

**Food for Thought: A Pan-Canadian Initiative Addressing the Healthy Eating  
Goals of Persons with Disabilities  
Final Evaluation Report  
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**Submitted to Independent Living Canada  
Prepared by Independent Living Vernon**

With funding provided by the Physical Activity and Healthy Eating Contribution Program, Centre for Health Promotion, Public Health Agency of Canada, this project aimed to build on the successful tools and resources that were created in the previous physical activity initiative by IL Canada “Healthy Lifestyles for Independent Living.” By adding new accessible tools on healthy eating, including program models, this initiative explored how food can also be used as a vehicle to connect people, encourage physical activity and reduce isolation among people with a variety of disabilities.

As all Independent Living Canada activities are grounded in participatory action research (PAR), it is important that this project included opportunities for ongoing feedback and evaluation from stakeholders. To meet this objective, Independent Living Vernon was contacted to conduct an overall third party project evaluation, which included a variety of formats including participation on conference calls, reviewing the information tools and reports developed throughout the duration of the project and conducting participant interviews with pilot site coordinators and consumers and IL Canada Project Manager. The evaluators also attended the Food for Thought training session hosted in Ottawa to meet many of the coordinators face to face, which allowed for a roundtable discussion about the survey questions that would guide the evaluation. The evaluation was implemented by Laura Hockman, Executive Director and Delma Sarich, Evaluation Coordinator.

The Centres that were chosen as pilot sites for this project included Cowichan/Nanaimo, BC; Calgary, AB; Niagara; ON, Kingston, ON; Alfred, QC; Montreal, QC; Shippagan, NB; and Halifax, NS. This unique group of Centres marked a notable milestone in the development of the IL movement in Canada with the balance of Anglophone and Francophone speaking Centres in this national project. This mixture posed new challenges for Centres and IL Canada to ensure all information materials were accessible in both languages and alternative formats as needed. While it was a daunting task, it will act as an example of best practices for other national organizations undertaking qualitative research and project delivery in both official languages with people with a variety of disabilities.

The qualitative survey was developed with significant input from the Centres. A

draft of the survey was distributed during conference calls for further input. Once the final copy was distributed to Centres, the IL Vernon evaluation coordinator followed up to schedule a time to do telephone interviews. Some Centres opted to answer the survey questions on their own and email their responses to IL Vernon. Responses from the Centres to the survey questions will be summarized using the same format as the survey questions. This summary will provide an overview of the unique contributions of the Food for Thought Project to consumers.

### **1. How should we measure if this project is a success (i.e., adherence to IL, feedback from consumers, increased food security)?**

Feedback from consumers was the number one indicator identified as being needed to determine success. Some Centres used the analogy of this project being a voyage where each participant would be co-pilot, using the project as a guide, but asking consumers to identify what they wanted and what their needs were. This allowed the program plan to be easily modified to meet each consumer's needs. Consumers became the ambassadors of the project. They acquired "tools" to put in their suitcase; for example, consumers talked about cholesterol via the wine and cheese tasting. The consumers felt valued in having a role to play in the project and enjoyed meeting as a group to exchange their experiences. Consumers supported each other, thereby creating a team spirit and reducing isolation.

Professionals such as nutritionists, dietitians, kinesiologists and cardiologists were invited to speak about a variety of topics. Topics included, but were not limited to, blood pressure, diabetes, community gardens and kitchens, *Canada's Food Guide*, nutritional labels, healthy eating, active lifestyles and how to eat food that is in season. Having professionals in as guest speakers increased the number of participants in the sessions. Consumers appreciated being able to ask questions and get answers from specialists and gained a sense of pride at the new knowledge they gained and would be able to share with their family and friends.

Centres also emphasized that guest speakers and the partners of this project also increased their awareness of possible topics which persons with disabilities want to learn more about, as well as about the accessible formats needed to ensure their inclusion in health initiatives.

### **2. What surprised you the most during your involvement in this project (i.e., partnerships, Food Guide, barriers/gaps in service)?**

Most consumers were embarrassed about not knowing how to eat healthily. They felt as if they were the only ones who didn't understand *Canada's Food Guide* or understand food labels. Consumers were very knowledgeable about their own

needs, but in some areas there was a lack of accessible information sources to go along with the available services.

