

2016 PPH Program Monitoring and Evaluation Report

Target completion: End of Q1 (June 30). All program areas, i.e., service areas and strategic approaches.

Date: June 2017	Name of Program Area (Service / Strategic Approach): Nutrition Promotion	
		Suggested content to cover (as applicable).
1. Key Highlights	<p>Glossary: PHD – Public Health Dietitian/Nutritionist CNE – Community Nutrition Educator HNS – Human Nutritional Sciences FMM – Food Matters Manitoba FSWG – Food Security Workgroup HEEP – Healthy Eating Environments Policy INES – Infant Nutrition Education Strategy HBE – Healthy Built Environment</p>	<ul style="list-style-type: none"> • Public health dietitians (PHDs) provided nutrition support and facilitated nutrition presentations at weekly/biweekly Healthy Baby and Healthy Start for Mom and Me groups throughout the city. • Public health dietitians facilitated monthly/bimonthly introduction to solids infant nutrition classes in each community area. • The role of PHDs was expanded through leadership and co-facilitation of the Healthy Built Environment Regional Workgroup and the Food Security Workgroup • Community Nutrition Educator (CNE) Program: Volunteers received 45 hours of training and facilitated standard nutrition presentations throughout the year. Nine to 11 volunteers were active at different points during 2016. The program received 58 requests for CNE presentations from community agencies. Thirty-seven were filled by a CNE volunteer, while others were filled by a Human Nutritional Sciences (HNS) student or a PHD. The CNE Program partnered with Food Matters Manitoba (FMM) in the development and training of their newcomer peer volunteer program, based on the CNE program. • Food Security Workgroup (FSWG): The FSWG continued to support and engage the City of Winnipeg and Food Matters Manitoba in the creation of a Winnipeg Food Council. A PHD presented on health equity and food security work at various venues to increase awareness and encourage participation by health professionals in this area of work. • Vitamin D: A memo on PPH’s vitamin D recommendations for infants 0-12 months was distributed widely to other health authorities, family physicians, pediatricians, and pharmacists for information. • Healthy Eating Environments Policy (HEEP): The HEEP Project Team submitted the Policy & Nutrition Standards to the WRHA Regional Policy Committee after extensive stakeholder consultations in 2015. Approval was not granted. The Project Team is now waiting for the Policy & Nutrition Standards to be brought to Executive Council for review and approval. • Infant Nutrition Education Strategy (INES): Infant nutrition grab ‘n go bags were developed for use by Families First Home Visitors (FFHVs) and Public Health Nurses (PHNs) with their clients. PHDs provided training to FFHVs and PHNs in each community area. • Health Communications: The PHD/Dial-a-Dietitian Social Media Team piloted a nutrition social media presence through the WRHA Communications Facebook page, and was then granted a Dial-a-Dietitian Facebook page under the WRHA Communications Facebook account. PHDs authored 6 articles in the Wave magazine, 11 articles in the Winnipeg Free Press, and 3 articles in the Leisure Guide. • PHDs supported the development and increase in knowledge of public health nutrition concepts and issues of dietetic interns, medical students and Human Nutritional Science (HNS) practicum students through providing presentations at the Manitoba Partnership Dietetic Education Program orientation and Pediatric Study Week, being a preceptor for dietetic interns, HNS practicum students, Red River College nursing students and a Med 4 student, as well as facilitating Med 1 Tutorials on breastfeeding and infant nutrition, and midlife nutrition.
2. Overview of Activity	Key priorities/ targets, projects	Key Nutrition Promotion strategic priorities: <ul style="list-style-type: none"> • Collaborations & Partnerships • Health Communications • Health Equity Promotion • Healthy Built Environment • Healthy Public Policy • Program Evaluation • Program Monitoring • Public Health Clinical Practice • Surveillance

