



Food Literacy Programming in Ontario

A Focus on Programs
Offered to Children, Youth,
Parents and Caregivers

The first in a series of reports on
the State of Healthy Eating and
Food Literacy in Ontario



Acknowledgements

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About the State of Healthy Eating and Food Literacy in Ontario Series

This series of reports examines the state of healthy eating and food literacy in Ontario. The project investigates research, data and indicators; as well as key players, programs, and policies within the food literacy landscape. The project aims to identify gaps and opportunities to advance food literacy programs, policies, and practice in order to improve the food literacy, eating habits, and well-being of children, youth, and their parents or caregivers.

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Introduction

Nutrition Connections, formerly the Nutrition Resource Centre (NRC), is a centre for nutrition knowledge and collaboration. We have operated under the Ontario Public Health Association since 1999. Our mission is to help health professionals, community organizations, educators, researchers, and others working in the area of food and nutrition to build capacity, connect, and share information related to nutrition, healthy food environments, food systems and food literacy.

The goal of this project was to identify food literacy programs and supports offered across Ontario with a focus on those targeting children, youth, parents or caregivers. We wanted to determine the types of food literacy programs being offered and to whom, and to identify gaps and priorities or key action areas for more collaborative work in supporting food literacy programming. We also investigated the opportunities and barriers to running food literacy programming in community settings and determined how programs were evaluated and funded.

Rationale

According to a new report,¹ unhealthy eating is estimated to cost Ontarians \$5.6B annually in direct health-care costs and lost productivity, including \$1.8B directly from inadequate vegetable and fruit consumption. Addressing unhealthy eating is essential to reducing the social and economic burden of chronic diseases, such as heart disease, cancer and diabetes¹. Shifts to diets high in ultra-processed and convenience foods and eating outside the home, has negatively impacted the health of people in Canada. Being food literate is an important precursor to following a dietary pattern that supports health. The elimination of home economics programs from Ontario schools has resulted in a generation of children and young parents lacking food literacy and food skills. Being food literate is important to help children and adults navigate a complex food environment and enable them to make healthy food choices that satisfy their food preferences, cultural traditions, and nutritional needs. Food literacy is particularly important in the early years, when children are developing the eating patterns and skills that they will carry into adulthood and pass on to future generations.^{2,3}

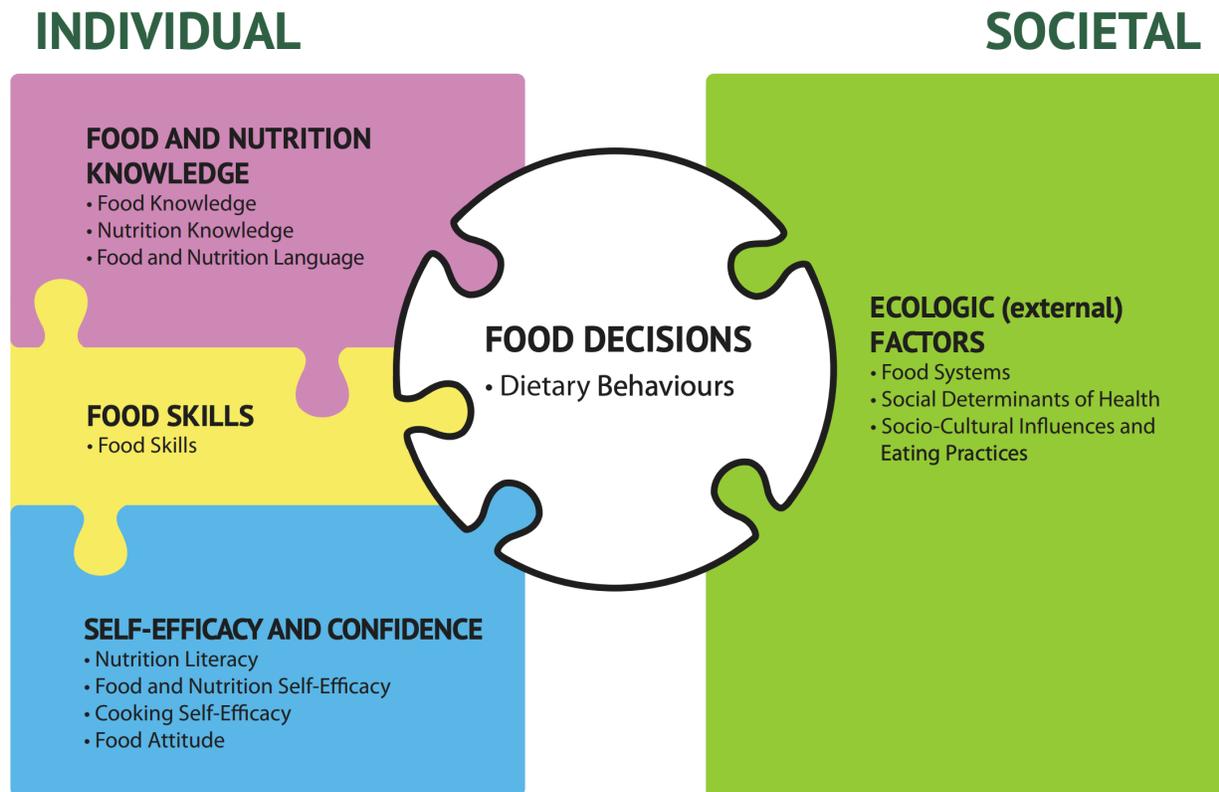
¹ Cancer Care Ontario and Ontario Agency for Health Protection and Promotion (Public Health Ontario). The burden of chronic diseases in Ontario: key estimates to support efforts in prevention. Toronto: Queen's Printer for Ontario; 2019. Available from: <http://www.ccohealth.ca/cdburden>

² Vaitkeviciute R, Ball LE, Harris N. The relationship between food literacy and dietary intake in adolescents: a systematic review. *Public Health Nutr.* 2015 Mar;18(4):649–58.

³ De Cosmi V, Scaglioni S, Agostoni C. Early Taste Experiences and Later Food Choices. *Nutrients.* 2017 Feb 4;9(2).

What is Food Literacy?

Food literacy includes five interconnected attributes (Figure 1): food and nutrition knowledge; food skills; self-efficacy and confidence; food decisions; and external factors (e.g., the food system, social determinants of health, and socio-cultural influences and eating practices⁴.)



How was a food literacy program defined for this scan?

For the purpose of this environmental scan and survey, a food literacy program was defined as “an intervention that provides education or activities, including skill building around food and nutrition, that helps children, youth or adults understand where food comes from, what foods to eat to be healthy, and how to choose and prepare food (e.g., nutrition education, cooking or gardening, menu planning, grocery tours, label reading, programs to navigate the food environment).”

⁴ LDCP Healthy Eating Team. Food Literacy: A framework for healthy eating [Internet]. Food Literacy for Life; 2018. Available from: https://www.odph.ca/upload/membership/document/2018-11/food-literacy-poster-front-back-final-for-web_1.pdf

Methods

An online survey was conducted and distributed to partners by email to share with their constituents. This survey was intended to be completed by individuals involved in planning, implementing or evaluating food literacy programs in their community. The survey was sent out through the Nutrition Connections' listserv and promoted by several other groups including Ontario Dietitians in Public Health, Community Health Centre Dietitians, Family Health Team Dietitians, and Sustain Ontario's Edible Education Network and Good Food Bites newsletter. The survey was also shared through links on the NRC Facebook, Twitter and Instagram accounts and reposted by partners mentioned above and others during the month of April. The survey was open between April 4 and April 30, 2019. The online survey questions are provided in Appendix 1. The survey was voluntary and was not designed to ensure that every contact reply so there are no estimates of the participation rate.

Summary of Findings

Approach and Background

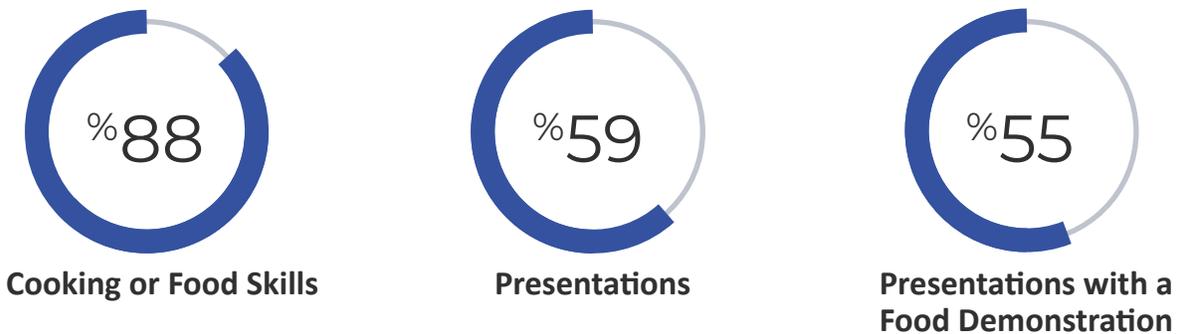
Nutrition Connections, formerly the Nutrition Resource Centre (NRC), conducted this scan of food literacy programs offered by public health units, community health centres, family health teams, community-based and not for profit organizations in Ontario in April 2019. The goal was to identify food literacy programs and supports offered across Ontario with a focus on those targeting children, youth, parents or caregivers, and to identify gaps and priorities or key action areas for more collaborative work in supporting food literacy programming. The data collected was based on an online survey of organizations providing food literacy programming. Sixty-eight organizations responded and reported on 59 programs, see Appendix 2.

Key Findings

Food literacy programs were offered to a broad range groups including: young children and their parents & caregivers, early childhood educators and child care staff, children and youth in schools, pregnant women and their partners, new parents, adults, seniors, and service providers.

The highest number of programs were targeted to elementary school-age children (n=30), followed by parents (n=28), high school youth (n=24), all ages (n=23) and early years children (n=16). Other targets for food literacy programs were educators (n=16), caregivers (n=14), service providers (n=12) and others (n=16).

The most prevalent type of food literacy program being offered was cooking or food skills (88%) followed by presentations (59%), and presentations with a food demonstration (55%). Community kitchens, community gardens, grocery tours and displays were also mentioned.

