

**Building Strong Connections:  
Story of Healthy Kids Community Challenge  
in Burlington – Part 3  
March 2018**



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## Contents

Introduction to Ontario’s Healthy Kids Community Challenge .....	1
Using the Key Tenants of the Ensemble Prévenons l’Obésité Des Enfants (EPODE) Model for HKCC .....	2
Building Healthy Communities Through the Power of Collaboration .....	4
Burlington’s Approach to Healthy Kids Community Challenge (HKCC): Strong Neighbourhoods .	5
Burlington Target Populations .....	5
Burlington HKCC: Neighbourhood Action Teams (NAT) .....	7
Introduction to Theme Three: Choose to Boost Veggies and Fruit Interventions .....	10
Program Sites: Grow.Cook.Eat. Program .....	10
Education Campaign.....	12
Neighbourhood Action Teams: Neighbourhood Projects: Access to Veggies and Fruit.....	13
Youth Leadership Program .....	16
School Nutrition Program Support.....	17
Healthy Kids Food Academy Workshop Series .....	17
Gift of Giving Back .....	17
Increase Veggie and Fruit as First Choice.....	17
Transportation to Food Access .....	18
Impact in Theme Three: <i>Choose to Boost Veggies and Fruit</i> .....	19
Outreach.....	19
Creating Supportive Environments .....	20
Behaviour Change: Increased Consumption of Veggies and Fruit.....	21
Partner Observation .....	21
Participant survey results on vegetable consumption .....	24
Limitations.....	24
Survey Results .....	25
Continuing to Strengthen the Network .....	25
Social Network Analysis .....	26
Partnership Network.....	30
Partnership: Knowledge Diffusion and Information Sharing .....	32
Partnership: Cooperating .....	34

Partnership: Collaborating .....	36
Final Reflections .....	38

**List of Figures**

Figure 1. Social Network of Interventions and Partners.....	28
Figure 2. Program Sites by Target Population .....	30
Figure 3. Social Network of Knowledge Diffusion and Information Sharing Partnership .....	33
Figure 4. Social Network of Cooperating Partnership .....	35
Figure 5. Social Network of Collaborating Partnership .....	37

**List of Tables**

Table 1. Level of partner agreement about impact on knowledge and behaviour change related to veggies and fruits.....	23
Table 2. Partner perception of impact on parent/care givers.....	24

**List of Maps**

Map 1. Children (0-17) in low income families by Census Tract, City of Burlington, 2015 .....	6
Map 2. HKCC Neighbourhood Action Team Boundaries .....	9
Map 3. Location of Program Sites.....	11

## Building Strong Connections: A Story of Healthy Kids Community Challenge in Burlington

### Introduction to Ontario's Healthy Kids Community Challenge

Healthy Kids Community Challenge (HKCC) is an Ontario Ministry of Health and Long-Term Care initiative with the goal of supporting the well-being of our children. It aims to create communities where children find it easy to lead healthier lives. There are 45 communities across Ontario participating in the HKCC, all focused on children aged 0 to 12 years and their families. These communities receive resources from the Province including funding, training, and social marketing tools to help promote:

- Healthy eating
- Physical activity
- Healthier childhood behaviour and habits



The HKCC is one segment of Ontario's Healthy Kids Strategy, a cross-government initiative to promote children's health. There are four main principles:

1. **Focus on healthy kids:** Strategies that target risk factors for unhealthy weights - including improving nutrition and physical activity - will benefit all children.
2. **Focus on positive health messages:** The project's themes encourage active, healthy living.
3. **Recognize that most healthy kids live in healthy families, schools, and communities:** Strategies will focus not just on children but on parents and the broader community.

4. **Support health equity:** Support population level interventions tailored to reach vulnerable populations most at risk.

The Healthy Kids Strategy is based on three pillars:

1. **Healthy Start** - supporting healthy pregnancy and children in their early years to build the foundation for healthy childhood and beyond
2. **Healthy Food** - initiatives to promote healthy eating, achieving healthy weights, and achieving healthy childhood development
3. **Healthy Active Communities** - building healthy environments for kids in their communities<sup>1</sup>

In Ontario, nearly a third of children and youth are overweight or obese, conditions that can result in chronic diseases like diabetes, cancer and heart disease. Overweight and obesity is caused by an imbalance between food and beverage intake and physical activity. A range of influences contribute to this imbalance; these individual, family, community, and society-level influences begin before birth and continue throughout childhood. A comprehensive, collaborative approach is required to address this significant public health issue.<sup>2</sup>

### Using the Key Tenants of the Ensemble Prévenons l'Obésité Des Enfants (EPODE) Model for HKCC

The HKCC initiative is based on a European obesity reduction model called Ensemble Prévenons l'Obésité Des Enfants (EPODE), which has its foundations in France. The four pillars of *EPODE* methodology are:

1. **Political commitment:** Gaining formal political commitment at central and local levels from the leaders of the key organization(s), which influence national, federal or state policies as well as local policies, environments and childhood settings;
2. **Resources:** Securing sufficient resources to fund central support services and evaluation, as well as contributions from local organizations to fund local implementation;
3. **Support services:** Planning, coordinating, and providing the social marketing, communication and support services for community practitioners and leaders;
4. **Evidence:** Using evidence from a wide variety of sources to inform the delivery of *EPODE* and to evaluate process, impact and outcomes of the *EPODE* program.<sup>3</sup>

The *EPODE* process is grounded in health equity. Health equity means that all people can reach their full health potential and should not be disadvantaged from attaining it because of

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<sup>1</sup> Healthy Kids Panel. *No Time to Wait*. ON: Queen's Printer for Ontario. February 2013.

[http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy\\_kids/healthy\\_kids.pdf](http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy_kids/healthy_kids.pdf)

<sup>2</sup> Ontario Agency for Health Protection and Promotion (Public Health Ontario). *Addressing obesity in children and youth: evidence to guide action for Ontario*. Toronto, ON: Queen's Printer for Ontario; 2013.

<sup>3</sup> Borys, J.-M., Le Bodo, Y., Jebb, S. A., Seidell, J. C., Summerbell, C., Richard, D., ... the EEN Study Group. *EPODE approach for childhood obesity prevention: methods, progress and international development*. *Obesity Reviews*, 2012. 13(4), 299–315 <http://doi.org/10.1111/j.1467-789X.2011.00950.x>

their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance. Health equity involves the fair distribution of resources needed for health, fair access to the opportunities available, and fairness in the support offered to people when ill. While striving to improve health outcomes for all population groups, the pursuit of health equity seeks to reduce the excess burden of ill health among socially and economically disadvantaged populations.<sup>4</sup>

Ontario's Ministry of Health and Long-Term Care serves as the centralized support for the HKCC project. The Ministry facilitated the formation of a scientific research panel to provide research and evidence for the 45 local communities. This helped to ensure an evidence-based approach is used in planning. Public Health Ontario is responsible for the process and outcome evaluation for the project. Public Health Ontario is collecting process data from all 45 communities via Action Plan reports, Local Project Manager in person training survey, Local Project management and Steering Committee surveys, and key informant interviews. The Outcome measures include the Parent Computer Assisted Telephone Interviews (CATI). This entails a telephone survey with parents inside and outside of HKCC communities. The data is collected on two separate occasions (November 2015 and at or near the end of the HKCC program). The other information for the outcome evaluation will come from existing data (Ontario Student Drug Use and Health Surveys (OSDUHS) and, Electronic Medical Records Administrative Linked Database (EMRALD)). Public Health Ontario piloted the collection of Body Mass Index data as part of the outcome evaluation but found that the methodology was not viable. The evaluation results for the HKCC project are being analyzed at a Provincial level.

The Ministry of Health and Long-Term Care has provided three years of funding to the 45 communities. With recommendations from its scientific research panel, the Ministry of Health and Long-Term Care, launched a new theme related to physical activity or healthy eating every nine months. Physical activity and healthy eating are two protective factors associated with healthy weight in children. The HKCC project is an upstream initiative, with a focus on prevention and health promotion rather than treatment. The three themes for the project are:

- *Run.Jump.Play.Everyday*
- *Water Does Wonders*
- *Choose to Boost Veggies and Fruit*

The expectations for each of the local HKCC projects are:

- Identify one or more target populations in their community

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<sup>4</sup> National Collaborating Centre for Determinants of Health. *Let's Talk Health Equity*. [http://nccdh.ca/images/uploads/Lets\\_Talk\\_Equity\\_English.pdf](http://nccdh.ca/images/uploads/Lets_Talk_Equity_English.pdf) Retrieved September 10, 2016.

- Seek the support of a local champion (suggested as a local politician)
- Hire a Local Project Manager who develops a cross-sectoral Steering Committee, which guides the project and facilitates local collaboration
- Use the evidence provided by the scientific research panel along with other local data collected by the Local Project Managers and partners
- Submit an action plan based on an ongoing community needs assessment that asks the following three questions:
  - What assets does your community have that you can build on or leverage?
  - What are the current challenges related to the topic or theme?
  - What opportunities are there for working together to address the challenges?