		<p>Major work/projects:</p> <ul style="list-style-type: none"> • Healthy Baby/Healthy Start for Mom and Me • Community development and capacity building within community areas • Infant Nutrition Education Strategy • Community Nutrition Educator Program • Food Security • Healthy Eating Environments Policy • Media Strategy, including social media
	<p>PPH Strategic Approaches</p>	<p><i>Closing the Gaps in Indigenous Health</i></p> <ul style="list-style-type: none"> • Public health dietitians in Point Douglas and the Downtown worked closely with community agencies that serve Indigenous peoples. In Point Douglas, the public health nutritionist was involved in a mentorship program with the adult education class at Turtle Island Neighbourhood Centre (Kaakiyow li moond likol Adult Learning Centre). She also supported the Healthy Baby program at the Indian and Metis Friendship Centre and a large percentage of the participants at many of the presentations and workshops she facilitated in partnership with community agencies were Indigenous. • The FSWG engaged in discussions on Indigenous food sovereignty, traditional foods in health care settings, and the process to request a permit to serve wild meat at community special events <p><i>Healthy Equity Promotion</i></p> <ul style="list-style-type: none"> • Public health dietitians supported Healthy Baby and Healthy Start for Mom and Me programs whose participants include those who are structurally disadvantaged. • The Livin' Better program, a series of sessions with nutrition and physical activity components for those with mental health concerns, was facilitated by a practicum student under the supervision of a public health dietitian at the Behavioural Health Foundation • Food Security Workgroup (FSWG): A public health dietitian from the FSWG provided presentations to health care professionals related to food security and health equity. FSWG members participated in webinars and discussed the relationship between low income and household food insecurity to increase their own knowledge. The workgroup submitted a letter to the Public Health Agency of Canada in support of Food Matter Manitoba's Our Food Our Health Our Culture program in the North End. • English as an Additional Language (EAL) Healthy Eating Toolkit: A train-the-trainer workshop was conducted for EAL instructor students at the University of Manitoba. A workshop on the development of and learnings from the Toolkit was presented at the Dietitians of Canada National Conference <p><i>Healthy Public Policy</i></p> <ul style="list-style-type: none"> • The WRHA PPH Program endorsed the Stop Marketing to Kids Coalition • Public health dietitians submitted nutrition related ideas for policy action to the Healthy Public Policy Collaboration Group • The Food Security Working Group (FSWG) continued to support and engage with the City and Food Matters Manitoba regarding approval by City Council for the creation of a Winnipeg Food Council. <p><i>Healthy Built Environments (HBE)</i></p> <ul style="list-style-type: none"> • A public health dietitian led and participated in the work of the Regional HBE Workgroup which drafted a logic model, terms of reference and position statement • The HBE Nutrition Promotion Workgroup conducted a focused discussion and priority setting activity at a Public Health Nutrition Practice Council meeting to identify built environment opportunities related to nutrition and food systems • Initial discussions occurred with the Health Promotion and Nutrition Manager at the Heart & Stroke Foundation regarding policy and advocacy on sugar sweetened beverages and potential partnership • The Healthy Eating Environments Policy and Nutrition Standards were submitted, revised and re-submitted to the WRHA Regional Policy Committee (see "Key Highlights" on page 1). <p><i>Health Communication</i></p> <ul style="list-style-type: none"> • See "Key Highlights" on page 1 <p><i>Applied Public Health Research</i></p>