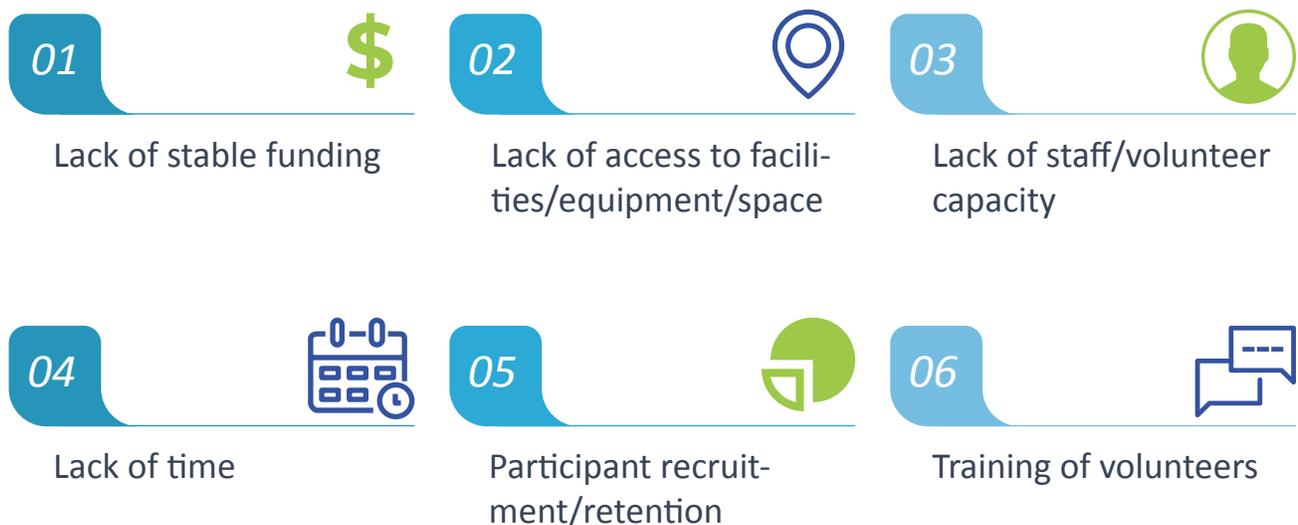


The most prevalent strategies mentioned for food literacy programming were education and awareness (94%) and skill building (94%) followed by peer engagement (71%), parent engagement (59%) and community engagement (58%). Supportive environments (53%) were also identified as a key strategy for food literacy programming.

Most organizations responded that there were adequate kitchen facilities in their community to offer food literacy programming either in their own organization (45%) or in their community (36%). However, about one-fifth (19%) of respondents reported no access to adequate kitchen facilities.

Strong partnerships with other agencies/stakeholders, adequate funding/financial support and engaged participants/need for program in the community were identified as the top strengths of food literacy programs. Accessibility to program, dedicated staff, volunteers, dietitian expertise and ongoing staff training were also identified as strengths.

Numerous challenges and barriers to offering food literacy programs were identified including: lack of stable funding; lack of access to facilities/equipment/space; lack of staff/volunteer capacity; lack of time; participant recruitment/retention; and training volunteers.



The majority of respondents indicated that they evaluated their food literacy programs. The evaluation methods most commonly used were quantitative or qualitative analysis, process or outcome evaluations, pledges or testimonials. Some organizations used innovative reporting on their programs through photo-voice, pictorial, blogging or social media. These types of evaluations are important for funders who are interested in the impact of programs.

Almost all organizations included the number of participants and participant satisfaction as outcomes they measured. About 70% of programs said they measured food literacy outcomes including nutrition knowledge, food skills, and self-efficacy/confidence. About 35% of respondents measured dietary behavior and social connectedness.

Fifty-two percent of the organizations responded that their program was supported by government funding. Fifty percent indicated that their own organization funded or supported their food literacy program. About one-third received support from donors or foundations. Some programs charge participants a fee to cover costs.

Some insights were shared by respondents:

“As public health, we focus our efforts in building community knowledge and capacity, while working with community leaders to implement healthy nutrition policies and build healthy environments.”

“It’s always a challenge to reach participants who aren’t already connected to community groups and organizations with committed staff/volunteers/budgets.”

“We work mainly with high risk populations (low income, poor literacy, under-housed, etc). The key to getting them to come to programming is word of mouth, not advertising. We’ve had good success of getting people in the door and then telling their friends to come.”

“Engagement is a big problem. Multiple workshops and education events are held each month and “walking the talk” i.e. providing healthy meals at these events is a constant issue.”

“We also provide nutrition education and food skills programs in local schools (about 6-8 per year) ranging from 1 to 5 sessions in duration with one class. Topics range from rethink what you drink, nutrition and mood, food guide, nutrition food labelling, mindful eating.”

“We know how to change children’s lives and seniors’ lives in remarkable ways. To do it right takes time and energy - both of those should be compensated fairly. There are many groups that teach food literacy incorrectly and are being paid massive amounts of money to do so - it’s frustrating that some ineffective programs get so much funding for doing so little.”

“You’re the Chef: Until it is embedded in the school curriculum, these are just extra-curricular activities that teachers and other community members need to go above and beyond to implement. Conflicting priorities or activities make it difficult for food literacy programs to be run in a systematic way. There’s such a variety of programs out there and no standardized provincial/national program that can be adapted regionally. This makes it difficult to plan, develop, and evaluate programs effectively in public health on a large scale.”

For more detailed findings, refer to Appendix 1.

Limitations

This survey was voluntary and time-limited; therefore the results are not a complete or exhaustive list of all food literacy programs offered in Ontario. Instead, the scan offers an overview of the types of programs being offered to children, youth, parents and caregivers in Ontario. It is also important to note that while this survey looked at food literacy programs specifically, there are many other players involved in food literacy work including those providing advocacy, capacity building, funding, research, and other support.

One program that was not mentioned in survey responses was “Healthy Babies Healthy Children” which is a required program offered by all public health units in Ontario. In this program, public health staff provide nutrition education and, in some cases, opportunities for hands-on food preparation. In addition, many public health units are implementing the Canada Prenatal Nutrition Program (CPNP). This program provides funding to community groups to help to improve the health of pregnant women, new mothers and their babies, who face challenges that put their health at risk, such as, poverty, teen pregnancy, social and geographic isolation, substance abuse, or family violence. In some areas, community agencies have become the CPNP leads, but registered dietitians and public health staff are often asked to provide food literacy programming. Public health units are also partnering with the new Early ON centers that target parents and young children and provide food literacy information and skill building opportunities.



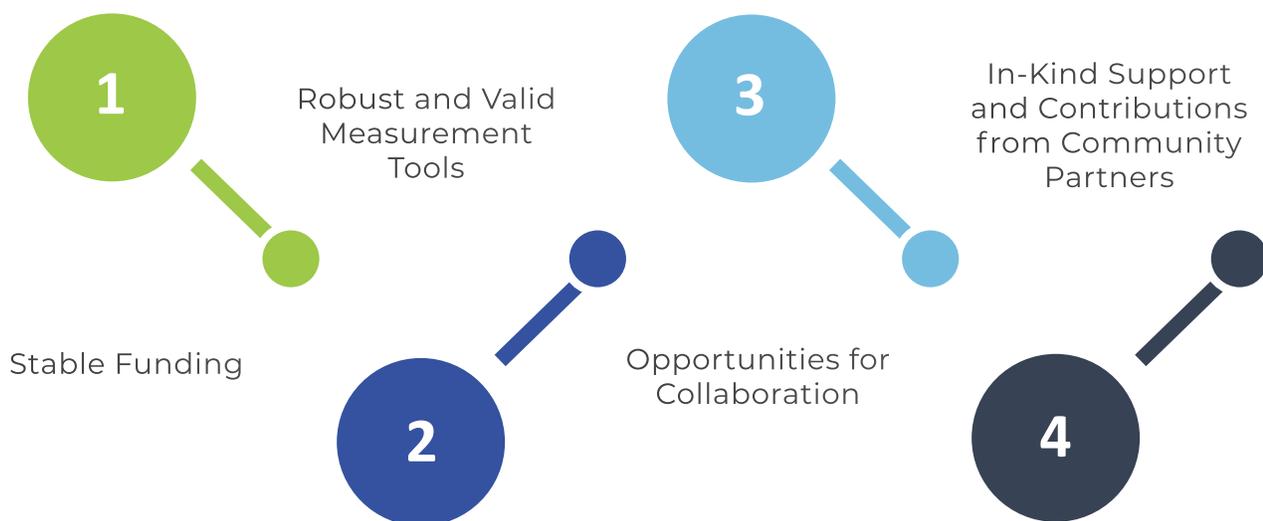
Discussion

What are the challenges and gaps?

Food literacy programs require stable funding and support in order to be sustainable. The survey results showed that programs are most often relying on funding from their own organizations, the government, donors, and foundations. Still, a lack of funding was the most commonly cited barrier to offering food literacy programming. With funding being a major challenge, there needs to be more opportunities for community partners to collaborate and support each other through in-kind contributions and the sharing of information and resources. Some respondents had creative strategies that help reduce barriers (e.g., partnering to share costs, using donated space/facilities, fundraising, sponsorship, and asking host agencies to cover the cost of food).

There appears to be a challenge assessing food literacy programming for success and impact, however, we did not specifically ask programs to identify whether their programs were successful or impactful. While programs may be deemed to be successful based on their reach and participation of the intended target group, it is recognized that more robust and valid measurement tools are needed to assess the impact that programs have on the food literacy or dietary behaviours of participants. Changes in dietary behaviours, in particular, are difficult to attribute to programs, due to other confounding variables which influence food choice and intake (e.g., the food environment, ability to access food, money to buy food). A Locally Driven Collaborative Project (LDCP)⁵ is currently underway and involves public health nutrition professionals from different health units working collaboratively to evaluate a measurement tool to assess food literacy in priority populations of youth (16-19 years), young parents and young pregnant females (16 to 25 years). This information can potentially be shared beyond public health to other food literacy program planners in the community. There continues to be a gap in tools to assess food literacy programs for younger children. The development of a tool for this population could also be worked on using a similar approach.