Local communities were asked to implement their action plan (as approved by the Ministry of Health and Long-Term Care). The plan deliberately highlighted the most vital problems, issues, and remedies posed in the specified theme. Thus, it entailed a common social marketing approach across the 45 communities. Local Project Managers also provided the Ministry of Health and Long-Term Care with action plan reports and financial monitoring on project procedures, processes, and outcomes, via the evaluation plan administered by Public Health Ontario.

### **Building Healthy Communities Through the Power of Collaboration**

The intended health outcomes for the children and families engaged in each of the 45 communities are significant reduction in the level and spread of obesity and attaining active, healthy living for children. Intersectoral collaboration is interwoven throughout the HKCC project activity. This process of collaboration has enabled us to build and empower communities; and to create relationships that last beyond the HKCC project. Such projects contribute to the broader goal of a truly healthy community.<sup>5</sup>

Healthy Communities/Healthy Cities is an international movement that involves thousands of projects, initiatives, and networks around the world. Using a Healthy Communities approach means taking a holistic view of communities. As with the HKCC project, a Healthy Communities project is based on multi-sectoral collaborations that consider all the social determinants of health and work to strengthen community capacity to promote and sustain health.

This reflection paper is the story of the power of collaboration for a healthy Burlington. It highlights the collaborative effort during the third HKCC theme, *Choose to Boost Veggies and Fruit*.

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<sup>5</sup>Ontario Healthy Communities Coalition. *What Makes a Healthy Community?* <http://www.ohcc-ccso.ca/en/what-makes-a-healthy-community> Retrieved December 13, 2016.

## Burlington's Approach to Healthy Kids Community Challenge (HKCC): Strong Neighbourhoods

### **Burlington Target Populations**

The HKCC project is designed to be a universal project, intended to reach children aged 0 to 12 years and their families in Burlington, but with special consideration of two target population groups: families living in low income and newly arriving families (newcomers).

The City of Burlington is an affluent community with a higher than provincial median family income of \$107,700<sup>6</sup>. Nevertheless, there are some 3,000<sup>7</sup> impoverished families in Burlington according to the After Tax Low Income Measure (LIM-AT). In 2015, there were 3,500<sup>8</sup> children (0-17 years) living in low income families representing 9.3% of the child population in Burlington.

There are nearly 3500 “working poor” (impoverished, but economically active) in Burlington.<sup>9</sup> Their condition and existence is often hidden, leaving them with a sense that they have been marginalized.

The high cost of living, (including housing, food, transportation, child care, and medication) is an ongoing stress for low-income families. Fee for service recreation such as active programming and sports become strong barriers when weighted against feeding your family, paying the rent, and other activities such as recreation through sports, music, and dance.

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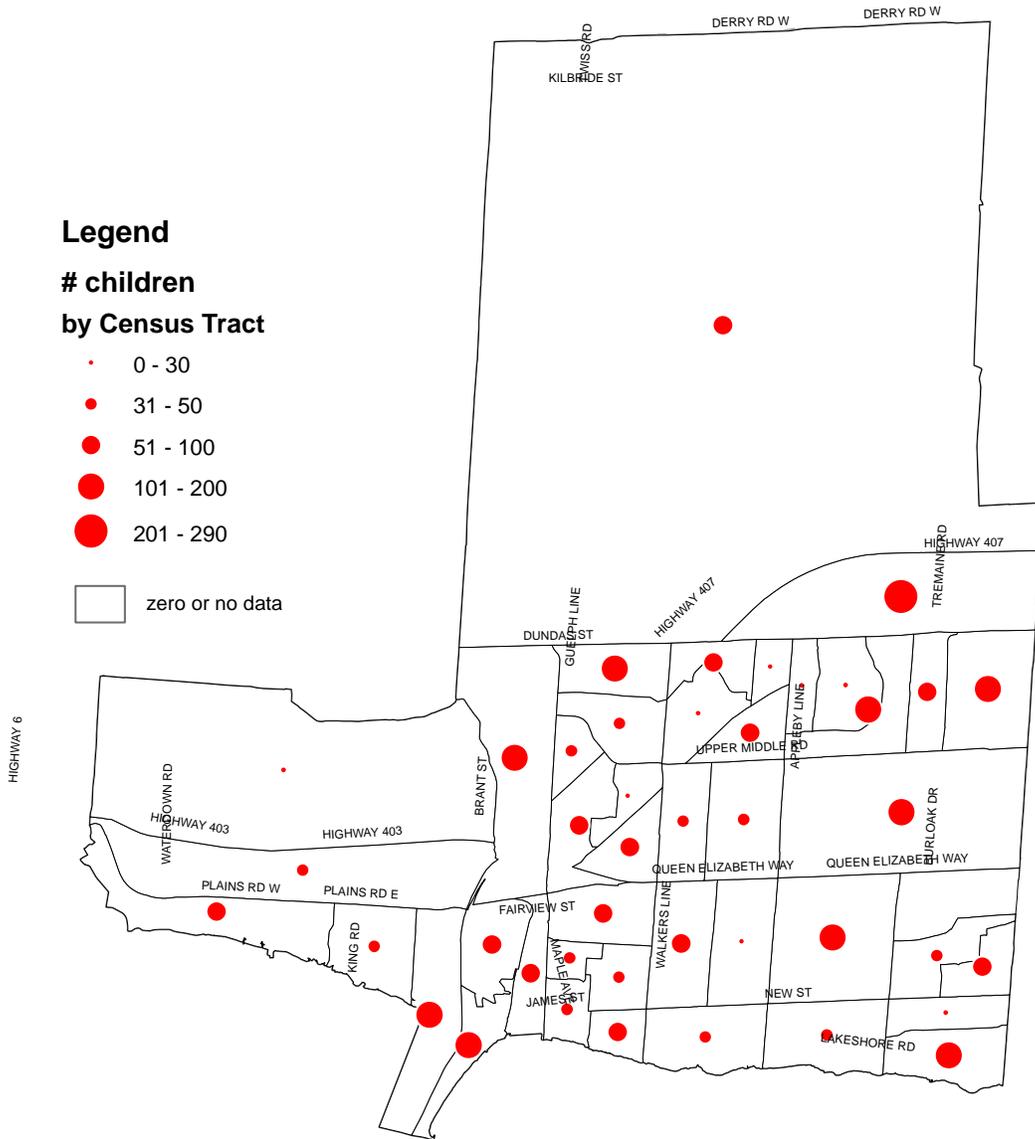
<sup>6</sup> Source: Statistics Canada, 2015 Taxfiler data

<sup>7</sup> Source: Statistics Canada, 2015 Taxfiler data

<sup>8</sup> Source: Statistics Canada, 2016 Census

<sup>9</sup> Community Development Halton. *The Working Poor*, Community Lens #103, May 2015.

**Map 1. Children (0-17) in low income families by Census Tract, City of Burlington, 2015**



Community Development Halton/Source: Statistics Canada, 2016 Census

The 2008-2009 global recession triggered a jump in the proportion of low income families. Four years after that recession, statistics show that many low-income families are still trapped in poverty while other families are forced into a similar dire financial situation<sup>10</sup>.

According to Statistics Canada, immigrants who migrated to Canada during the five-year period prior to a census, were defined as recent immigrants. In the 2016 Census, recent immigrants were defined as people who moved to Canada between 2011 and 2016. From 2011 to 2016, Halton received about 20,490<sup>11</sup> immigrants representing about 13%<sup>12</sup> of the total immigrant population. In addition, approximately one-fifth (20% or 4,130<sup>13</sup>) of Halton's recent immigrants lived in Burlington, which represents around 10% of the City's total immigrant population.

Using a health equity approach ensures that those groups with barriers to programs and services have access to all HKCC programs, resources, and activities. Burlington's HKCC project reduces barriers through the adoption of a neighbourhood approach. This helps to assure better local delivery of truly accessible programs, services, information, and campaigns.

### **Burlington HKCC: Neighbourhood Action Teams (NAT)**

Following the EPODE model, the project formed a multi-sectoral Steering Committee. It includes the following partners:

- The City of Burlington, Parks and Recreation (Co-Project Manager)
- Community Development Halton (Co-Project Manager)
- Halton Region Public Health Department representatives
- Burlington Public Library
- Halton District School Board
- Halton Catholic District School Board
- Our Kids Network (OKN)
- YMCA of Hamilton/Burlington/Brantford
- Reach Out Centre for Kids (ROCK) – Ontario Early Years Centre
- Heart and Stroke Foundation
- Halton Multicultural Council Connections
- Representative for Champion, the mayor of the City of Burlington
- A representative from each of the five Neighbourhood Action Teams (NAT)

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<sup>10</sup> Community Development Halton. *Growing Number of Low Income Families*, Community Lens, #112, May 2016, p.1.

<sup>11</sup> Source: Statistics Canada, 2016 Census

<sup>12</sup> Source: Statistics Canada, 2016 Census

<sup>13</sup> Source: Statistics Canada, 2016 Census



A key element of the role of Steering Committee members is to link the project with their organizations, and to help garner support for the overall project within them and their particular milieu. The Steering Committee members provide guidance and expertise for the project; for example, providing information about how to ground the project in a health equity model, using the health-promotion model. Or, specific information on topics such as nutrition.