What surprised Centres was how this project reduced consumers' isolation and increased their self-worth and self-esteem. Groups of consumers came together and helped each other learn how to live a healthier lifestyle. For example, one consumer designed a budget grid which was used to help other consumers and, with her permission, was posted on a Centre's website for other individuals or groups to access. The consumers' willingness was matched by that of community partners, such as dietitians and representatives from grocery chains, who were eager and willing to do workshops on a variety of topics.

Centres were surprised by the gaps identified by consumers, such as how many consumers are vulnerable due to changes in the welfare system and food suppliers. Rates for income assistance have not increased at the same speed as housing and food costs, thereby restricting consumers' budgets even more. Some communities do not even have a community garden, good food box, community kitchen or food-bank. As one pilot site stated, their consumers seem to be "one step away from starvation."

Affordable and accessible transportation was identified as a barrier by Centres where there is no public transportation; where the territory is very large, taxis become very expensive. This means these Centres must find locations that are as central as possible and organize car-pooling for consumers to attend workshops. Many consumers are very isolated during the winter months.

### **3. How did you keep consumers/community partners engaged over the duration of the project (e.g., homework, advanced warning of next sessions, snacks at sessions, quizzes, games, disability supports etc.)?**

Consumers remained engaged over the duration of the project because of a conscious effort to ensure that their individual needs and goals were given significant amount of time in sessions. The coordinators ensured the program agenda remained flexible to accommodate consumer needs. Some Centres provided snacks or honoraria for consumers who attended program activities. In addition, consumers were given "homework" such as researching the history of some classic recipes, snack-o-gram word find activities, making their own food guide on the Health Canada website, quizzes about healthy eating, nutritional analysis during a diabetes session, or a contest with prizes. These means were used to keep consumers motivated and engaged in the project.

Centres used previous experience to find creative ways to engage consumers. For

example, Centres taught budgeting, tips for buying food, “the pleasure of eating” through a Wine & Cheese tasting, and the personal satisfaction one gets when setting a nice table to eat alone or with a friend. One pilot site did a session on container gardening with vegetables and herbs.

For a session on healthy eating delivered to a group of Aboriginal people, there was discussion about how to pass information from the session to relatives and friend who have health issues. Diabetes, cancer and heart disease were common health issues identified by this group. The coordinator encouraged the consumers to do some research on the internet about these topics to learn about warning signs and prevention.

In keeping with principles of the Independent Living philosophy, consumers in all Centres had input about the choice of workshop topics and information that interested them. Accessible information resources were created by coordinators and distributed to consumers. For example, lists of community kitchens were available, as were recipes (general and specialized, such as vegetarian and dietetic) and all sorts of ideas and tricks on how to shop, prepare and enjoy the food they made. Workshops were planned a month in advance to give adequate time for the Centre and/or consumers to arrange for transportation. Consumers appreciated having access to a monthly calendar to which they could refer for a reminder of the upcoming activities, times and meeting places.

Many program coordinators phoned each of the consumers personally and expressed how much they were respected, listened to, and how important their contribution was to the group. This emphasized to consumers that they each had a place in the group. This individual invitation made consumers feel very welcome and encouraged them “to come out of their isolation and share with the group.” The increased peer support among consumers cannot be underestimated. One consumer shared the recipes he learned with his new companion, who was deeply impressed, and this strengthened their relationship.

Having themes for the monthly workshops associated with the time of the year or season helped to draw consumers in. For example, in the month of October workshops focused on pumpkins for Halloween and the fall harvest. In December, the theme was focused on healthy appetizers for holiday parties. Other workshops focused on learning how to shop for healthy foods, preparing the food, eating the food and properly storing the food. Games, online resources and the facilitator’s food guide were useful throughout the program.

One group visited a farmer’s market with a dietician who explained everything about seasonal foods and what to do with them. Potlucks were hosted in many

Centres to encourage peer support among consumers and introduce them to a variety of foods. Consumers would be encouraged to bring plastic containers to these sessions to be able to bring food home when the session was over. One centre used the “10 mile diet” as a theme for a potluck, which introduced some great local products to consumers.