Strong, sustainable food literacy programs require:

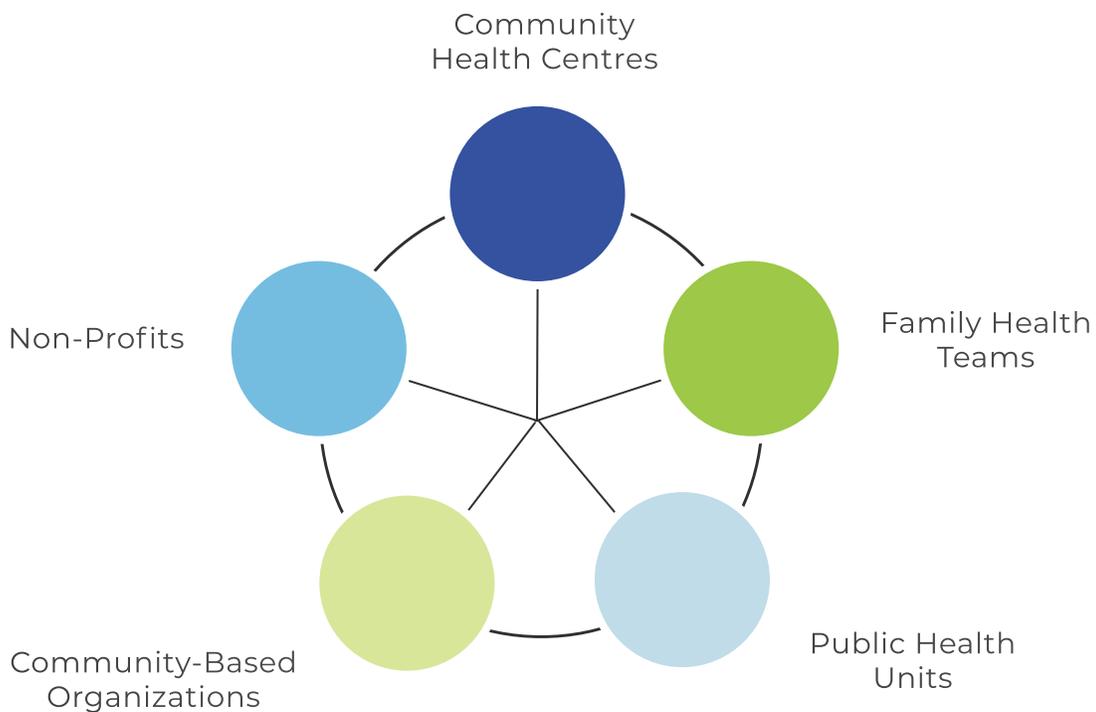


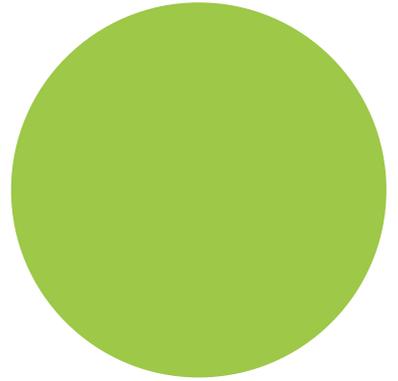
⁵ Public Health Ontario – Locally Driven Collaborative Projects – Measuring Food Literacy - <https://www.publichealthontario.ca/en/health-topics/public-health-practice/ldcp?tab=2>

■ How can program planners and facilitators work more collaboratively?

Some of the challenges and barriers identified in this report can be addressed through collaboration and strong partnerships. While many organizations offer similar types of food literacy programs, they differ in their mandates and the clientele they serve. This can make it more difficult for collaboration to occur. There may be opportunities to improve referrals and increase collaboration between Community Health Centres, Family Health Teams, Public Health Units, Community-Based Organizations, and Non-Profits. Collaboration is likely already occurring in many cases, however the extent of the collaboration cannot be ascertained by the survey results.

Establishing a wide network of food literacy players could foster new opportunities for collaboration to advance program planning, resource development, training and support, program execution, and evaluation. A series of networking events could bring food literacy players together to showcase programs that are emerging as best practice models. There is also an opportunity for more collective advocacy to strengthen food literacy programming and achieve healthier eating patterns in Ontario's children, youth, and parents.





Conclusion

There is a wide range of food literacy programs being offered in Ontario. More opportunities for collaboration, robust measurement tools, funding, and advocacy are needed to advance food literacy programs in order to improve the eating habits and overall health of children, youth, and their parents or caregivers.



Appendix 1

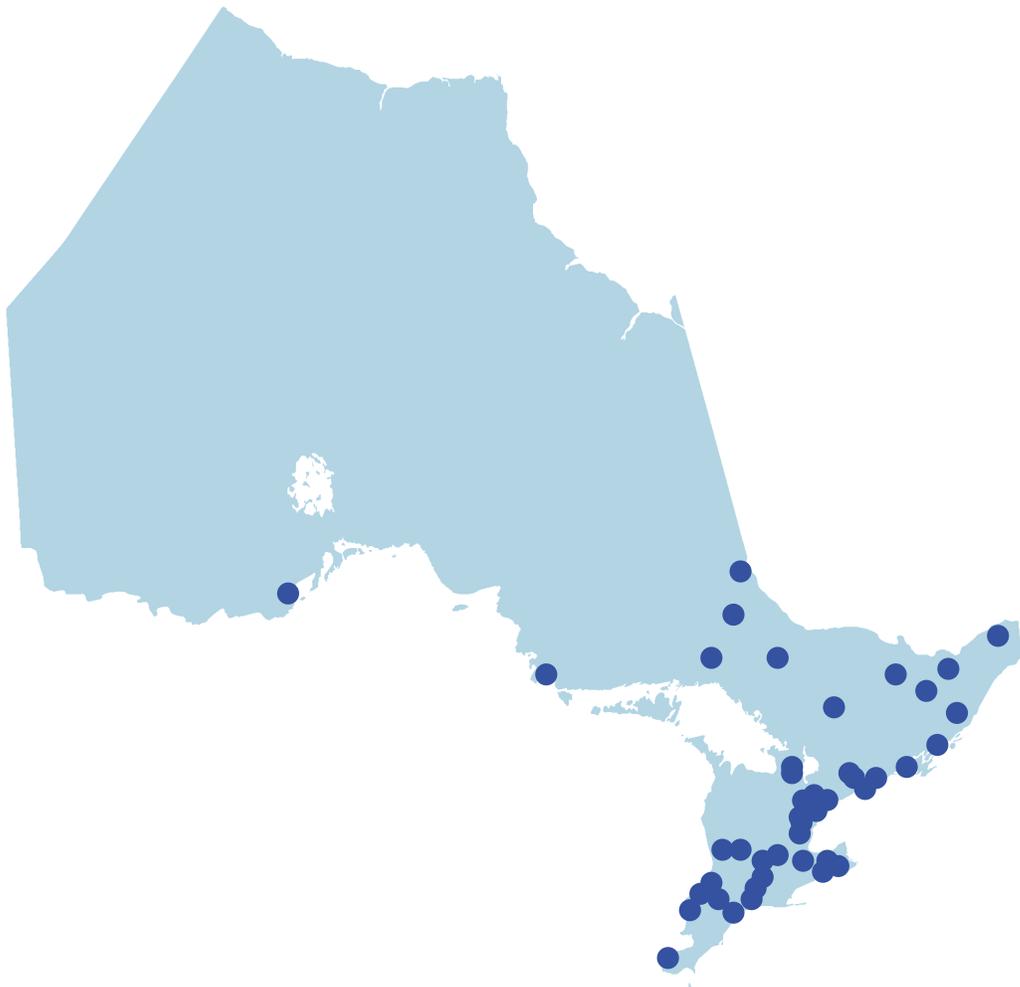
Detailed Findings from the Online Survey

Ninety respondents completed the survey for their organization and they described 59 different programs. In some cases, two people from the same organization filled out the survey so their results were combined. A few respondents did not list their organization. This brought the total to 68 unique organizations responding to the survey. For a list of organizations responding to the survey see Appendix 2.

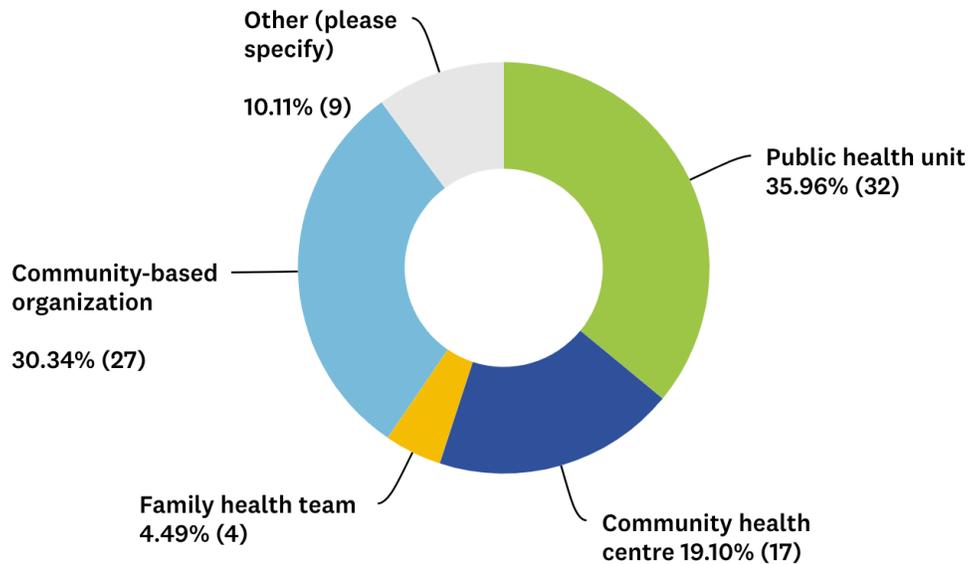
Background on the Respondents and Descriptive Findings

The following section provides a more visual description of the survey findings.

There were a higher number of respondents from Toronto (15), Oshawa (5) and Ottawa (4). For northern Ontario, Thunder Bay, Sault Ste Marie, Bear Island, New Liskeard, North Bay, and Sudbury responded. There were a number of respondents from rural areas but we did not identify and divide the results by urban vs rural. It is recognized that programming, planning, implementation and evaluation will differ between urban and rural areas.



■ How would you describe your organization?

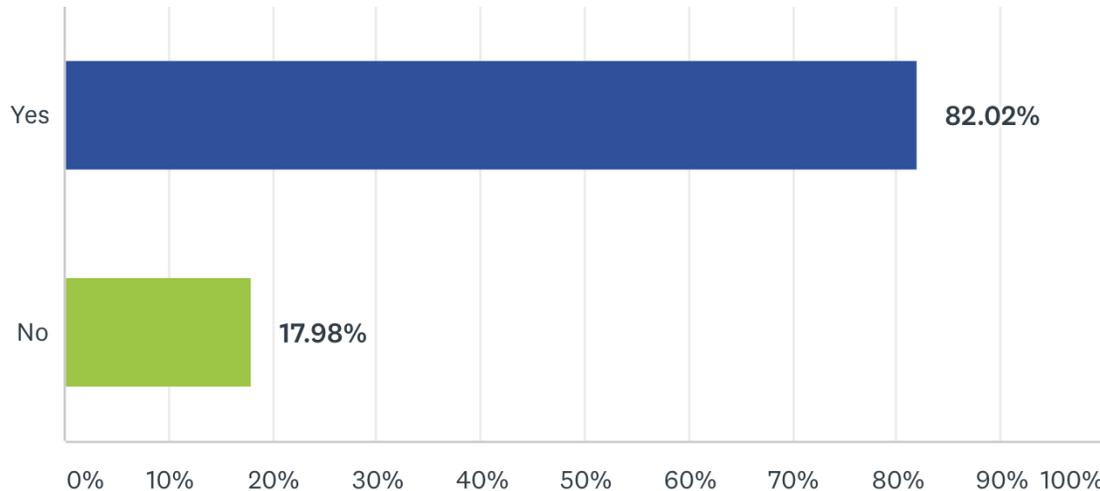


Organizations responding included public health units (32), community health centres (17), family health teams (4), community-based organizations (27) and others (9).