The Steering Committee considered and agreed to move forward with the idea of implementing intersectoral collaboration in five neighbourhoods. This initiative aimed to create opportunities for local community members and agencies to be empowered by working together, learning more about their neighbourhoods, its assets, and its challenges.

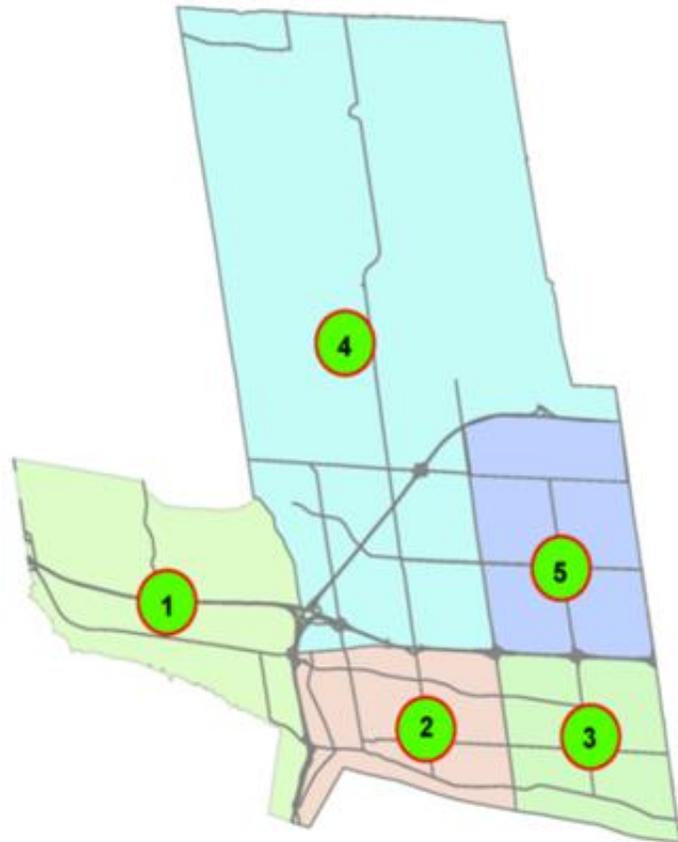
Research suggests that it is very difficult to define just what constitutes a neighbourhood.

... neighbourhoods rarely fall into formal political boundaries or official catchment areas. While having a geographic dimension, they are also defined by the lived experience of residents.<sup>14</sup>

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<sup>14</sup> Leviten-Reid. *Asset-based, Resident-led Neighbourhood Development*. The Caledon Institute of Social Policy, 2006 p. 5.

For this particular end, the HKCC disaggregated the City of Burlington into five “neighbourhood” areas. Each area had an Neighbourhood Action Team (NAT) working together to strengthen areas that support HKCC activities (See Map 1). The boundaries were identified based on community understanding of social and physical geography. These boundaries are defined by groups in communities referring to areas they are working in independently or together (service areas), as well as other natural areas that communities associate with, or have grouped together. In addition, for the purposes of socio-demographic analysis of “neighbourhoods,” the areas had to comply with some data limitations.



**Map 2. HKCC Neighbourhood Action Team Boundaries**

HKCC staff convene regularly with each NAT to ensure that community members and other local stakeholders become directly involved in guiding the development and implementation of Burlington HKCC Action Plans. In pulling people together in this format, the project has also intentionally invested in creating local networks to leverage expertise, access resources, and create conversations that encourage collective participation and action.

Neighbourhood Action Teams make evidence-based decisions, solve local problems, and work together to create opportunities for children and their families for healthy active living. Through this process partners have been:

- Sharing common health promotion messages about active and healthy living
- Increasing child and family knowledge about how to make changes for active and healthy living
- Leveraging current programs and, where necessary, creating new ones that help support changed behavior to achieve active and healthy living
- Developing supportive environments that promote and enable healthy behaviour change

By working together in neighbourhoods, the HKCC project is contributing to developing strong connections that should lead to healthy neighbourhoods and partnerships. The objective is to ensure these initiatives will last beyond the duration of the Burlington HKCC project.

## Introduction to Theme Three: Choose to Boost Veggies and Fruit Interventions

Theme One: *Run.Jump.Play.Everyday* and Theme Two: *Water Does Wonders* provided the Burlington community and its partners two different themes to test out the ability of community to develop creative interventions for these two theme areas. This creativity of the community and the desire to create supportive environments for children and their families continued as the Steering Committee and the five NATs began to plan, and implement, Theme Three.

The Ministry of Health and Long-Term Care provided this overview for the 45 Healthy Kids Community Challenge (HKCC) Communities:

The focus of Theme 3 will be increasing vegetable and fruit consumption in children, by encouraging kids and families to make vegetables and fruit a part of every meal and snack.

A focus on healthy eating is a natural next step after Theme 2, which promoted healthy hydration. As well, the timing of Theme 3 – Spring, Summer and Fall – provides a great opportunity to take advantage of Ontario’s growing season. Promoting local vegetables and fruit can support local growers, farmers’ markets and urban agriculture programming. It can also increase food literacy and access to vegetables and fruit by teaching kids about growing and preparing their own food and knowing how to obtain these local foods.

Most importantly, we know that vegetables and fruit are essential to kids’ health. They are a great choice to satisfy hunger any time of day.<sup>15</sup>

Using the same process as carried out in the first two Themes, the Steering Committee and the five NATs relied on the community needs assessment process to define: assets, challenges, and opportunities for working together to create a series of interventions that were approved by the Ministry of Health and Long-Term Care. The following subsections describe each of the interventions for Theme Three.

### **Program Sites: Grow.Cook.Eat. Program**

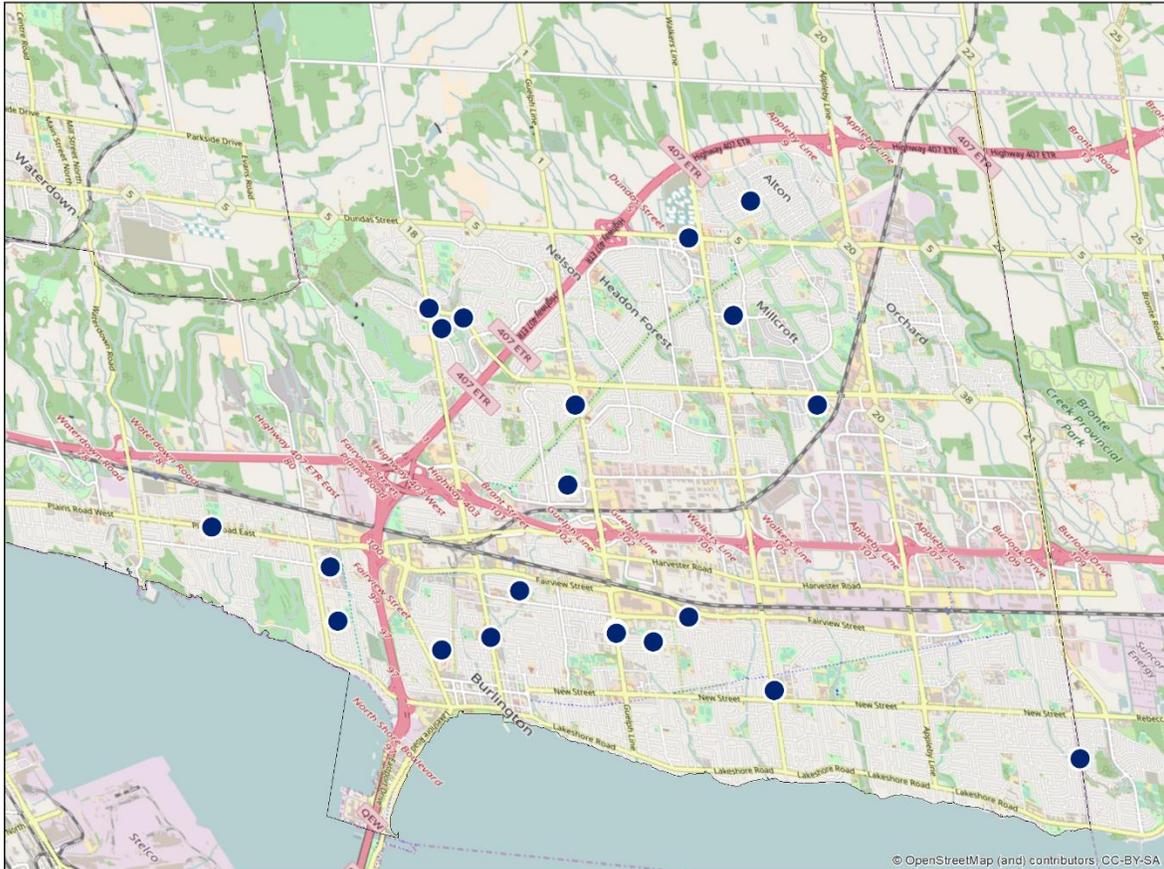
The Healthy Kids sites have been the largest focus during Theme Three. Work with 30 sites (schools, community programs, families through preschool and child care programs, newcomer groups and single moms) developed a multi-pronged approach to increase food literacy, food skills and create opportunities to eat veggies and fruit. The sites include:

- Nine elementary schools
- Eight afterschool programs
- Seven child care centres
- Six community sites that reached preschool children and their families

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<sup>15</sup> Healthy Kids Community Challenge. *A Guide for Local Project Managers, Theme 3: Choose to boost veggies and fruit*, Queen’s Printer for Ontario, March 2017.