		<ul style="list-style-type: none"> Public health dietitians participated in the training for the Neighbourhood Explorer Toolset and used local area data to inform our practice
	Service delivery data	<ul style="list-style-type: none"> 20 Healthy Baby/Healthy Start for Mom and Me programs were supported weekly/biweekly 45 infant nutrition classes were facilitated, in addition to infant nutrition presentations facilitated at high school infant labs and community groups 37 CNE sessions/requests were facilitated 3 Raising Healthy Eater workshops for parents or caregivers of preschoolers were facilitated 2 Residential Care Home Workers workshops were facilitated 41 train-the-trainer workshops were facilitated
	Significant Changes and/or challenges	<p>Significant changes</p> <ul style="list-style-type: none"> Operational guidelines were developed to assign Healthy Baby/Healthy Start for Mom and Me roles. The service standard for Healthy Baby program coverage was maintained. <p>Challenges</p> <ul style="list-style-type: none"> Public health dietitians work both in the community and regionally. It is often a challenge to balance the time required for both roles. Working within a large organization can be a challenge when there are other priorities or many players involved. For example: <ol style="list-style-type: none"> The social media proposal, which involved WRHA Communications and Provincial Health Call Centre managers and directors was written and submitted in Fall 2014. A Dial-a-Dietitian Facebook page was granted in Fall 2016. The vitamin D issue paper was written in Nov 2011, approved by PPH in Mar 2014, and the memo was distributed in Fall 2016. Cooking videos developed in partnership with a high school home economics teacher were filmed in 2014 and 2015 by WRHA Communications, and continue to be edited by WRHA Communications in June 2017. The Healthy Eating Environments Policy was submitted to the WRHA Regional Policy Committee in Jan 2016. The Project Team received news in Aug 2016 of a memo written by the Policy Committee regarding major concerns with the Policy and therefore the Committee could not support it. The Policy is now still awaiting (in June 2017) review and approval by the Executive Policy Council, which we hope to occur in Oct 2017.
3. Community engagement		<p>Public health dietitians work closely with community agencies and other partners in their community areas to determine needs and areas of focus</p> <p>Examples:</p> <ul style="list-style-type: none"> In Point Douglas, the public health nutritionist is part of an interagency committee looking at opportunities to bring new Canadians into existing programs. In the Downtown, the PHD has an ongoing partnership with the Winnipeg School Division, Food Matters Manitoba, the Child Nutrition Council of Manitoba and Winnipeg Foodshare Co-op to address nutrition issues in schools and the downtown area. In St. James, the public health dietitian partnered with the Community Programming advisor for Lake St. Martin (LSM) First Nation (evacuated to Winnipeg) regarding nutrition programming. There was a need for menu support for the LSM school lunch program, access to funds and the school food environment. The PHD provided presentations on menu planning for school lunch programs and grocery shopping on budget to LSM staff with the intent that they would bring the knowledge back to their colleagues. She also provided information on food handlers training for the LSM school and health centre. In River East, the public health dietitian has been working with the Chalmers Neighbourhood Renewal Corporation and many other community partners to evaluate the Better Access to Groceries, (BAG) program, which aims to provide the Elmwood community with access to low cost fruits and vegetables, while promoting community engagement and healthy eating.

4. Quality Improvement initiatives		<ul style="list-style-type: none"> • A review of the MIS stats submitted by PHDs to MB Health revealed errors and discrepancy in the way information is collected, reported and transcribed. Five major areas were identified as contributing to problems with submission, transcription and data calculations. All five areas were addressed in 2016-2017 through discussions and written correspondence. Quarterly reviews of MIS stats will continue to be conducted to monitor accuracy. • The Infant Nutrition Education Strategy aims to re-structure PHD work on infant nutrition education to target structurally disadvantaged populations, while reaching the general population in light of limited PHD resources. PHDs in each community area have been encouraged to discuss with their team managers about the best way to provide infant nutrition classes. Some have chosen to combine community area classes, or hold them as part of a Healthy Baby/Healthy Start group. Others hold them in partnership with community agencies. Grab 'n go bags for Families First Home Visitors and Public Health Nurses have been developed for use with their clients directly. • Monthly program monitoring data is collected by PHDs regarding groups facilitated, as well as qualitative reports on community and regional work categorized by strategic priorities. This data is reviewed and summarized in annual year end summaries. The quantitative group data is summarized in quarterly group data table reports. We are in the process of analyzing and interpreting the data. • A social media presence has been developed in partnership with the provincial Dial-a-Dietitian call centre in order to more effectively reach a larger audience with public health nutrition messages. Metrics are tracked and monitored. • The Community Nutrition Educator Program uses peer nutrition volunteers to extend the reach of public health dietitians and open the door to building the capacity of community agencies in regards to nutrition and healthy eating initiatives. Ongoing program monitoring and evaluation data are collected.
5. Evaluation data / information	Performance Indicators (process and outcome)	<p>We began collecting group program monitoring information in March 2015 and have since continued to do so. We collect information on the number and types of groups facilitated, number, age group and type of participants, and the location.</p> <p>The program monitoring data is currently being analyzed and interpreted, as we now have a full year of data to review. As we continue to collect the data, we will likely notice trends, gaps in information and what would be most useful to track as performance indicators.</p>
	Impact/Outcomes (Results)	<p>This information is in very early stage of development. We are currently working on appropriate metrics that are measurable.</p>
	Lessons Learned	<ul style="list-style-type: none"> • Working with partners is essential and more effective • Persevere and keep bringing it forward even when there are barriers and delays • Enlist the support and approval of senior leaders prior to starting a major initiative • Use all possible resources- human and otherwise to extend/expand reach • Be patient and persistent