Other Organization Descriptors:

- Healthy habit resource and training provider
- Daycare
- Municipality
- Regional program for mother and newborn health
- Non-profit
- Nurse practitioner-led clinic

■ **Is your organization currently offering or planning food literacy programs for children, youth, parents, families or caregivers?**



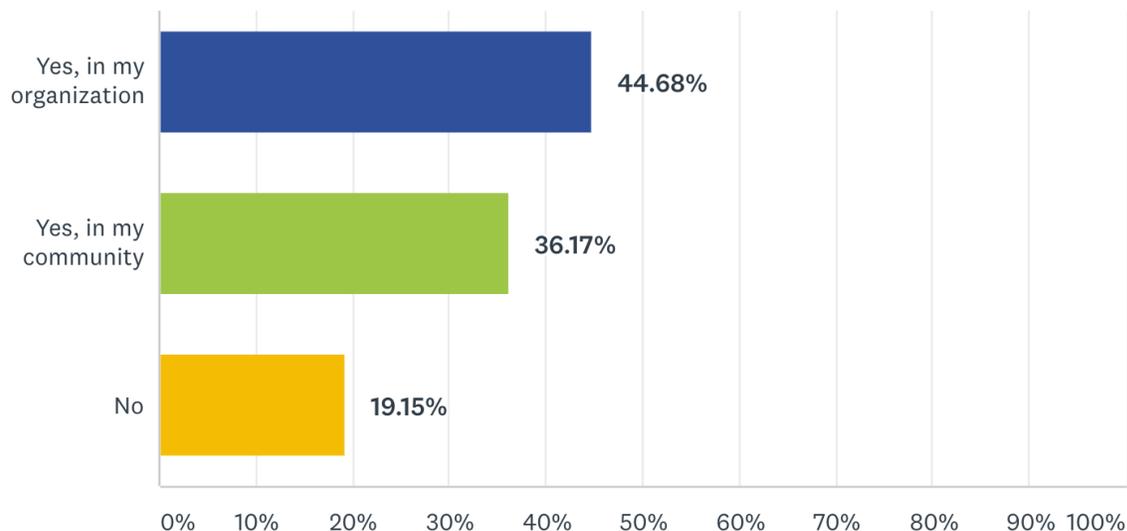
The majority of respondents (82%) were currently offering or planning food literacy programming. Those that were not (18%) were asked what their barriers to providing food literacy programming were. See page 24 for their response.

About the Food Literacy Programs Being Offered

Fifty-nine programs were described by the organizations who responded to this survey. A full description of the programs is summarized in Appendix 2.

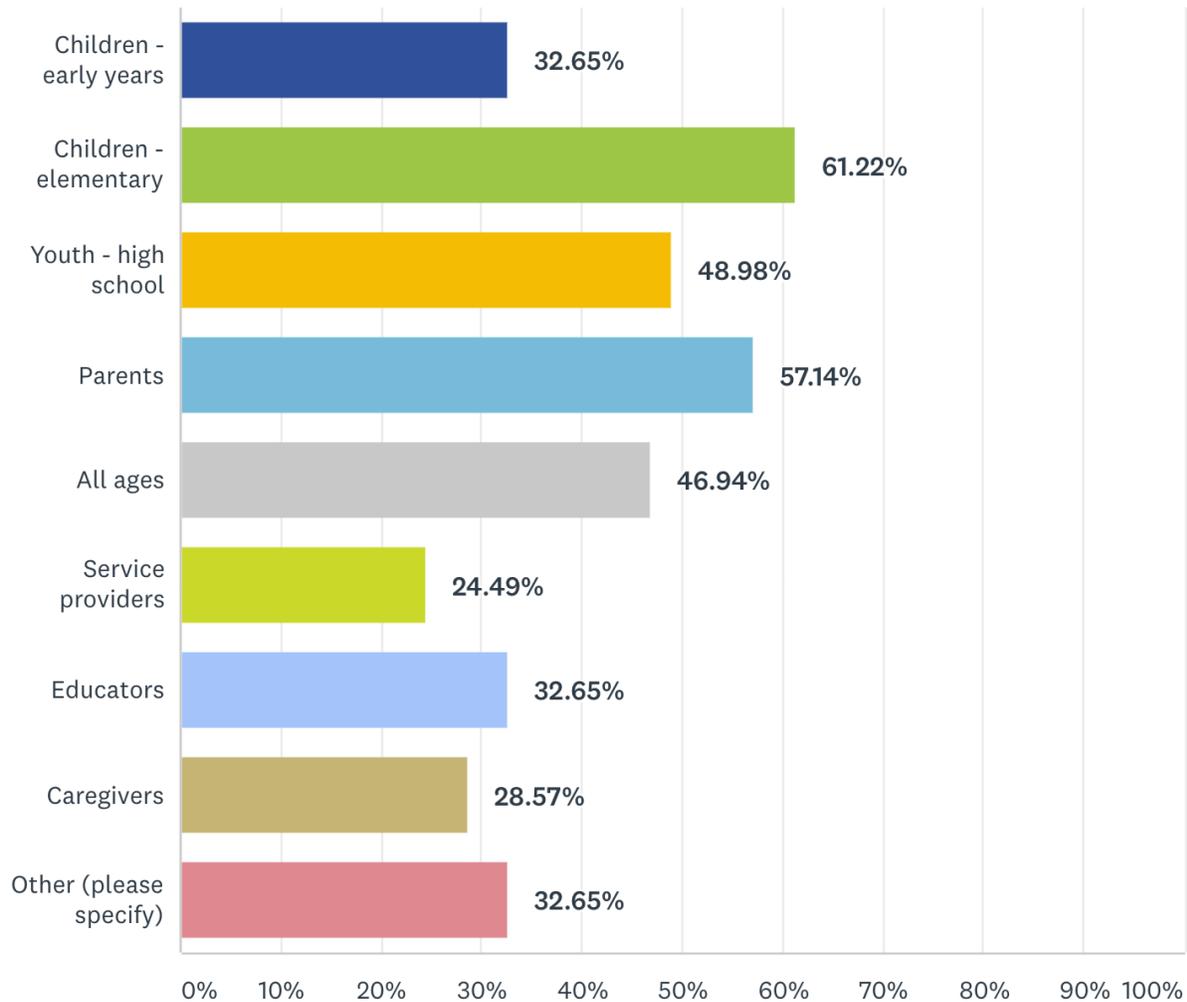
A variety of food literacy programs were offered to different audiences. These included prenatal and postnatal classes for new parents, programs targeted to parents and caregivers, early childhood education programs for child care educators and staff, programs offered to children and youth in schools, programs offered to children with parents, programs specifically for adults or seniors, programs for service providers and programs open to all ages or multiple audiences.

■ Are facilities (e.g. kitchens) to conduct food literacy programs in your community available and adequate (e.g. meet public health requirements for # of sinks for handwashing, dishwashing and sanitization)?



Most organizations responded that there were adequate kitchen facilities in their community to offer food literacy programming either in their own organization or in their community. However, about one-fifth of respondents reported no access to adequate kitchen facilities.

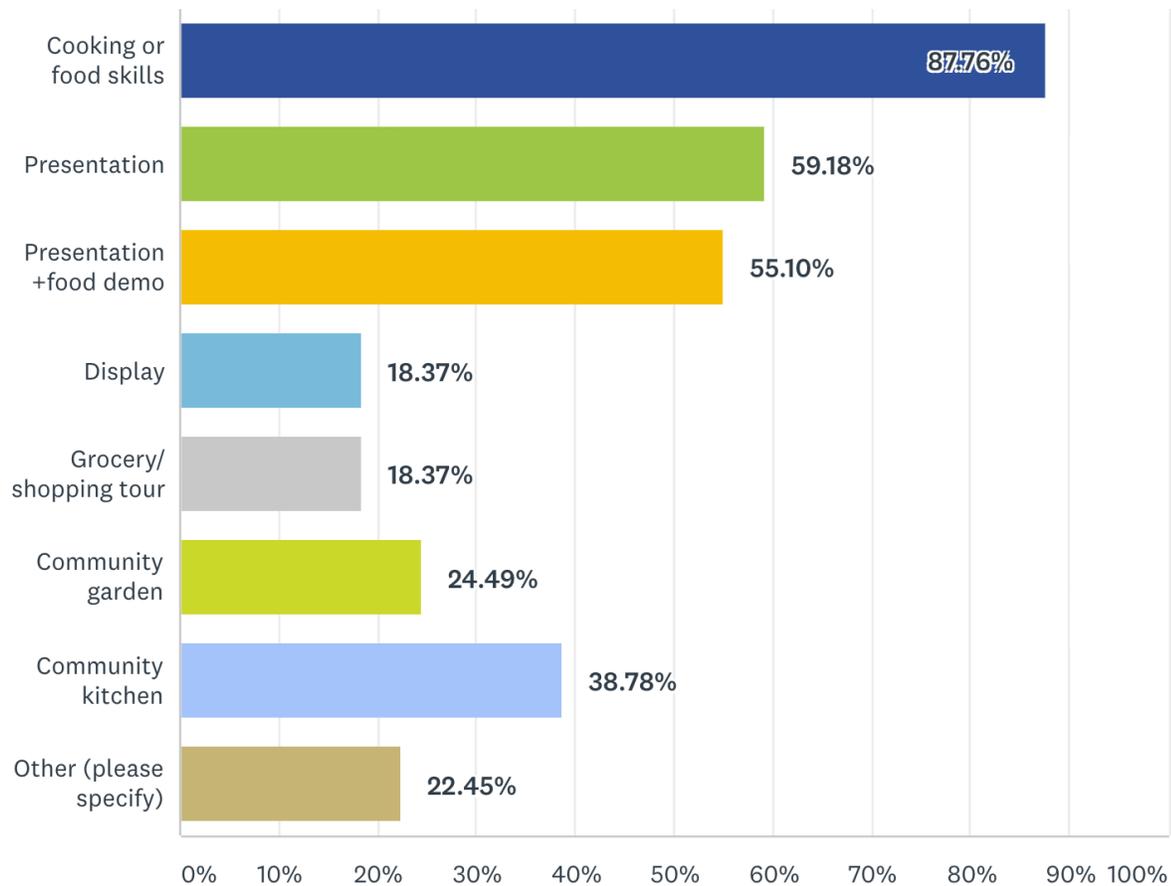
Target Populations for Food Literacy Interventions



Other Target Populations for Food Literacy Interventions:

- Infants
- Summer camp staff
- Pregnant women
- Food insecure individuals
- People at risk or living with diabetes who are experiencing food insecurity
- People with chronic disease
- People experiencing homelessness
- Community organizations interested in offering food literacy programs
- Adult volunteers
- Staff from residential care facilities
- Seniors
- New parents
- Low-income individuals and families

What type of food literacy program do you offer? Please check all that apply.