The following map illustrates the location of the location of the Healthy Kids sites across Burlington. A Grow.Cook.Eat. Resource Guide<sup>16</sup> were designed to increase knowledge around healthy eating and promote community resources that increase access to affordable vegetables and fruits.



**Map 3. Location of Program Sites**

In each case, the program site was provided with a Resource Guide developed by the HKCC Team. The Resource Guide contained a series of lessons and/or activities, background information on the *Choose to Boost Veggies and Fruit* messaging, posters, and other resources. The program developed possible activities for engagement and disseminated information based on material provided by the Ministry of Health and Long-Term Care. In addition, the Resource Guide worked to complement the material for health education curriculums.

<sup>16</sup> <http://www.healthykidsburlon.ca/wp-content/uploads/2016/11/HKCC-GrowCookEat-Final.pdf>

Although each site reached out to a somewhat different target population, the materials consistently provided the same message to engage participants in growing, cooking, eating and learning about vegetables and fruit. Each site was given flexibility to adapt the materials to better suit their social environment.

### Education Campaign

The program not only promoted education on the importance of choosing veggies and fruit through the Healthy Kids Sites noted above, but also through social media, community events, speaking engagements, and festivals. This intervention provided resources, tools and social marketing campaigns as a multi-level intervention to encourage kids and families to make vegetables and fruit a part of every meal and snack. Examples of activities carried out included:

- Veggie of the Week promotion
- Veggie for Breakfast contest
- Launch of the fall edition of *Snacktivist* to encourage sports teams to provide veggies and fruit for snacks
- Preschool resource to assist child care centres to make healthier changes in their facilities as to what they are eating and what is in season
- Magnetic boards with the *Choose to Boost Veggies and Fruit* messaging, and
- Video on Community Champions
- Monthly column in the Burlington Post newspaper (media)

In addition, the education intervention reinforced and complemented the health messaging from other themes such as increase water intake, decrease sugar-sweetened beverages, decrease screen time, and increase physical activity. The educational resources were used via social media, shared with and used by partners to reach their networks, clients and communities of interest. Also, resources were disseminated and used through conferences, workshops, special events and festivals, as well as face-to-face opportunities with children and their families.

### Neighbourhood Action Teams: Neighbourhood Projects: Access to Veggies and Fruit

Once again, the Neighbourhood Action Teams (NAT) have played a key role in the Burlington HKCC project. The NAT boundaries are illustrated on Map 2. Each NAT made recommendations for Theme Three through the ongoing community needs assessment process. Each NAT also worked together to develop a Community Challenge that promoted *Choose to Boost Veggies and Fruit*. The NATs were able to champion access to vegetables and fruit through activities such as pop up/mobile markets, events or working with local businesses in their neighbourhoods and facilitating community conversations about community gardens, access to nutritious and affordable foods and making healthy options available.

**NAT #1** working in the Aldershot area enhanced a community kitchen through the acquisition of tools and materials to facilitate community cooking events. Among the events was a fresh food market held every Friday from June until November. They also participated in the Aldershot Village BIA (Business Improvement Area) Harvest Market event and baked eight apple crisps.

Another aspect of this work was the engagement of newcomers who are in NAT #1. They held a weekly Syrian cook day for eight weeks and had a sushi making night that engaged children and their parents.



**NAT #2** in the Central south area of Burlington had two churches educating through signage that encouraged access to their respective community gardens. St. Christopher's public access garden created a sign promoting neighbour engagement. Wellington Square created a sign to encourage visitors to enjoy their community garden.



**NAT #3** in the Burloak area expanded the involvement of their community partners through the implementation of parent and child cooking events that built food handling skills and provided education and give-aways to families in order to encourage food preparation at home.

NAT #3 also hosted a community soup event, providing opportunities for tasting and learning about soup and vegetables. Grade 5 and 6 students from Mohawk Gardens Elementary school walked to Robert Bateman High School, where they spent 2.5 hours in the culinary arts kitchen preparing and cooking six different soups. The next morning these same students walked back to Robert Bateman High School and sampled all the soups they made the day before. All of the students received a vegetable peeler to take home that will assist them in future food preparation at home. This event was highlighted by CHCH TV from Hamilton<sup>17</sup>.



<sup>17</sup> <http://www.chch.com/teaching-kids-cook/>

**NAT #4** in the Central north part of Burlington held an intergenerational meal using local vegetables to encourage conversation in a marginalized community. Youth were engaged in the preparation of a meal with adults and they were also provided with kitchen tools to facilitate meal preparation later.



**NAT #5** is in the Alton area of Burlington. In this NAT, a community farm experience was organized which included a bus ride to a local farm, an education component of how apple trees grow, apple tasting and a farm tour. Each family received apples to take home and a baked apple kit with a recipe card and equipment/supplies to cook together as a family.



## Youth Leadership Program

The Youth Leadership program was designed to teach students how to become change agents and have the knowledge to advocate.

Teachers and students from 28 local schools plus community partners attended a one-day training day focusing on nutrition with topics such as the importance of starting your day off with a healthy breakfast and making healthy choices by incorporating fruits and vegetables into their diets instead of 'junk food'. After the workshop, with support from the HKCC team, teachers and students continued with educating community about the important role nutrition and physical literacy plays in leading healthy active lives. At least one inclusive student-centered event was planned and implemented during the school year, which was open to the entire community.

## You're the Chef

The Halton Public Health Department took the lead to deliver a You're the Chef (YTC) train-the-trainer food skills program and have each organization implement at least two sessions of programming targeted to children aged 10-17, so they are able to prepare, on their own, healthy meals from scratch. There were 31 staff trained to run YTC and 12 courses of YTC training were delivered (one course = four sessions). A total of 136 children and youth between the ages of 7-24 years participated in the YTC training courses. Participants reported an increase in confidence to:

- measure wet and dry ingredients (63%)
- make a meal from scratch (73%)
- follow a recipe (59%)
- use a frying pan or skillet (76%)
- make foods using a blender (52%)
- use a knife safely (69%)

Participants reported confidence to:

- make a snack (94%)
- make a meal from scratch (using basic ingredients) (64%)
- make a meal using a recipe (84%)

Participants provided a number of other responses including:

- learned healthy recipes that were simple to prepare,
- the YTC manual contained a lot of helpful information,
- guiding principles behind the program (i.e. importance of cooking & eating together),
- learning food preparation techniques,
- learning about safe food handling,
- session was informative and flexible to meet the needs of the group,
- a complete program ready to be implemented, and
- modeling the training to simulate a YTC session was helpful.

### **School Nutrition Program Support**

HKCC worked with Halton Food for Thought (HFFT), leveraging their influence and support for a school nutrition program in all Burlington schools (public and catholic boards) to encourage eating vegetables and fruit during lunch and nutrition breaks. Eight schools in Burlington without a HFFT program were targeted and during Theme Three, six schools indicated interest in developing a program this year. In addition, Halton Food for Thought was able to initiate two programs in alternative education sites.

HKCC engaged community members from the Neighbourhood Action Teams (NAT), which made it easier to start discussions and ensure programs were put into place. Start up dollars definitely helped to remove a potential barrier to getting the ball rolling. There are two schools that have yet to commit to partnering with HFFT to start a Student Nutrition Program. Concerns regarding sufficient volunteer support for new programs is sometimes a concern and a barrier to progress.

### **Healthy Kids Food Academy Workshop Series**

Working with community experts to present an educational training and demonstration series on a variety of topics related to the importance of eating vegetables and fruits and strategies to incorporate healthy eating behaviours.

Seven workshops were held with a total of 201 participants (average 28 per session). Workshops included topics such as a canning workshop, Healthy Treats in a jar, a presentation about healthy behaviours, Healthy Eating on a Budget, Making soup gifts in a jar, Healthy Holiday Fare, and Growing Seeds – Microgreen Gardening in a Small Space. Evaluation surveys indicated that participants acquired new information and knowledge through these workshops. They also indicated this knowledge will be used within their home settings.

### **Gift of Giving Back**

HKCC worked with the Gift of Giving Back program and community partners on their community wide food drive, to share practices and resources to bring affordable, nutritious options and to encourage the increase of healthy food donations and, in turn, reduce less healthy food donations. Through a series of meetings between Gift of Giving Back members and other community partners, a change was made in the top 16 list of food donations to promote higher nutrient donations. Conversations with parents reported that it was not about the competition to get the most food, but how they could best help those experiencing food insecurity.

### **Increase Veggie and Fruit as First Choice**

HKCC worked with schools, child cares centres, nonprofit organizations and recreation centres to create policies and practices encouraging strategies to promote the importance of eating vegetables and fruits. Other activities included a healthy fundraising policy, staff modeling of healthy behaviour, including vegetables and fruits in a wellness policy and reducing incentives that use unhealthy options as rewards.

### **Transportation to Food Access**

The cost of transportation, housing and food are huge barriers to healthy active living for many families living in marginalized situation throughout Burlington. This creates isolation in community and results in limited access of supports that have the potential to positively impact food security, access to recreation and social networks. Dialogue was established about the need for a change to the transit to positively impact access to healthy food and initial conversations have taken place to investigate the opportunity to change policy and/or practices to increase access to healthy food.