Consumers who accessed other disability organizations shared their new knowledge with staff and consumers elsewhere. For Centres that encouraged their members to participate, this brought in new people to the Centre who bought memberships in order to participate. Promotional items such as pens, memo pads, list of local grocers, and reusable bags were given to consumers who attended workshops.

**4. What resources did you become aware of through this project, and how has it helped you in your position ( i.e., other food security projects outside of IL, new partnerships developed, new tools developed, PAR) ?**

Various internet sites, newsletters, online games, books and magazines were discovered by coordinators, consumers and community partners. Some Centres made these resources further accessible by compiling them into a booklet and distributing it to consumers at the end of the project.

Dieticians were common guest speakers at all Centres. This provided the opportunity for coordinators to learn about the range of services dieticians provide, and how other Centre programs would benefit from their knowledge.

Through this project some Centres were able to access new sources of funding, such as donations from a pharmacy and a local university that agreed to donate the use of meeting space for the program. One pilot learned how to use the media to share information and consumers’ personal experiences about the program with the community.

Participatory Action Research (PAR) was new to most coordinators at Centres. They felt very supported by the researcher to learn this methodology and found the facilitators’ guide to be very easy to read. From those coordinators who were familiar with PAR, there was positive feedback about the resources from the researcher and the IL Canada Project Manager, in particular regarding the information about how to ensure that a focus group or interview is accessible for people with a variety of disabilities. This information is valuable for anyone engaged in PAR research inside the IL Movement, but particularly for researchers with limited experience conducting research with people with a variety of disabilities.

## **5. How did you overcome challenges or break down issues about food security into manageable pieces?**

Ensuring there was a variety of resources and information readily available at each session was critical, as this ensured that consumers' questions or concerns were answered quickly. Having community resources available and ready, and asking for their input made consumers feel included and valued. Comparison of brand names was a common question from consumers. By answering questions quickly, it capitalized on consumer interest and motivation.

Developing a variety of strong partnerships through this project further assisted in addressing any gaps or barriers identified. One pilot site emphasized that "by working together we can make food security a reality in all our communities."

One of the main challenges for most Centres was transportation to the Food for Thought program activities. To address this barrier many Centres provided honoraria to cover transportation costs for consumers or covered the cost out of their peer support budgets.

One pilot site used the idea of a monthly dinner club to provide an additional opportunity for peer support among consumers, as well as information about making healthy choices at restaurants and exposure to various restaurants in their area. Having the dinner club at various restaurants also provided the opportunity to rate the accessibility of the restaurants.

## **6. Did you learn to experience food in different ways (i.e., savouring chocolate, pairing food with drinks)?**

New pairings of food were introduced at many Centres. One example of a new pairing of foods was rice, cashews and cucumber. Consumers learned new food pairings while grocery shopping as a group. One Centre made smoothies for a group of consumers; interestingly, the men in the group were not as willing as the women to try the smoothies. Some Centres chose classic recipes such as shepherd's pie, grilled cheese, Caesar salad, and chocolate-covered strawberries and made substitutions to make the recipes healthier.

Learning information about how better quality food choices reduce the need to have larger portions was a surprise for many consumers. Wine and cheese and chocolate tastings provided another opportunity for consumers to experience food in new ways. Consumers were surprised to learn that dark chocolate is healthier than milk chocolate.

Other examples included a session on cooking with spices and bringing out the flavour of those spices by pairing them with particular foods; and using a variety of cooking techniques to make the same foods taste different. Some learned about substituting food or including healthy food within recipes in an unusual way, for example, a chocolate torte that used black beans instead of flour and sugar.

## **7. How was this project integrated with other programs at the Centre (i.e., food policy developed and healthy food choices being made in other programs)?**

One Centre organized a Wine and Cheese tasting event and asked other people in the Centre to bring consumers to the event. It was a big success and brought more people together and more information went out to other organizations.

Information from the workshops organized through this project were shared with most other programs in the various Centres. For example, Centres that were also sites involved in the national literacy research project “Making a Connection: Literacy, Disability, and Quality of Life” used the information on healthy eating as a literacy exercise. Many consumers are not able to read the *Food Guide*, food labels or recipes. This also introduced participants to new groups of consumers, thereby increasing the social network.