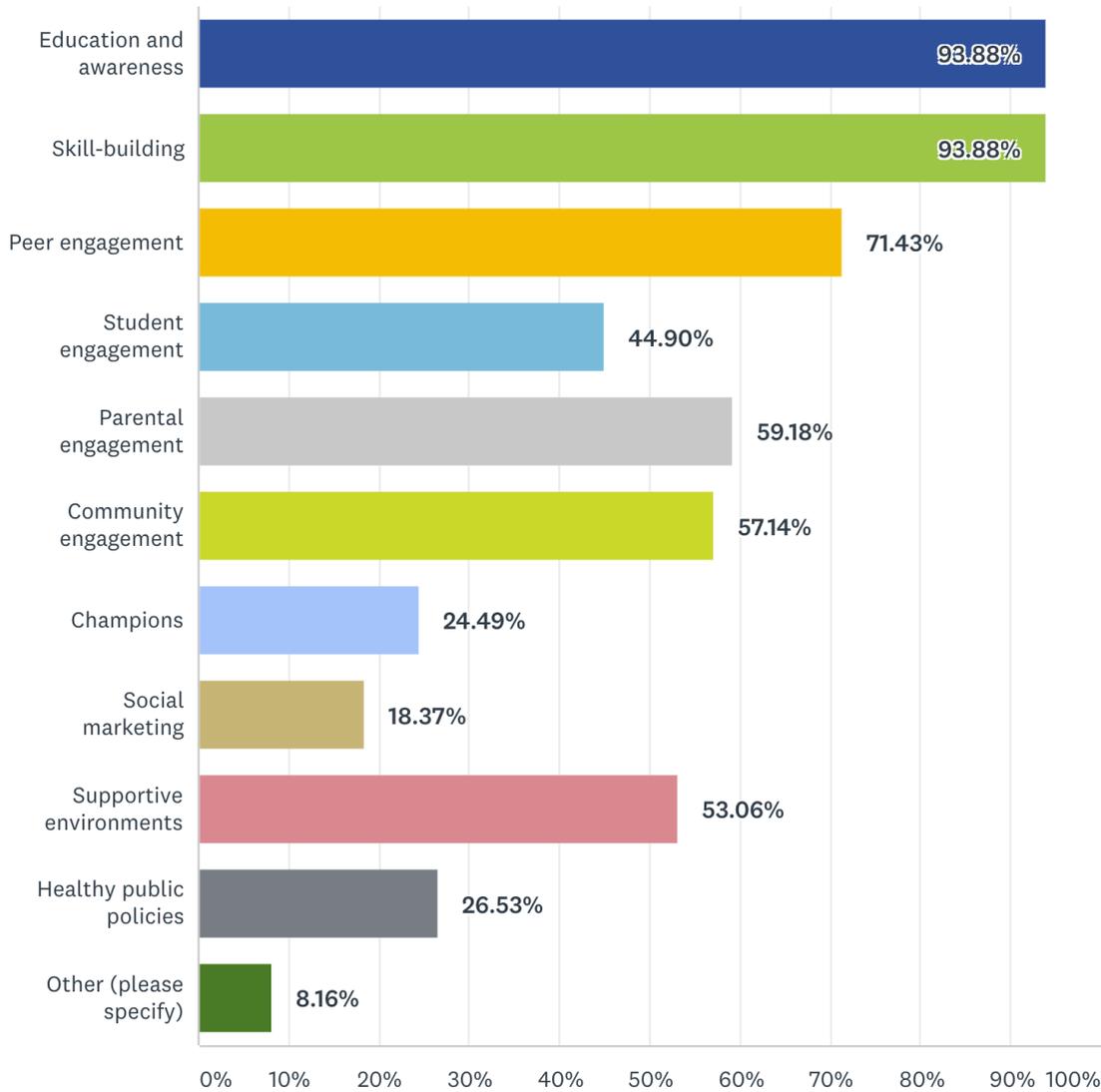


The most prevalent type of program being offered was cooking or food skills followed by presentations, and presentations with a food demonstration. Community kitchens, community gardens, grocery tours and displays were also mentioned.

Other Food Literacy Programs Offered:

- Aeroponic tower gardens
- Training, information, resources, tools, lesson plans, networks - for children's adults (educators, parents, caregivers) to implement with their children/students. The aim is that the implementation is hands-on, experiential, relevant and engaging.
- Menu planning resources
- Train the trainer
- Online challenges

**What strategies does your food literacy program involve?
Please check all that apply.**



The most prevalent strategies mentioned for food literacy programming were education and awareness, skill building, followed by peer engagement, parental engagement and community engagement. Supportive environments were also identified as a key strategy for food literacy programming.

Other Food Literacy Programs Offered:

- Healthy pedagogies, curricula and nutrition guidelines (regarding children and nutrition, eating competence, food literacy and body inclusivity)
- Podcasts

Food Literacy Programs – Strengths, Challenges and Barriers

Strong partnerships with other agencies/stakeholders, adequate funding/financial support and engaged participants/need for program in the community were identified as the top strengths of food literacy programs. Accessibility to program, dedicated staff, volunteers, dietitian expertise and ongoing staff training were also identified as strengths.

A number of key challenges and barriers to run food literacy programs were identified including: a lack of stable funding; lack of access to facilities/equipment/space; lack of staff/volunteer capacity; and lack of time. Participant recruitment/retention and training of volunteers was also identified as a barrier as was the program not always being a priority for partner organizations (e.g. schools, government).

Lack of funding was the top barrier identified by respondents not currently offering food literacy programming. Other issues were difficulty developing content/lack of knowledge, lack of staff/volunteer capacity and lack of resources/facilities and time.

What are the strengths of your food literacy program(s)? What helps keep your program(s) going/sustainable?

Theme	Number of Respondents
Strong partnerships with other agencies/stakeholders	18
Adequate funding/financial support	12
Engaged participants/need for program in community	11
Steps to increase accessibility - e.g. multiple locations, providing bus tickets/ grocery cards, free meal, etc.	8
Dedicated staff/volunteers	8
RD expertise	7
Ongoing training of staff and/or updates to program (e.g. based on participant feedback, new research, etc.)	7
Social connection among participants / able to connect with peers	6
Efforts to make program fun/interesting	4
Program is well-known/longstanding and has good word of mouth	3
Hands-on/practical programming	3
Support of own organization/management	3
Staff work hard to promote program	3

Selected qualitative comments:

- “Having a weekly program is essential. When working with high risk populations it’s hard to get them for a certain number of sessions, so leaving that open and letting them come when they can has been key to the success of our program.”
- “This health unit focuses on building our communities’ capacity through building adult role models (e.g. educators, child care workers, administrators and community service providers or ambassadors) in improving the food literacy attributes (including food attitudes, self-efficacy and healthy food environments) to people of different age groups and at different venues. This approach applies the comprehensive health promotion approaches, and accounts for our health unit’s limited human and financial resources.”
- “Project is funded through 40+ community partners and does not rely on core government funding.”
- “Youth get health credits towards school and therefore have incentive to attend.”
- “Participants make meals for the other people in the building and get positive reinforcement about the meals they prepare.”
- “Due to the laid-back structure (rather than a lecture format), conversations flow more freely about topics of interest to participants.”
- “Alignment with school curriculum and Food Literacy Framework for all cooking activities and lesson plans.”

What are the challenges/barriers to run your food literacy program(s)?

Theme	Number of Respondents
Lack of stable funding	18
Lack of access to facilities/equipment/adequate space	13
Lack of staff/volunteer capacity	12
Lack of time	10
Participant recruitment/retention	6
Coordinating ongoing training of volunteers and/or ensuring accurate information being conveyed to participants	5
Program is not always a priority for partner organizations (e.g. schools, government)	4
Lack of resources	3
Participants face challenges accessing program/location	3
Fluctuating class size from week to week	3
Participants' challenging life circumstances (e.g. physical/mental health conditions) or language barriers	3

Selected qualitative comments:

- “[Challenging to find] funders who are willing to fund staff salaries and administration/core fees [and] funders who are willing to fund a program that is already running and successful. Labour intensive applications and reports for funding amounts that are often minimal. Piecing together multiple funding sources and trying to make it work without overworking staff.”
- “Highly resourced parents (high SES) attend these programs more often. Very low attendance in outlying communities.”
- “High demand which leads to multi-year wait-lists and competition between agencies, schools and teachers to access program.”
- “We have tremendous difficulty getting the feedback form back from program leaders, despite having an incentive for their return (grocery store gift card).”
- “Uncertainty re: are we reaching those who could benefit from the programme?”

■ For those NOT currently offering food literacy programs: what have been the barriers to offering food literacy programming to children, youth, parents, families or caregivers?

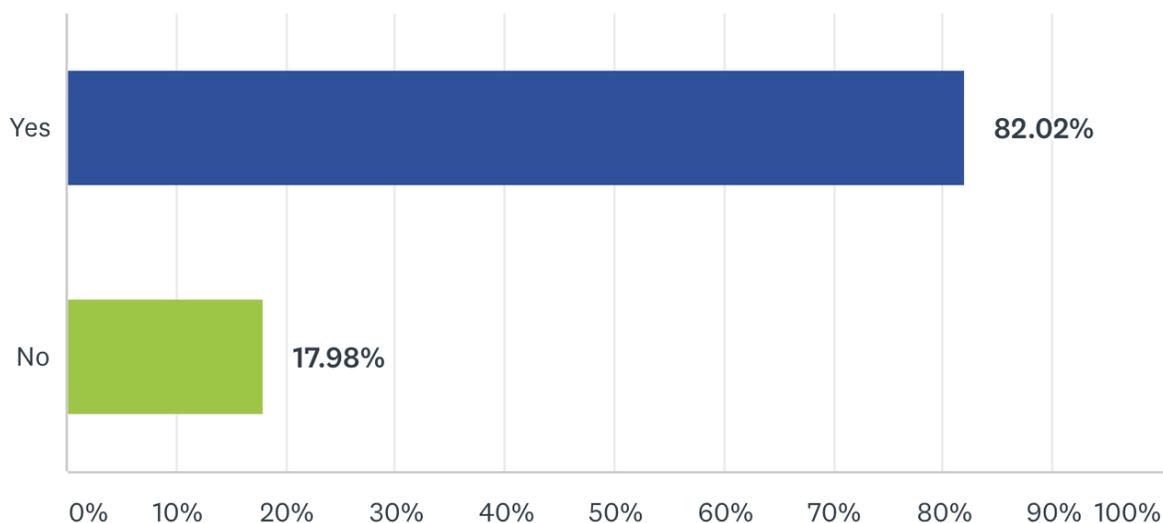
Theme	Number of Respondents
Lack of funding	5
Difficulty developing content/lack of knowledge	3
Lack of staff/volunteer capacity	2
Lack of resources/facilities	2
Lack of time	1