## Impact in Theme Three: Choose to Boost Veggies and Fruit

### Outreach

The outreach in Theme Three built on the momentum initiated by the first two themes. Community connections resulted in a number of events and interventions. A large number of partners engaged in planning and implementing *Choose to Boost Veggies and Fruit* programs and events.

Through the 30 program sites of Theme Three, the HKCC program in Burlington reached the following:

- 7,883 children
- 372 adults
- 81 volunteers
- 529 families

The outreach to these children, families, and adult role models took place between one day to over 20 days, and depending on the site, provided more intensive engagement with the *Choose to Boost Veggies and Fruit* message.

The extent of the outreach can also be captured by reviewing connections or partnerships. As discussed in “The Power of Collaboration” Part 1<sup>18</sup>, communities are built on connections. Better connections provide better opportunities<sup>19</sup>. Connections or relationships can be defined as:

- Sharing – sharing information about one another’s programs, projects, and activities
- Cooperating – working together informally to deliver the program; plan together, share resources
- Collaborating – meeting regularly to plan/monitor, set mutual goals, share responsibilities, and build trust

Partners reported a total of 183 experiences of working in partnership with others.

Through participation at festivals, partnering with the Great Big Crunch, doing presentations, neighbourhood projects, and providing training, HKCC reached 25,663 children and 778 adults. Although the interventions were often one day events, it allowed the Burlington HKCC project to promote veggies and fruit as a healthy choice, and to share information about the need to increase the consumption of veggies and fruit. Connecting with such a substantial number of individuals across the City of Burlington is only possible through the program’s network of 49 partners who, in turn, activate their own networks.

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<sup>18</sup> Community Development Halton, *The Power of Collaboration: A Story of Healthy Kids Community Challenge in Burlington – March 27, 2017, Part 1*

<sup>19</sup> Kreb, V and Holley, J. *Building Smart Communities through Network Weaving 2002-2006*. <http://www.orgnet.com/BuildingNetworks.pdf>

Connecting with adult role models in the home, and in the community, can be challenging. The use of social media is an important vehicle to communicate the thematic issues, along with information about opportunities for families to get involved in the activities of HKCC.



### Creating Supportive Environments

One of the significant outcomes of Theme Three: *Choose to Boost Veggies and Fruit* was strengthening supportive environments. The overarching goal in this area was to promote the importance of boosting your veggies and fruit and to change the culture within organizations and families. The project partners did this through several activities:

- The School Nutrition Program Support was able to engage community members with the assistance from the Neighbourhood Action Teams, which made it easier to start discussions and ensure programs were put into place in new school environments.
- Healthy Kids Food Academy Workshop Series engaged parents and children in learning opportunities around creative ways to boost consumption of veggies and fruits.
- Neighbourhood projects provided practical learning environments for families.
- The boosting of vegetables and fruit for snacks at programs and student nutrition program sites.
- The “Snacktivist” program, promoting veggies and fruits for children’s sport sideline snacks.
- Working towards healthy-only options for the City of Burlington vending machines and concession stands.

Comments from program partners highlight the actions taken to create supportive environments:

*The money from HKCC was pivotal in starting programs in the last few schools within Burlington. Without them, these students would still be without access to healthy food during the day. Two of the major barriers to starting programs in schools are volunteers and funding. HKCC helped eliminate one of these barriers and provided essential support to reduce the other, by making important connections within the school communities. They helped bring us closer to seeing our Vision of no student goes hungry at school.*

*Believe that through the Cooking Together series that we held at the new community kitchen at The Next Door Social Space that we introduced a great community resource to the families that are in the program. As well, we were able to help build stronger relationships between some of the moms who attend our group.*

*Watching families connect in the garden was very interesting. Families would congregate to play, pick, and eat the veggies. Many people would pick food to share with their neighbours and family.*

The response from the survey completed by 28 program site partners at the end of Theme Three: *Choose to Boost Veggies and Fruit*, indicated:

- 79% of project partners providing *Choose to Boost Veggies and Fruit* programming agreed or strongly agreed that their program had increased access to veggies and fruit.
- 48% of partners agreed or strongly agreed with the statement: “Our program influenced healthy organizational and/or policy related to boosting veggies and fruit.”

## **Behaviour Change: Increased Consumption of Veggies and Fruit**

### **Partner Observation**

As noted above, the observation of project partners is that the development of a supportive environment can lead to behaviour change. When veggies and fruit were provided as a choice available at program or an event, partners reported that children adjusted and ate the veggies and fruit. They observed having veggies and fruit easily accessible led to increased consumption.

The survey explored program partners’ perception of the importance of their programs and the impact on program participants. Table 1 shows the partner level of agreement with statements about the impact of the *Choose to Boost Veggies and Fruit* programming at their sites.



**Table 1. Level of partner agreement about impact on knowledge and behaviour change related to veggies and fruits**

Partner Responses	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total Number
Our program participants increased their knowledge about the importance of veggies and fruit.	0	0	0	17	11	28
Our program participants positively changed their behaviour related to veggies and fruit.	0	0	5	14	9	28

All of the partners felt their students/participants had increased knowledge of the importance of veggies and fruit. Eighty-two percent (82%) felt there was a corresponding behaviour change and reported observations of children eating more veggies and fruit, trying out new foods, and great conversations about what they were eating and why it was healthy.

Program partners also reported on their level of agreement with the impact on parents/caregivers related to children sharing the information at home and program leaders' effectiveness in sharing information about *Choose to Boost Veggies and Fruit* with parents and caregivers. Again, the program partners were positive about the outcomes. Information was shared with parents/caregivers through handouts provided in the Resource Guide that their children brought home. Others worked with program participants to share what they were learning at home and then report back about the conversations. Others used social media to share pictures and tips that the children created to share the *Choose to Boost Veggies and Fruit* message with parents/caregivers. Table 2 shows that 89% of partners agreed that program participants had shared their new information from the *Choose to Boost Veggies and Fruit* program at home and 86% agreed that they had been effective in sharing information with parents/caregivers.

**Table 2. Partner perception of impact on parent/care givers**

Partner Responses	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Our program participants shared their new knowledge with their families.	0	0	3	17	8	28
We were effective in sharing information with parents/caregivers related to the <i>Choose to Boost Veggies and Fruit</i> theme.	0	0	4	13	11	28

**Participant survey results on vegetable consumption**

During Theme Three: *Choose to Boost Veggies and Fruit*, all program sites (schools and Healthy Kid’s sites) were asked to have students/participants complete a *before and after* program survey. The survey consisted of the program location, grade, and a response to the question: “Do you eat vegetables every day?” The survey was administered at program sites **before** *Choose to Boost Veggies and Fruit* programming began; and, then again **after** the programming.

There are 249 and 216 responses to the *before and after* program surveys respectively.

*Limitations*

It is important to note that there are limitations in the survey results.

- The survey is a self-report survey, relying on children to report their vegetable consumption.
- It is difficult, if not impossible, for the HKCC team to create a controlled environment for evaluation purposes.
- It was not feasible to have one common day on which the children would report about their vegetable eating habits. Some children may have been reporting on a weekday, others on a weekend.
- The differences in date could have skewed the results of the questionnaire, just as they could have influenced how the interviewed children would choose to respond on the specific day in question.

### Survey Results

From the survey results, 76% of the children responded that they eat vegetables every day before participating in the program. After the program, the same percentage of children responded that they ate vegetables every day.

The self-reporting on vegetable consumption by children participating in the survey is encouraging, in that vegetable consumption is already a regular part of three quarters of the children participating. The consumption of vegetables does not show a significant change. It is important to remember the brief period of educational work. Significant behavioural change requires a much longer time than the three to twelve weeks that children had to participate in the program. Ongoing efforts of partner organizations, and maintaining norms and opportunities for active, healthy living, will provide the opportunity for more significant change over time.

Again, any significant change in behaviour will come with ongoing efforts by partners to disseminate the messaging and maintain supportive environments for behaviour change. The Burlington HKCC project has demonstrated that cross sectoral partnerships and collaborative action has the effect of a growing outreach into community that can make a difference.

### Continuing to Strengthen the Network

In Theme One: *Run.Jump.Play.Everyday.*, programs developed a strong network of community partners to implement Healthy Kids Community Challenge (HKCC) decisions. This network weaving happened via the Steering Committee and the five Neighbourhood Action Teams (NAT). This continued in both Theme Two: *Water Does Wonders* and Theme Three: *Choose to Boost Veggies and Fruit*, so that the program has worked to maintain and, in some cases, enhance and strengthen those networks.

The existence of strong networks made Theme Three easier to roll out. There were partner organizations ready to work on the next theme based on their experience during the work on the first two Themes, and with the culture of collaboration engendered within the five NATs.

At the time of this report, there were 28 partners counted in the delivery of Theme Three: *Choose to Boost Veggies and Fruit* at Healthy Kids sites. Partners responsible for implementing the *Choose to Boost Veggies and Fruit* program reported 75 occurrences of sharing information, 81 occurrences of cooperation and 48 occurrences of collaboration<sup>20</sup>. Collaboration is the most intensive type of partnering. It requires a significant investment of time, mutual sharing and goal setting.

