportunities elsewhere outside of the community caused him to move away and no longer be involved with the project. Likewise, another community health nurse that had been running with the project expressed her challenges in keeping the project afloat when one her staff left and another became injured.

“My other big challenge was not having somebody to work with and it being too much for one person, it was beyond our control, it just happened. We had staff then we had another staff take their place and the other staff was gone. These things happen and you do the best you can with what you have ... it was too much for one person. We are back on track now because we have someone back in the position, so I’m not by myself anymore.”

“We applied for funding to you guys and also applied [to the regional health authority] the problem with her staying on was politics ... Political because the community is just never happy with anyone that’s in here. And I wanted her to stay on because she’d already gone through all the stuff that a new person coming in would have to learn all over again and she already had first hand on it and she was doing an awesome job on it and I didn’t want to lose her.”

Transportation

On more than one occasion, transportation was mentioned as a barrier preventing people from getting to the activities planned as part of the healthy food and beverage project.

“Our shuttle bus was gone. Every time I tried get it... I had trips and tours set up too eh, even for more...getting more people to go to [the local grocery chain] ... Our shuttle bus was taken here and there. That’s one of the things I have to do. I already have that set up with [local grocery chain], the trips and tours.”

“[one] thing is transportation. If they live further off, and there’s workshop going on, then their complaints was they didn’t want to walk down with their kids to come to the workshop that we were hosting.”

Project Timeframe and Delays

Project leads indicated that in many cases the time of year combined with the short project timeframe was not the ideal amount of time for reaching their goals by the time their final reports were due.

“It’s just getting the timing of the year when I came on for everybody in school and stuff. The community is more available to me now than they were before so it’s a bit easier for to focus on getting their ideas, what do they want to do , how do they want to do it.”

“So I think getting the hall licensed is the main issue, it’s taking longer than I thought it would. So we’re just waiting for that.”

(Challenges continued ...)

Limitations in Product Supply in a Rural Community

“Finding suppliers was a huge one for us; the company that we deal with for the concession is out of [the closest major city centre] so I’m trying to order up a list, without a website to go on and look at pictures of limited selection and that ...it was a little bit of a pain. But I have been also sidelining and using other stores that I can’t get through my suppliers.”

Inadequate Cooking Facilities & Equipment

Two communities expressed that not having sufficient kitchen space and cooking equipment created considerable limitations on their ability to follow through with the healthy eating activities they would like to see happening in their communities.

“We wanted to do the community kitchen ... And one of the chefs who actually works out of our band he would love to do it. Just that there’s not enough space. He walked me through it, telling me ‘you need workstations if they’re going to be able to follow along, instead of just take notes’. He said that it’s just easier to have them following along. It’s an actual cooking class ... they gain more from actually doing it with him ... So in the community kitchen we just need little bit more space and renovations. We have one stove and its basically one area for a couple of people.”

Unique Challenges:

Finding the Key for the Vending Machines

“I can’t seem to find the person who has the key for the vending machine...which means I can’t do much about stocking the machine until that happens ...”

Extreme Weather

One community expressed that they had had a lot of snow this winter which had limited transportation in, out and around their community. The winter weather had caused the grocery store nutrition tours that they had planned to be cancelled at the time they were originally planned.

Forest Fires

One community was unable to complete their participation in the initiative during the given timeframe because they had to evacuate due to the wildfires that occurred this past summer. These forest fires threatened livelihoods and halted normal everyday operations.

BC Olympic Torch Relay

Several of the project leads expressed that this had been a challenging time to be devoting energy to a special project as their community was already additionally busy with the arrival of the Winter 2010 Olympics in BC. Typically community staff who had the Healthy Food and Beverage Project in their portfolio, also had to plan the special events and logistics surrounding the Olympic Torch Relay as it came through their community. Overall this meant that staff time and resources were also stretched thin which detracted from focus on the HFBS initiatives.

“It’s like a whirlwind, especially with the Olympic Torch that came here. Every week and weekend. Our shuttle bus was taken here and there. That’s one of the things I have to do.”

Conclusions

Although each of the First Nations communities began their Healthy Food and Beverage project from very different starting points, all were able to take steps forward and increase their capacity to change. A range of initiative activities were carried out across the communities ranging from community cooking workshops, to installing a new healthy choice vending machine, to increasing community dialogue around the importance of healthy eating. Overall, the initiative brought people together with a new or renewed focus on the importance of healthy eating.

The Healthy Food and Beverage programs in First Nation communities was not an island. Community leads highlighted the synergy created by other community work and the difficulty of compartmentalizing these activities into projects. Grant funds were often used to strengthen or move forward pre-existing plans or integrated with pre-existing initiatives. The overall desire for these communities is to improve community health through knowledge and practice and the HFBS program has been another contributing factor to the ultimate goal. One project lead in interview said:

"I'm quite certain it impacted the people in the community. Every time they come in here they always notice that it's promoted here. I see changes that are happening. And you have to take little steps with them, the community members. But they do know what we're trying to do is health and wellness for all community members. And that's our goal is to offer that for them and know they have a centre that will offer them those opportunities and choices. I only see it getting better and improving."

Phase III & IV communities indicated that they would continue to plan for the future in pursuit of establishing healthier eating. Continued steps forward will be made on plans established through the project and nutrition workshops, cooking classes and grocery store tours are planned to be offered on an ongoing bases. Some project leads expressed their intention to look into other avenues of building community capacity such as through establishing a community garden and community kitchen. One community expressed their desire to continue to remain in contact and partnership with BCRPA.

Communities expressed that the HFBS grant and the dedicated support was helpful in moving them forward and encouraging them to take a closer look at the issues around food provision and healthy eating choices. The person-to-person technical support, inter-community sharing and consultation provided was helpful; however, the need for resource materials specifically designed for aboriginal communities was highlighted.

Although these findings should be interpreted in light of the limitations of the evaluation (use of self-report, lack of comparison communities and high variability across communities) they show that the HFBS First Nations Initiative served as a catalyst for community action for healthy food and beverage choices. Sustaining the momentum will require ongoing dedicated resources within the community and support and direction for community champions.

"In this short chapter we have...everything is in the middle With the upcoming partnerships with the other bands everything [we are] just getting to the top of the steps to see what's going on. I think in within the next couple of months, more we'll be on the run ...I really feel like we're starting got get our feet planted now..."

~Community Project Lead