Evaluation of Food Literacy Programs

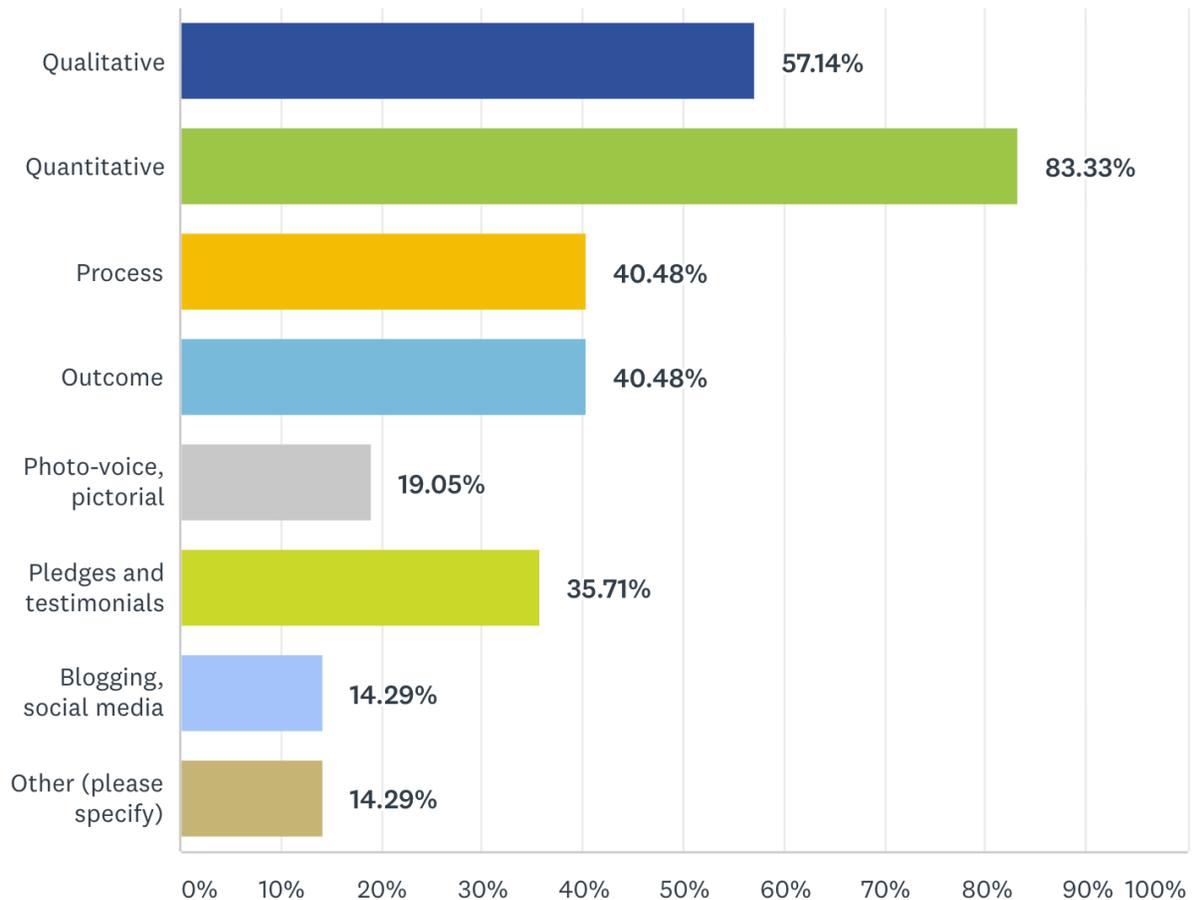
The majority of respondents indicated that they evaluated their food literacy programs. The evaluation methods most commonly used were quantitative or qualitative analysis, process or outcome evaluations, pledges or testimonials. Some organizations used innovative reporting on their programs through photo-voice, pictorial, blogging or social media.

Almost all organizations included the number of participants and participant satisfaction as outcomes they measured. About 70% of programs said they measured food literacy outcomes including nutrition knowledge, food skills, and self-efficacy/confidence. About 35% of programs measured dietary behavior and social connectiveness.

■ Do you evaluate your program?



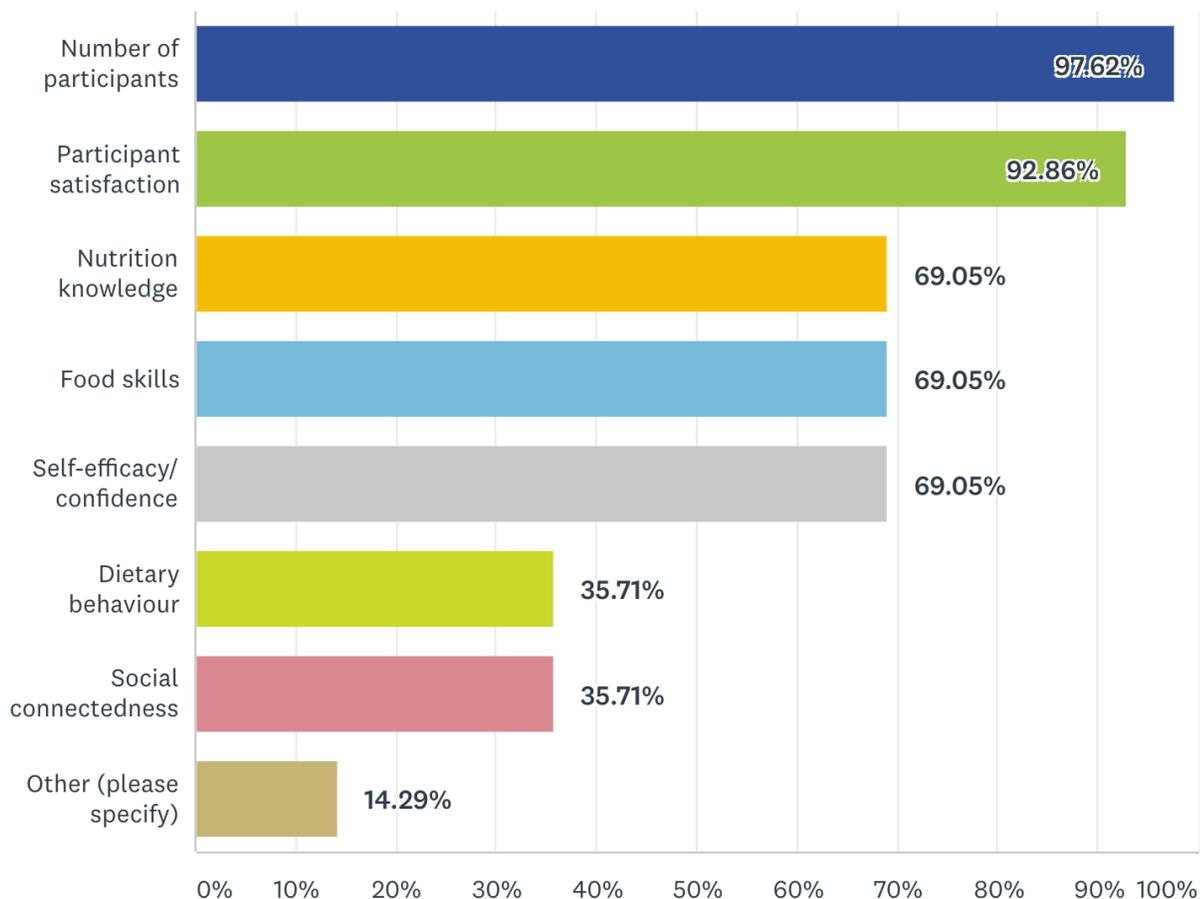
- **What evaluation methods do you find to be most effective to assess and communicate your program impact with your organization or funders? Please check all that apply.**



Other Evaluation Methods Used

- On-the-spot discussions with members
- When we ran our “Food Works” program, we would often be approached by parents whose children participated in the program. So, community word of mouth was gauged.

What outcomes do you assess? Please check all that apply.



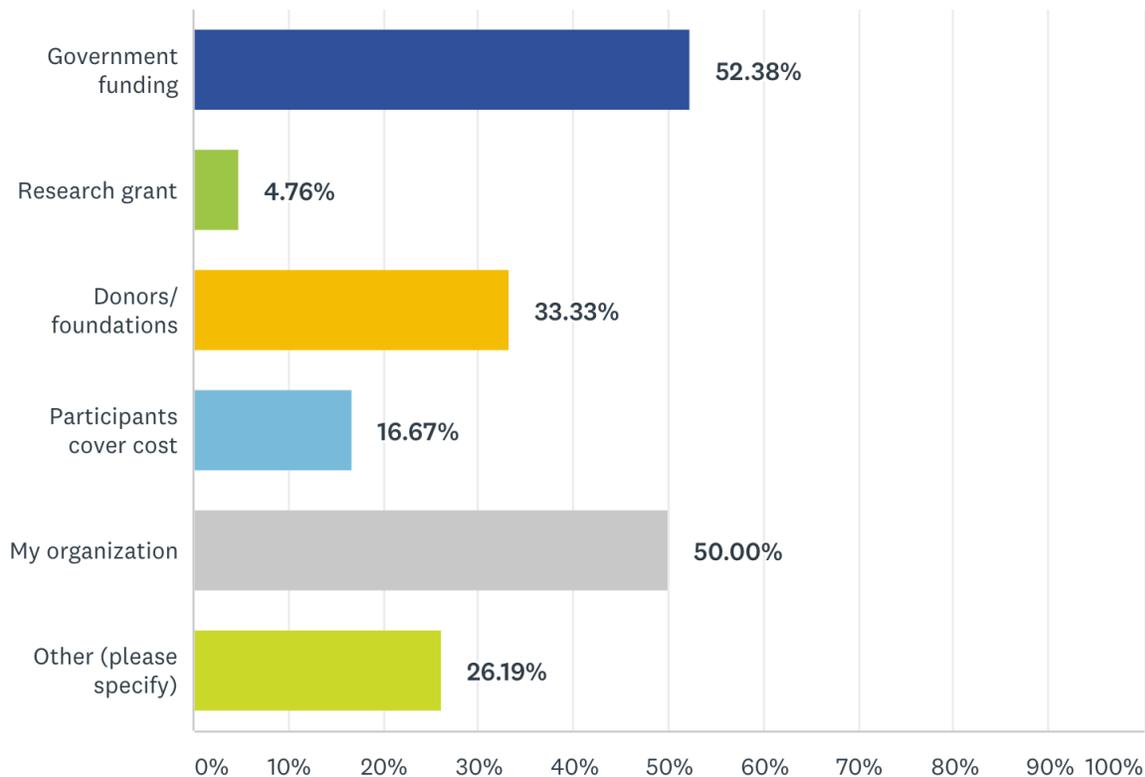
Other Outcomes Assessed

- Attitudes. Intent to implement. Enablers and barriers to implementation.
- Food attitudes, understanding of food systems
- Ask re other suggestions for upcoming events. Staff do unofficially evaluate participants re knowledge, food skills and confidence and make changes based on this and may note on occasional month end reports.
- Placement host satisfaction, volunteer satisfaction, informal feedback from participants
- Happiness before and after, especially comparing first class to last class.