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<sup>20</sup> Partnership categories were defined as: Shared Information: shared information about one another's programs, projects, and activities; Cooperated: worked together informally to provide the program; planned together, shared resources; Collaborated: met regularly to plan/monitor, set mutual goals, shared responsibilities, built trust.

## Social Network Analysis

For HKCC's Theme 3: *Choose to Boost Veggies and Fruit*, a total of ten interventions were submitted as part of the theme-based action plan<sup>21</sup>. They were:

- Grow. Cook. Eat Program
- Youth Leadership Program
- You're the Chef
- School Nutrition Program Support
- Healthy Kids Food Academy Workshop Series
- Education Campaign
- Neighbourhood Projects: Access to Veggies and Fruit
- Gift of Giving Back
- Increase Veggie and Fruit as First Choice
- Transportation to Food Access

Over 30 partners were identified and willing to participate and support the interventions. Each partner had its role and responsibilities and brings with it an area of expertise to the experience. The expertise of the partners is considerable as demonstrated in the following list:

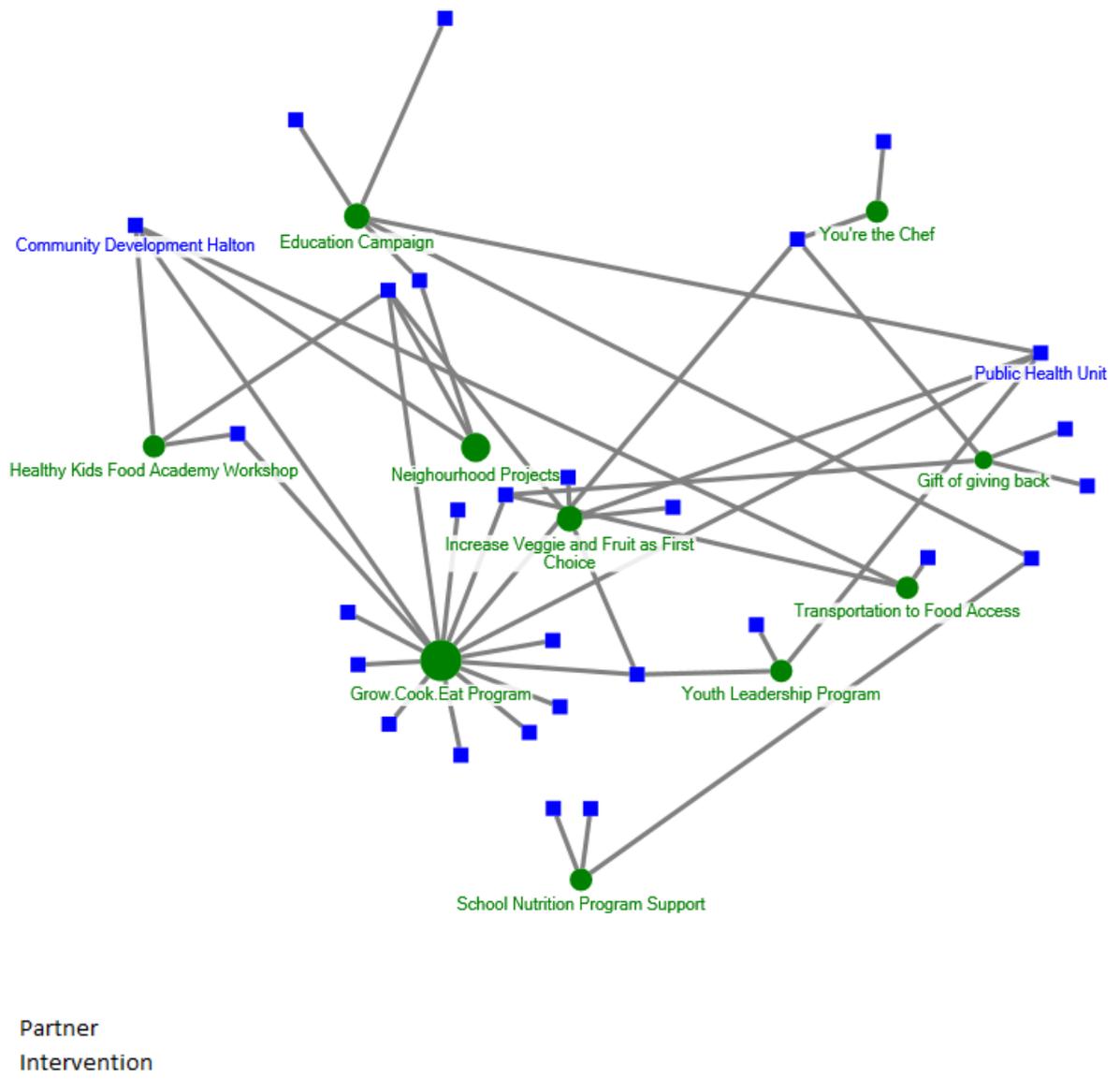
- Community outreach
- Education program implementation
- Education and health promotion
- Afterschool program
- Service provider
- Understand school community
- Social media reach into community
- Event organization
- Connect children and their families
- Understand community needs, assets and challenges
- Facilitate community collaboration process
- Conduct evaluation of initiatives
- Translate findings to community

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<sup>21</sup> Burlington Healthy Kids Community Challenge, *Theme-based Action Plan for Theme 3: Choose to boost veggies and fruit*. March 10, 2017

Neighbourhood Action Teams (NATs) represent neighbours, many groups and individuals from Public Health, School Council representatives, Halton Regional Police, sport groups, arts groups, housing, faith groups, nonprofits, grassroots organizations, children’s mental health and other children and youth serving organizations.

The Social Network Analysis (SNA) reveals connections between partners across the interventions. In Figure 1 that displays the network, the partners are symbolized by blue squares and the interventions by green circles. The size of the green circle indicates the number of partners involved with or connected to a particular intervention.



**Figure 1. Social Network of Interventions and Partners**

Some partners serve as “connectors” by connecting other partners through participation in interventions. Connectors have the capacity and function to provide contacts and facilitate the exchange of information and ideas and effectively build stronger communities.

The “Grow. Cook. Eat program” intervention has many participating partners with areas of expertise in education and health promotion, healthy eating and nutrition, education, and community outreach. One of the partners is a faith group responsible for reaching out to other networks.

The “Neighbourhood Projects: Access to Veggies and Fruit” intervention also incorporated many partners. Led by the Neighbourhood Action Teams (NATs) they championed access to vegetables and fruit through pop-up/mobile markets, events incorporating local businesses in their neighbourhood activities. They facilitated community conversations about community gardens, access to nutritious and affordable foods and making healthy options available.

The network map shows that some partners are involved with multiple interventions for this theme. For example, the Public Health Unit contributed to the following interventions:

- Education Campaign
- Neighbourhood Projects
- Increase Veggie and Fruit as First Choice
- Youth Leadership Program
- Grow. Cook. Eat Program

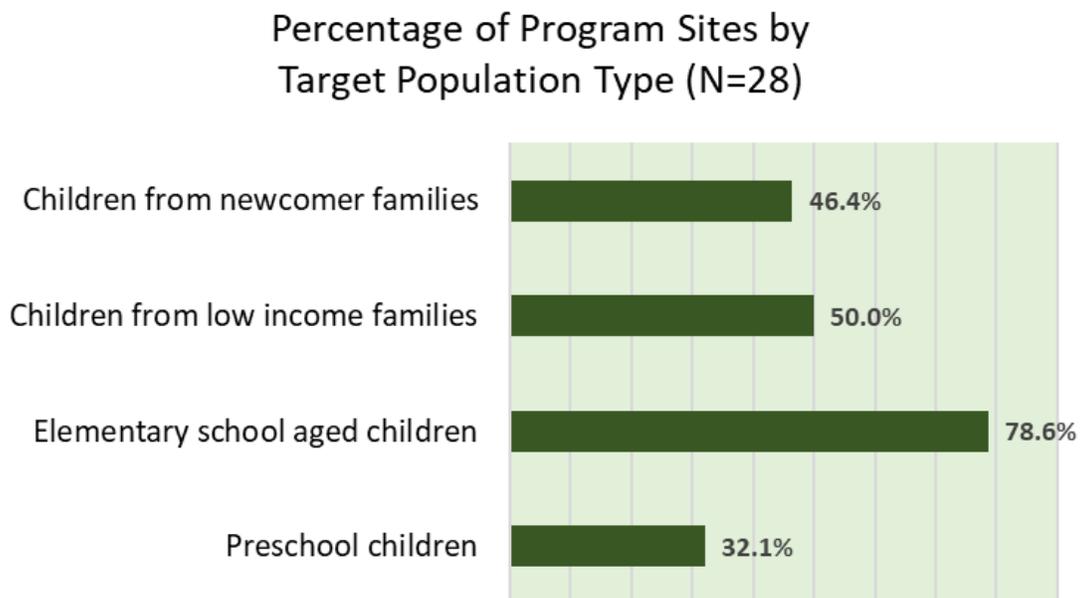
Also, Community Development Halton is a strong partner supporting the following interventions:

- Healthy Kids Food Academy Workshop Series
- Grow. Cook. Eat Program
- Neighbourhood Projects: Access to Veggies and Fruit
- Transportation to Food Access

## Partnership Network

Twenty-eight program sites (schools, churches, afterschool programs, libraries, child care centres) responded to an evaluation survey on the interventions. Each program site worked with partners to provide activities related to various interventions. They focused on target population groups particularly preschool and elementary school children, children from newcomer families and low income families.