The Food for Thought project encouraged many Centres to incorporate healthier food choices at meetings and events. At a scheduled open house, one Centre was going to order cookies and chips; instead the coordinator and consumers of the Food for Thought group offered to make some of the recipes from the cookbook under development and share them at the open house. This was a huge success and the group received lots of positive feedback.

## **8. How did you perceive *Canada’s Food Guide* after your involvement in this project?**

Overall consumers were excited about *Canada’s Food Guide* and learned new ways to guide their eating habits and food choices. Since the new *Food Guide* has been redeveloped and updated, consumers reported that “it is so much easier to follow and understand.” Another consumer reported, “I understand the *Food Guide* better but it’s very difficult to buy food on a low budget. I always have to calculate everything. How can one do a budget with nothing?”

A healthy eating session was hosted by an Aboriginal Band Office. The session used the version of *Canada’s Food Guide* designed for Aboriginal, Métis and Inuit

peoples. The consumers were excited to see bannock and wild meat included; it made them feel valued and included. Increasing exposure to *Canada's Food Guide* has motivated one Centre to develop partnerships in order to develop a community kitchen program that is accessible for people with a variety of disabilities.

## **9. How did you integrate physical activity into your life after involvement in this project?**

Centres used creative ways to encourage consumers to integrate physical activity into their routines. One consumer got herself a stationary bike and uses it between 30-60 minutes every day. Another centre introduced the Nintendo Wii-Fit as a source of physical activity and it became a peer support group activity. During picnics, the groups would go for nature walks and play outdoor games like Frisbee, lawn darts, lawn bowling, and bocce ball.

Discussing daily chores in sessions and how each activity counts as physical activity gave consumers a new perspective on these activities. Gardening was a common chore for many consumers that was used as an example. One consumer discussed how much effort it is to do her laundry due to her physical disability, so she was pleased with a new way to look at a difficult task.

One objective that some Centres emphasized is how physical activity can combat isolation and exclusion. Consumers were encouraged to do physical activities together. Small physical activity goals were encouraged, such as 2 minutes of any type of physical activity.

Many coordinators shared their own ways of increasing physical activity, such as parking further away from entrances when shopping or taking the stairs instead of the elevator or the escalator.

## **10. What tools were developed or utilized throughout this project?**

Lists of restaurants that have better access for people with disabilities were given to consumers where available. A restaurant accessibility guide was developed at one Centre through their monthly dinner club. Guest speakers were a great source for new tools and ideas for ways to deal with day-to-day challenges. The tip-sheets developed by IL Canada on Nutritional Labels and Healthy Eating on a Budget were positively received by consumers. One Centre developed a list of websites with relevant information to Healthy Eating for Aboriginal people.

Brochures, flyers, and a website with information on variety of topics were developed by most Centres. Some topics included but were not limited to good

eating habits and the benefits of physical activity/the bad effects of no exercise. The majority of Centres developed recipe books of all the recipes they made during the year or by asking consumers to submit their favorite recipes or helpful cooking tips.

## **General Conclusions**

The key results of the program, learned through this evaluation, include:

- The reduction of isolation of consumers through the program activities and peer support were critical to engaging consumers during the program, and will be a sustainable legacy of this project
- Consumers' input is required to guide the development of useful and accessible information resources
- Poverty, lack of accessible and affordable transportation, and literacy issues are key barriers that need to be considered and addressed to improve healthy lifestyles for people with a variety of disabilities
- IL Centres incorporated more healthy choices into programs and events

Informally, a number of Executive Directors expressed how impressed they were with the Food for Thought Project and the wealth of resources it offered to consumers and Centres. Having the information tools developed from this project available on the Virtual Independent Living Resource Centre (VILRC) allowed Centres to access information easily.

Overall, what stood out in this evaluation is the emphasis on the core principles of Independent Living philosophy throughout all aspects of the development of this project. Strong leadership and skills were incorporated at all levels of development of the Food for Thought Project. The committee provided constant feedback about resources and encouragement to centre staff to address any barriers arising in the project. The level of responsiveness from IL Canada staff was extraordinary. The success, growth and utilization of the information and tools developed from this project exceeded everyone's expectations.

Thank you

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