Who Funds Food Literacy Programs in Communities?

Fifty-two percent of the organizations responded that their program was supported by government funding. Fifty percent indicated that their own organization funded or supported their food literacy program. About one-third received support from donors or foundations. Some programs charge participants a fee to cover costs.

How are your programs funded or supported? Please check all that apply.



Other Funding Supports

- Private financial partners
- We partner to deliver some of our programs, and the costs are shared
- Space is provided by the municipality and we fundraise to purchase supplies
- Corporate sponsorships, social enterprise
- Funding comes from our Diabetes Education Program (LHIN funded)
- Schools apply for grants or use parent council funds to purchase foods.
- Host organizations asked to cover food costs
- School that wants the program must cover cost of food
- Participant agencies cover food costs

Appendix 2 Food Literacy Program Summaries

Public Health Programs

Program	Offered By	Goals & Objectives	Main Topics	Audience	Timing	Location	Instructors
Adventures in Cooking	Anonymous	Train community service facilitators to deliver agriculture in the classroom sessions to children ages 8-12 about how to cook, recognize and use kitchen equipment safely and efficiently, learn about healthy eating and food safety	Currently the binder has 10 modules that focus on a variety of topics like the importance of eating vegetables & fruit, importance of eating breakfast, etc. The main focus is getting kids comfortable with cooking in a fun, hands-on environment	Educators and community service providers of agencies supporting children's health	Frequency of delivery is individual to each agency (the program is flexible and agencies can deliver as many of the ten modules as they see fit and in whatever order)	Inspected kitchens in the community or school settings	Health unit registered Dietitians and community nutrition assistant run the train the trainer sessions
All Babies Count	York Region Public Health	Improve birth outcomes, maternal and infant health for vulnerable women and their babies	Nutrition during pregnancy, feeding baby, cooking skills, labour and delivery, breastfeeding	Prenatal women who qualify for the program (meet one or more risk factors)	Weekly until baby is four months old, then participants graduate	We have four program sites (Keswick, Richmond Hill, Newmarket and Markham). They run in free community spaces (two are run in a church, one is in an EarlyON and one is in a partner agency's space)	For the nutrition weeks we have a Public Health Nutrition Educator. On the nursing weeks (every other week) Public Health Nurses lead the program. Each site has a coordinator, counselor during nutrition weeks, and a child minder

Program	Offered By	Goals & Objectives	Main Topics	Audience	Timing	Location	Instructors
Canada's Food Guide Presentations and Classroom Activities	Thunder Bay District Health Unit	Increase awareness of new CFG recommendations and provide ideas on how to put them into daily practice	CFG recommendations	School-aged children	One-time presentation with complementary classroom activities left with teacher	School	Public Health Dietitian
Community Food Advisors	Hamilton Public Health, Huron County Health Unit	Increase confidence, knowledge and skills in food selection and food handling among program participants; and increase community awareness and access to effective resources and education in healthy eating	Canada's Food Guide, budgeting, quick and easy meals, label reading	A wide variety of people attend the CFA program	The CFA program is ongoing, duration and frequency of the program vary depending on the organizations requesting for the services	The program is offered in the community *Note – health units still offering the CFA program in ON City of Hamilton Public Health Durham Region Health Department Huron County Health Unit Niagara Region Public Health	Public Health Dietitian
Connexion-Parents	Eastern Ontario Health Unit	Cooking skills and nutrition education		Young parents	8 to 10 times a year	Adult school kitchen	Registered Dietitian
Cooking Together	Thunder Bay District Health Unit	Increase knowledge, skills and confidence of parents and their children to prepare a healthy meal	Preparing a healthy meal together using whole ingredients and simple cooking methods	Parents with their elementary-aged children	One-time session	School	Public Health Dietitian and Public Health Nurse

Program	Offered By	Goals & Objectives	Main Topics	Audience	Timing	Location	Instructors
Cooking with Dietitians	Eastern Ontario Health Unit	Education and cooking skills	Healthy nutrition with various topics	Parents, adults with chronic disease	8 to 10 times a year	Adult school, community kitchen in a supermarket	Registered Dietitian
Cooking with Kids	Hastings Prince Edward Public Health	To foster food literacy in families by increasing nutrition knowledge, building food skills, and improving confidence in preparing meals as a family.	Food safety, meal planning, grocery store tour, family meals, eating out	Elementary school children (aged 6-8 years) and parents or caregivers (1 child per adult)	Each series runs once a week for 5 weeks; there are two series each year	At the health unit location in Belleville	Registered Dietitian
Cooking with Kids	Thunder Bay District Health Unit	Increased knowledge, skills, and confidence to prepare healthy foods using whole ingredients and simple cooking methods	Simple cooking methods with vegetables, whole grains and plant-based proteins	Elementary school (Grade 5 students)	Two 100-minute sessions per class	School	Public Health Dietitian and Public Health Nurse
Eat 4 Life	Windsor-Essex County Health Unit	Improve healthy eating knowledge, skills, and behaviour	Healthy eating	Adults in the community	Once or twice a year run by the health unit (same program also offered by community agencies); 5 week program (one evening per week)	Health unit, community centres, etc.	Registered Dietitian

Program	Offered By	Goals & Objectives	Main Topics	Audience	Timing	Location	Instructors
Feeding Your Baby	Eastern Ontario Health Unit	Provide education to families on how to feed babies 0-18 months	Breastfeeding, intro to solids, healthy food and beverage choices, textures, allergies, division of responsibility, food safety, topics vary based on group discussions	Parents of children 0-18 months	I have 3 regions, and I offer in each region 4x/year (total 12 sessions)	EarlyON, (2x/year in partnership with Children's Aid Society too)	Registered Dietitian
Food for Thought	Hastings Prince Edward Public Health	To build food literacy in children by improving their food skills, nutrition knowledge, and self-efficacy and confidence	Food safety, kitchen tools & utensils, fibre, sugary drinks	Children aged 9-12 (without caregivers)	Each series lasts one week (Monday to Friday); there are three series run each year	At the health unit location in Belleville	Registered Dietitian
Food Literacy for Child Care Providers	Anonymous public health unit	Enable child care providers to plan healthy menus that meet the Ontario Child Care and Early Years Act nutrition requirements. Enable child care providers to create healthy food environments in their child care settings.	Menu planning; healthy food choices; Canada's Food Guide (2019); positive mealtimes; modeling positive attitudes and healthy behaviours; Division of Responsibility in Feeding; avoiding use of pressure to influence food intake	Child care providers, including: Early Childhood Educators (ECEs); child care cooks; child care managers/administrators; ECE students	As requested (~1x/month). Written feedback and online/electronic resources also provided to child care settings after they complete a menu and food environment self-assessment, to facilitate food literacy education	Child care settings and post-secondary institution with ECE programs	Public Health Dietitian

Program	Offered By	Goals & Objectives	Main Topics	Audience	Timing	Location	Instructors
Food Literacy for Educators	Anonymous public health unit	Build educators' knowledge and competencies to teach food literacy attributes that addresses the HPE curriculum. Enable child care providers to create healthy food environments in their child care settings. Sharing resources and tools with educators to create healthy school nutrition environment.	Food literacy concepts, 2019 Canada's Food Guide, role modelling healthy eating behaviours, teachings and conversations, their roles and strategies to create healthy school nutrition environments.	(1) Educators and school board staff; (2) School of education students	(1) As requested by schools and school boards for educator professional development sessions; (2) Arrangement with post-secondary School of Education colleges/universities	1) Schools; (2) Post-secondary institutions	Public Health Dietitian
Food Skills Training in the Home for Family Home Visitors & Food skills Professional Development for Childcare Professionals	Windsor-Essex County Health Unit	Increase knowledge and skill of food and nutrition	Food skills, meal prep, etc.	Internal staff are trained to provide food literacy training to parents and caregivers during home visits. Child care professionals are given food literacy training to implement at their facilities	Varies	Health unit (re: train the trainer), on-site (homes of families)	Public Health Nutritionist

Program	Offered By	Goals & Objectives	Main Topics	Audience	Timing	Location	Instructors
Grocery Tour Visit	Eastern Ontario Health Unit	Aims to increase the adoption of healthy living behaviours among populations targeted through program interventions for the prevention of chronic diseases	Healthy eating, label reading, saving money and marketing	It can be anyone really. We have tours with parents of babies, parents of toddlers, Job Zone students, community members, in partnership with other community programs, etc.	In my region, I have maybe 3 per year, but other RDs here do more	Is offered at the grocery store, but can be done in-class, or other community setting	Registered Dietitian
Healthy Eating Curriculum Modules	Kingston Frontenac Lennox & Addington Public Health	Increased students' awareness, knowledge and skills to access, choose and prepare healthy foods	Linked to the Ontario Health and Physical Education curriculum, topics covered are grade-specific and include: Canada's Food Guide, healthy food choices, recognizing feelings of hunger, thirst and fullness, local foods, nutrients, factors that influence food selection, nutrition labeling, benefits of healthy eating	Elementary and high school students (from grades 1-8 and 9-10)	Run on an "as requested" by educators basis. Average 4 times per month	School	Public health nurses

Program	Offered By	Goals & Objectives	Main Topics	Audience	Timing	Location	Instructors
Healthy Eating Series	Toronto Public Health	The Healthy Eating Series is a free language and culturally specific nutrition program offered to parents/caregivers	Canada's Food Guide, making your own baby food/introduction of solids, budgeting, healthy eating environments, reading labels, toddlers & preschoolers' nutrition	Parents with young children (6 years of age and younger)	Once a week for 6 weeks	Various	Registered Dietitians
Infant Nutrition Sessions	Simcoe Muskoka District Health Unit	Increased compliance with Canada's Infant Feeding Recommendations	Complementary feeding	Parents with infants	At least once a quarter in every community in Simcoe County, twice a year in the three major communities in Muskoka	EarlyON centres	Public Health Dietitian or Public Health Nutritionist
Introduction to Solids	Kingston Frontenac Lennox & Addington Public Health	To support new parents with the nutrition knowledge and practical exposure to infant foods	How to shop, store and prepare your own baby food.	Infants with their caregivers	Each month the class is offered and this is a component of the class	KFL&A PH and other locations in the catchment area	Registered Dietitian
Let's Cook! Cooking with Teens	Hastings Prince Edward Public Health	To build food literacy in teens by improving their food & nutrition knowledge, food skills, and self-efficacy and confidence	Food safety, kitchen equipment and tools, Canada's Food Guide, cooking terms, nutrition literacy	Youth aged 13 to 17 (without caregivers)	Once a week for six weeks. We are piloting the program for the first time this year.	At the health unit location in Belleville	Registered Dietitian