As indicated in Figure 2, over three quarters (78.6%) of the program sites focus on elementary school aged children as their target population. Also, half of the sites targeted children from low income families. Slightly less than half are for children from newcomer families.



**Figure 2. Program Sites by Target Population**

The extent of the outreach can be captured by reviewing the connections or partnerships between program sites and partners as illustrated earlier in Figure 1. As discussed in “The Power of Collaboration” Part 1<sup>22</sup>, communities are built on connections. Better connections provide better opportunities<sup>23</sup>. To further understand the type of partnerships, the connections are grouped into three categories:

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<sup>22</sup> Community Development Halton, *The Power of Collaboration: A Story of Healthy Kids Community Challenge in Burlington-March 27, 2017, part 1*

<sup>23</sup> Kreb, V and Holley, J. *Building Smart Communities through Network Weaving 2002-2006*, <http://www.orgnet.com/BurlingtonNetworks.pdf>

- Information Sharing – sharing information about one another’s programs, projects, and activities
- Cooperating – working together informally to deliver the program, plan together, share resources
- Collaborating – meeting regularly to plan/monitor, set mutual goals, share responsibilities, and build trust

In each of the following networks, the partners are symbolized by blue squares and the program sites are represented by red circles. The size of the blue square indicates the number of connections to program sites. Multiple interventions can occur in each program site. For example, one school site can host interventions such as:

- Grow. Cook. Eat. Program
- You’re the Chef
- School Nutrition Program Support
- Increase Veggie and Fruit as First Choice



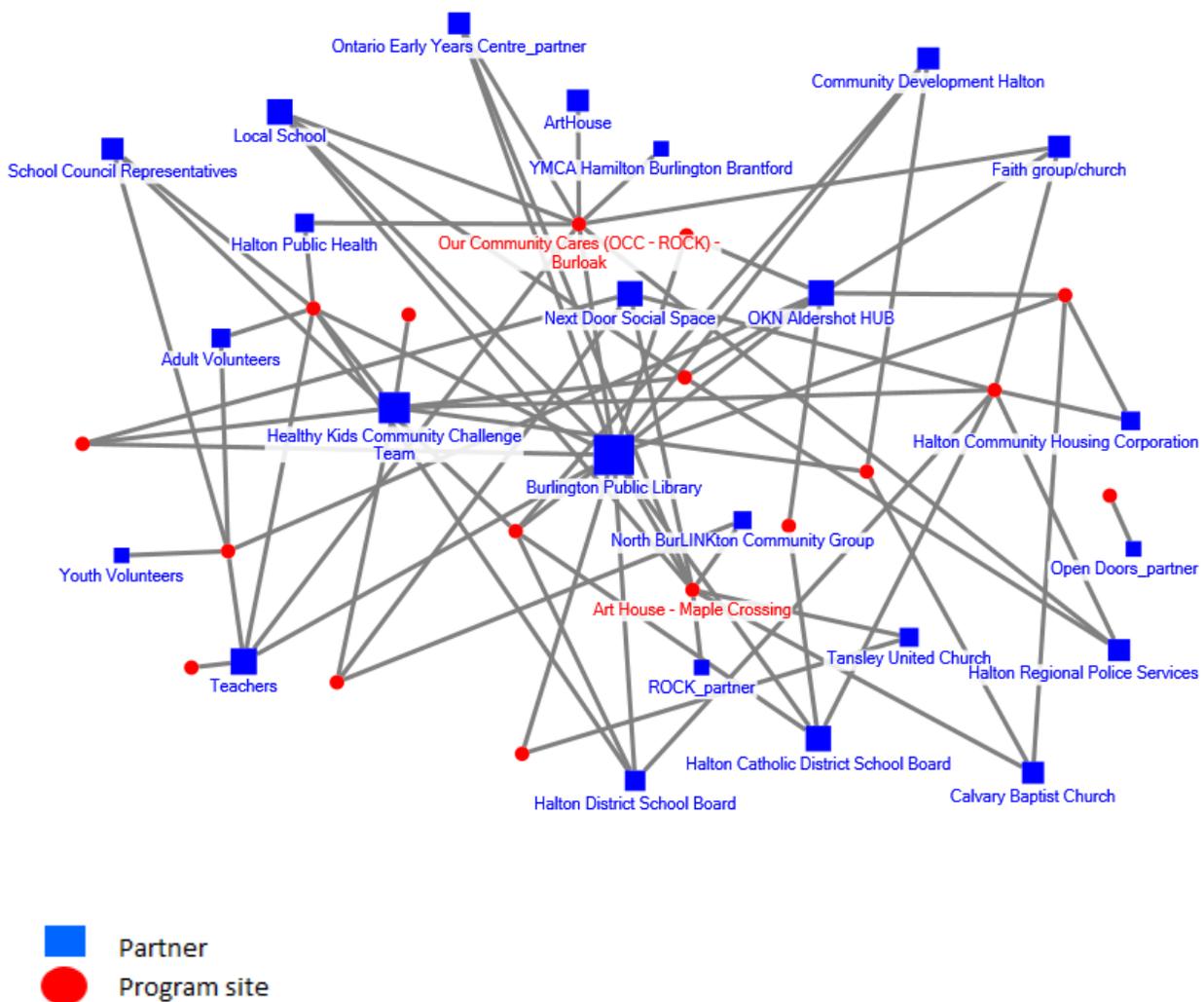
### **Partnership: Knowledge Diffusion and Information Sharing**

Knowledge diffusion and information sharing play a vital role in supporting the various interventions. Some examples of information sharing include:

- Participation in conversation about a healthy choice policy
- Participation in a conversation on increasing the nutritional value of food bank donations
- Reached out to local medical community and other public health staff with educational materials
- Advice on where to share educational information
- Social marketing campaign with their audiences
- Shared material throughout networks and integrating the key messaging
- Public Health Nurses sharing current events between programs
- Connection with Public Health Nurses who work in the same catchment

As seen in Figure 3, program sites at Our Community Centre (OCC) – Burloak and Art House – Maple Crossing are well connected to other partners in information sharing.

Burlington Public Library and Healthy Kids Community Challenge Team are the two key partners most connected to all program sites.



**Figure 3. Social Network of Knowledge Diffusion and Information Sharing Partnership**

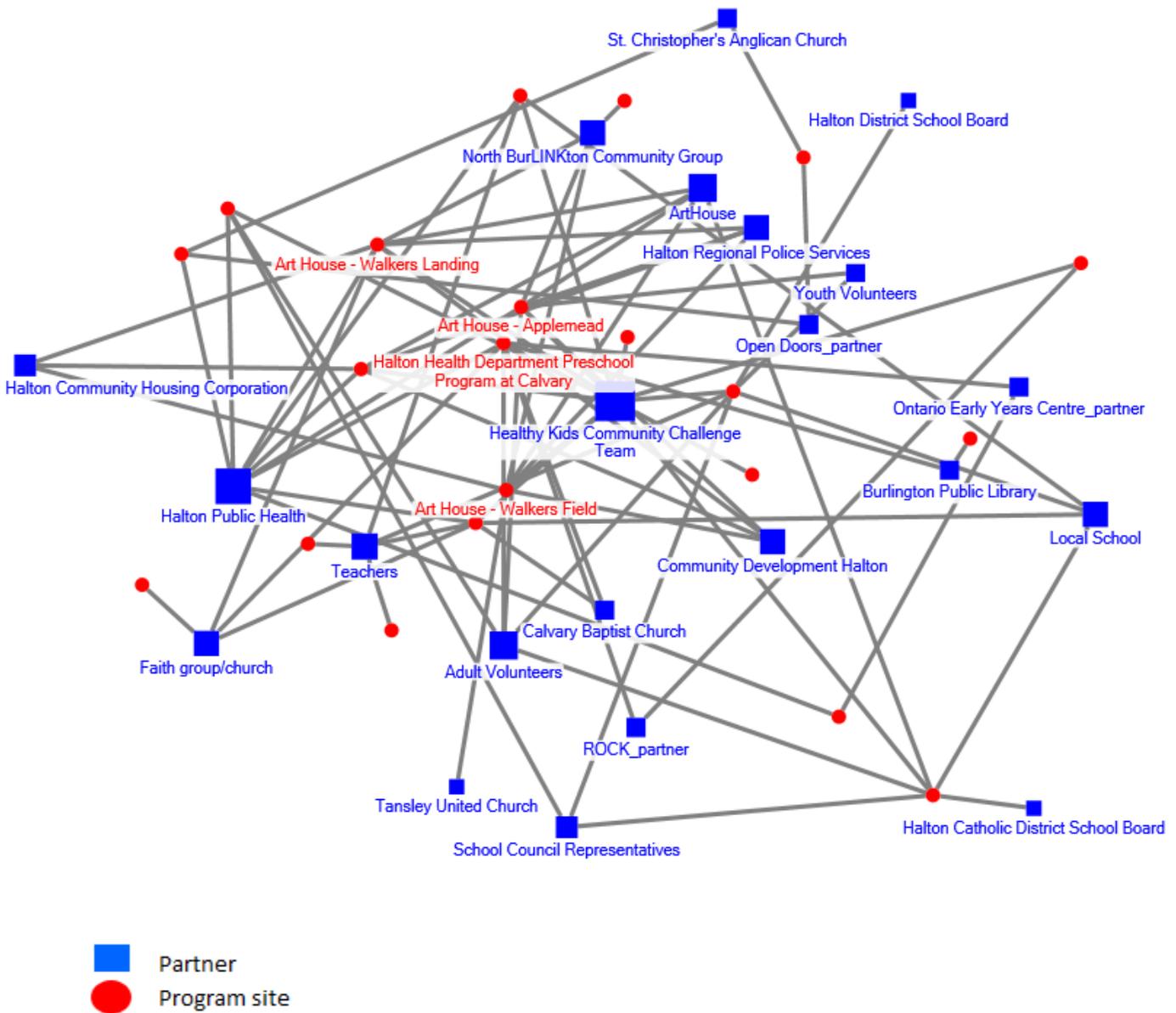
## Partnership: Cooperating

In addition to sharing information, program sites also work with partners together informally to provide program, plan activities together and share resources. Examples of the cooperating partnership include:

- Halton Community Housing and Our Kids Network shared space for meetings and workshops and supported programs
- In a Neighbourhood Action Team (NAT) activity, Robert Bateman Highschool invited 55 kids from Mohawk Gardens (neighbouring elementary school) to their Culinary Arts kitchen and taught them how to make healthy soups and fresh rolls.
- Parent volunteers presented different ideas to encourage children to choose veggies and fruit
- Both youth and adult volunteers prepared food for many events and activities
- Connected with Public Health Nurses who worked in the same catchment areas
- Halton Food Council supported program and maintained community gardens
- Operated after school and summer program with staff team
- HKCC liaised with schools, helping to support teachers and schools implement programs
- Ensured strong volunteer management and in-kind staff time
- Facilitated rental and marketing activities
- Set up registration for workshops and maintained contacts
- Provided expertise and program resources and guidance
- Facilitated and coordinated speaker series/guests
- Participated in education on topics of expertise

As seen in Figure 4, program sites at three ArtHouse locations (Walkers Landing, Walkers Field and Applemead) have strong cooperative connections with their partners. Many partners provide free space and equipment for intervention activities.

Healthy Kids Community Challenge Team and Halton Public Health are the two partners most connected to all program sites in planning and developing program activities.



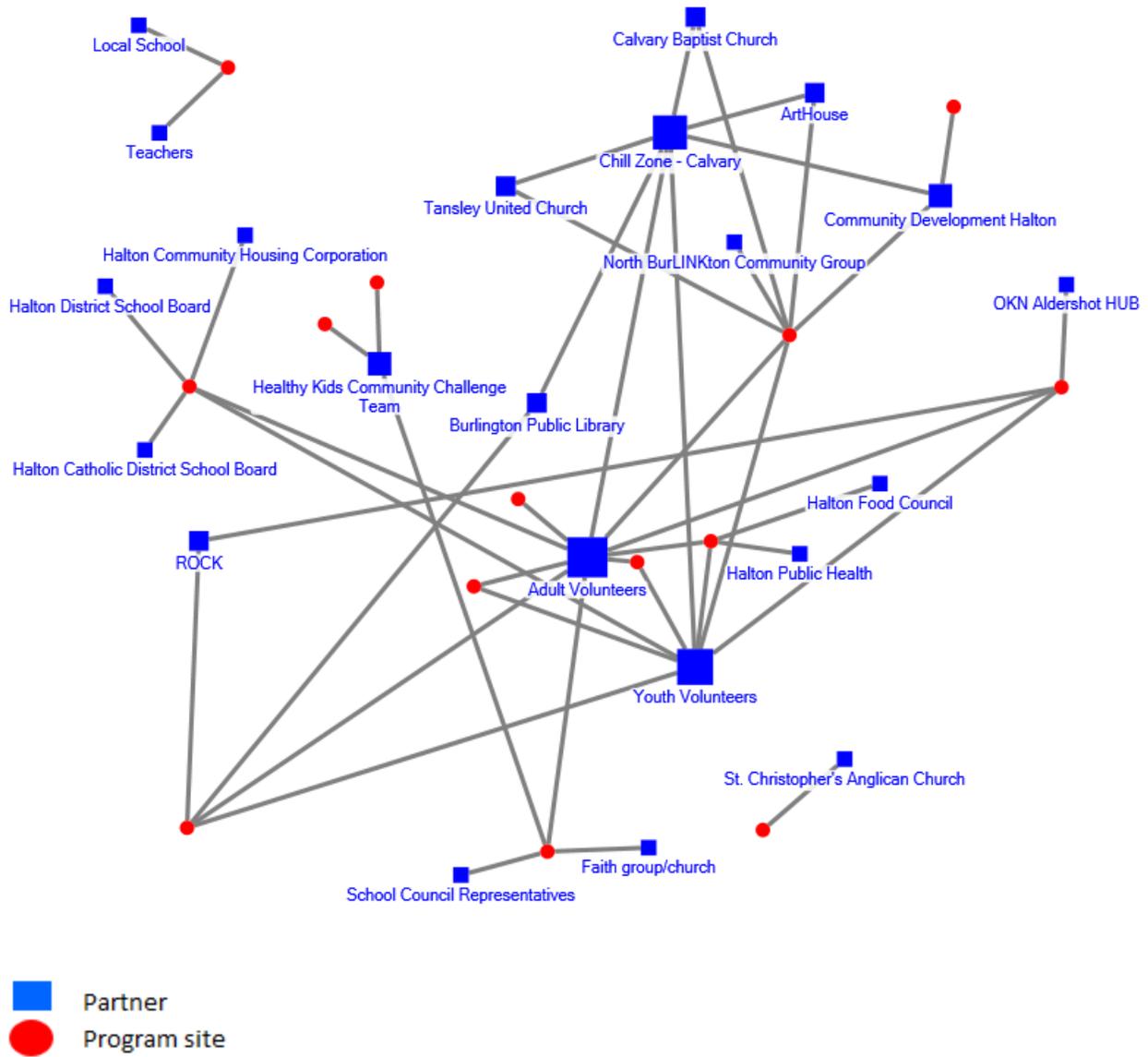
**Figure 4. Social Network of Cooperating Partnership**

## Partnership: Collaborating

The participants in this partnership met regularly to plan/monitor, set mutual goals, share responsibilities and built trust.

Figure 5 shows that in comparison with the information sharing and cooperating networks, the collaborating network has a smaller number of partners and program sites. There are also fewer connections. This suggests the formation of this type of partnership requires relatively more time, effort, and resources.

- Halton Community Housing Corporation shared their spaces and supported program activities
- Parent volunteers were active in many program sites presenting different ideas to encourage children to choose veggies and fruit
- Halton Food Council supported programs including maintenance of community gardens
- ArtHouse held the charter for four different Grow.Cook.Eat. sites
- Collaboration and shared responsibilities between ArtHouse and Community Development Halton (CDH)
- You're the Chef planned a cooking event for NAT 3. They chose recipes and cooked with kids and parents. The participating families received a fresh food box for four months paid by HKCC funding.
- Oversaw development, and implementation of the initiative
- Ensured strong volunteer engagement
- Brought new partners to the project
- Neighbourhood Action Teams (NATs) developed, implemented and translated evaluation information to community
- Outreached for conversations related to the impact of transit on food security
- Conducted the 'train the trainer' sessions and acted as consultant
- Provided direction and supported the implementation in schools and classrooms



**Figure 5. Social Network of Collaborating Partnership**

## Final Reflections

During Theme Three: *Choose to Boost Veggies and Fruit*, Burlington's Healthy Kids Community Challenge (HKCC) was able to make inroads with participating children to increase their consumption of vegetables and fruit. However, there is more work to do to change behaviour; especially, to make the regular consumption of vegetables and fruit a first choice. The time window provided for Theme Three only allowed for introducing the importance of healthy eating. This is not adequate time for profound change. The partners involved in the Burlington HKCC should be proud of the significant changes made which have led to the creation of supportive environments. They continue to encourage children and families to make healthy eating choices.

The impact of HKCC in Burlington included creating new community relationships which brought partners together to have a collaborative approach in reaching communities in need and continue the community building that is critical to build trust in community. This grows capacity in community to break down barriers to programs and activities in all neighbourhoods in Burlington. Some children do not have other opportunities to participate in structured activities and through HKCC, children gained new knowledge and skills while developing positive habits. Providing a safe and positive environment is critical for long lasting impact.

As in the first two Themes, the developing network of partners was rich in composition and diversity. It led to some outcomes that go beyond the performance measures required of the Ministry of Health and Long-Term Care. The examples of connections made through neighbourhood conversations and collaborative action are the foundation for further work together, and after the completion of Healthy Kids Community Challenge Project.