Program	Offered By	Goals & Objectives	Main Topics	Audience	Timing	Location	Instructors
Let's Talk About Feeding Your Child	Eastern Ontario Health Unit	Educate families on feeding children 18 months-5 years.	Food and fluid intake, meal and snack patterns, division of responsibility, healthy nutrition environments in families, shopping on budget, role modeling, eating together	Parents of children (18 months - 5 years)	In my regions, it is on demand only. But other RDs are doing more.	EarlyON	Registered Dietitian
Meatless Meals	Kingston Frontenac Lennox & Addington Public Health	To offer hands-on cooking experience with whole grains and legumes	Plant-based proteins and how to purchase, prepare, and store	Clients of Dietitians in primary care	The program is 2.5 hours and runs 8 times this year		Registered Dietitian from Primary Care and Public Health trained Volunteers
Menu Planning in Child Care Settings - Workshops	Region of Peel Public Health	Increased knowledge and skills of early years staff	Menu planning and supportive nutrition environments – Ontario Dietitians in Public Health practical guide	Child care staff	3-4 times per year	Local child care resource centre	Registered Dietitian

Program	Offered By	Goals & Objectives	Main Topics	Audience	Timing	Location	Instructors
Peer Program	Region of Waterloo Public Health and Emergency Services (ROWPHE)	1) Increase individual capacity by providing Peer Workers and program participants with knowledge and skills around healthy eating 2) Prevent and reduce social isolation within a community through group programs focused on healthy eating and child and family health	Peer sites can choose from a range of healthy living topics including healthy eating. Peers are trained on healthy eating content and provided with resources to hold healthy eating programs, but ultimately they decide which topics to cover	The program is open to everyone. The Peers that the Region of Waterloo trains are adults from the community that are hired by community organizations to teach health topics to priority populations	Peers and Peer Sites choose the frequency and duration of the program to meet the needs of their community	The program is held at various community centres and community organizations across Waterloo Region	Peer Health Workers that have been trained by ROW-PHE
Smart Start for Babies	Middlesex London Health Unit	Improve maternal-infant health, increase the rates of healthy birth weights, and promote and support breastfeeding	Canada's Food Guide, key nutrients in pregnancy, body image, food safety, menu planning, caution foods	Pregnant women with their support person	Weekly	Community (family centres, community centres)	Registered Dietitians
Under Construction	Kingston, Frontenac, Lennox & Addington Public Health	To empower youth to increase food security through improved food preparation skills and to assist them in building self-confidence in their own food skills	Food and kitchen safety, hands-on food preparation, shopping on a budget, breakfast basics, satisfying snacks, meal time basics	Youth (secondary school)	Once a week for four consecutive weeks. Program is 75 minutes in length, run during the school day	In a secondary school, within a classroom (often the classroom or kitchen used for nutrition/culinary programming)	Public Health Dietitian or Nurse with the help of a food skills Volunteer

Program	Offered By	Goals & Objectives	Main Topics	Audience	Timing	Location	Instructors
Menu Planning – Child Care	York Region Public Health	Improve the nutritional quality of foods offered in child care settings	Menu planning, ODPH Practical Guide, division of responsibility in feeding	Child care staff (supervisors, early childhood educators or assistants, cooks)	Workshops are typically a one-time basis. They are offered in collaboration with our public health inspectors, with Children's Services department and on request for an individual centre (then we present to all centre staff).	At child care centre or in other location	Registered Dietitian
Youth Prenatal	Region of Waterloo Public Health and Emergency Services	This prenatal program has been adapted for youth. The focus is on increasing knowledge of how to stay healthy in pregnancy, promote and support breastfeeding, and build community supports. A food skills segment has been added once a month	Nutrition and health during pregnancy, breastfeeding, general nutrition information e.g. Canada's Food Guide and food skills	Pregnant youth age 24 and under	This is an ongoing program that meets weekly. Nutrition topics and food skills are taught once every 3 weeks	Community site	Public Health Dietitians and Public Health Nurses

Community Health Centre Programs

Program	Offered By	Goals & Objectives	Main Topics	Audience	Timing	Location	Instructors
Colour It Up	Four Villages Community Health Centre	Increasing intake of fruits and vegetables, increasing food preparation skills and food shopping skills, learning about uncommon and different cultural fruits and vegetables	Food guide, barriers, pros and cons of having fruits and vegetables, food safety and storage, menu planning, costing fruits and vegetables, talking yourself into eating more fruits and vegetables, fruit and vegetable all stars	Women 20 - 50 and a separate program for women 50+.	Both are run for 6 weeks, once a year		Registered Dietitians
Eat Play Learn	Grand Bend Area Community Health Centre	To provide low-cost, nutritious meal ideas		Parents with young children	Monthly	Partner agency	Registered Dietitian and volunteers; partnership with social services and EarlyON
Families Get Together	Four Villages Community Health Centre	Increasing nutrition education and food preparation and shopping skills, increasing families working together to plan for, shop and prepare healthy meals, physical activity together, increasing self-esteem and body image	Nutrition, physical activity, body image and self-esteem	Parents with their children (ages 7-11 years)	8 weeks long, once a year		Registered Dietitians and dietetic intern, nutrition volunteer

Program	Offered By	Goals & Objectives	Main Topics	Audience	Timing	Location	Instructors
FoodFit	Guelph Community Health Centre	Healthy eating and exercise	Participants make and eat a meal together, and go for a walk together. Pre- and post-program measurement of blood pressure and other health indicators	Youth/Adults 18+ years old and some of these bring their young kids to participate as well	12 week program; once per week; 3-hour sessions	At various community kitchens in priority neighbourhoods in Guelph	Registered Dietitian and peer leaders
Healthy Cooking on a Budget	Parkdale Queen West Community Health Centre	To develop food literacy skills and help enable healthy behaviour changes	Healthy cooking on a budget, chronic disease management and prevention - hypertension, hyperlipidemia, diabetes, osteoporosis	Adults and seniors living with type 2 diabetes, pre-diabetes or at risk of diabetes who are also experiencing food insecurity	Quarterly for 5-8 weeks consecutively	Parkdale Queen West Community Health Centre (Queen West Site), Community Kitchen	Diabetes Dietitian and Health and Wellness Chef
Kids Cooking Club	Four Villages Community Health Centre	Increased nutrition knowledge, increased cooking skills and confidence preparing foods, awareness of cultural foods	Food Guide, kitchen and food safety, hands-on preparing recipes and eating together, nutrition games/activities supporting nutrition topics	Children (ages 8-12 years old)	Once a week for 5 weeks, 2 hr sessions		Registered Dietitian and dietetic intern

Family Health Team Programs

Program	Offered By	Goals & Objectives	Main Topics	Audience	Timing	Location	Instructors
Feeding Your Baby	Rideau Family Health Team	Inform parents/caregivers on introducing solids to their baby	When, where, what, how to introduce solids to your baby; preventing food allergies	Parents/caregivers, with or without baby	1 class, 6-12 times per year	Rideau Family Health Team	Registered Dietitian
Food Explorers	Central Lambton Family Health Team	To provide opportunities for children and youth to develop food skills in a safe and supportive environment, to engage in food exploration activities with new foods and textures, and provide nutritious meal/snack to children/youth	Eating a rainbow, balanced plate, trying new foods, other topics still TBD	Children, various age ranges (4-7, 6-10, 8-12, 9-13 years of age). Small class sizes as only 1 dietitian teaching	Goal is to run at least 1 session per month	At the Family Health Team location	Registered Dietitian
The Lifestyle CHANGE Program	Rideau Family Health Team	Learning how to implement healthy eating and lifestyle changes for preventing & managing chronic disease	Healthy eating, healthy sleep, stress management, physical activity, goal setting	Adults 18+	6 weeks, 4-5 times a year	Rideau Family Health Team	Registered Dietitian, Nurse Practitioner, Social Worker

Community-based Organization Programs

Program	Offered By	Goals & Objectives	Main Topics	Audience	Timing	Location	Instructors
4-H	4-H Ontario-wide	Practical skills like cooking and leadership skills		Ages 9 – 18 years of age	Twice a month for 8 months each year	Community centre	Volunteers
Baby and Toddler Nutrition Program	FoodShare Toronto	Empower parents and caregivers with the knowledge, skills and confidence they need to make nutritious baby and toddler food from scratch	Baby food, toddler food, introduction of solids, healthy recipes, picky eaters, cooking for a family	Parents and caregivers	2x week	Various	Peer Educators
Cooking in the Garden	We Grow Food Oshawa	To identify garden crops and learn how to use them. Understanding the value and importance of eating local foods. We believe that access to fresh food should be available for everyone	Cooking with whole foods	All ages	1-3 times a week	Gardens	Chef
Family Kitchen	BridgeWay Family Centre	Food support and education for low income families with children 0-6 years old	Preparing healthy low-cost recipes	Parents/caregivers with their children (ages 0-6 years)	Low-income housing buildings	Weekly	Cook/facilitator

Program	Offered By	Goals & Objectives	Main Topics	Audience	Timing	Location	Instructors
Field to Table Schools	FoodShare Toronto	Empower children and youth with food literacy knowledge and life skills	Plants and gardening, cooking and tasting, soil and compost, food justice/security	Students, teachers, educators, parents	Roughly 2-3x week	Various	Educators
Food Works	One Tomato Environmental Education, Inc.	Teach elementary school students about healthy eating, local foods and kitchen skills in fun, hands-on ways	It's easy to make fun, healthy meals at home	Students, teachers	We ran this for three years and we customized it for each school - often it was once a week for eight weeks straight	School	One "Food Works" leader and sometimes a volunteer
Fun With Food	One Tomato Environmental Education, Inc.	Engage seniors with four fun and free sessions to learn more about healthy eating, kitchen skills and local foods	Making a healthy and great-tasting meal doesn't have to be difficult	Seniors	Once a week for four weeks	Community kitchen	One Tomato volunteers
GROW Project	Loving Spoonful	Educate on good food, community and collaboration	Healthy food, growing and cooking food, food access, food justice, environmental stewardship	Elementary school children grades 4-8 (at the moment)	7 workshops per school year	Elementary schools	Loving Spoonful Staff
Growing Communities	Growing Chefs! Ontario	Increase food literacy	Food systems, food skills, food attitudes, cooking self-efficacy, socio-cultural influences and eating practices, nutrition self-efficacy, dietary behaviour	Children early years to high school (ages 4 – 20 years), parents, adults 21 – 80	Program length average: approximately 3 hours, although programs are designed to best meet the needs of partner agencies	Partner agencies (community agencies, high schools, neighbourhood centres), Growing Chefs! Headquarters	Chefs, trained educators

Program	Offered By	Goals & Objectives	Main Topics	Audience	Timing	Location	Instructors
Healthy Cooking Club	Food4Kid-sHamilton	To encourage healthy eating, healthy food choices, try foods they may otherwise not consume, encourage family to cook together and eat together	Healthy food choices. We provide a cookbook developed by Food4Kids. Each week, they receive all the ingredients needed to make one healthy meal that is in the cookbook.	Unknown	Summer months	Child's home	Volunteers
Kids Can Cook	BridgeWay Family Centre	Food preparation and healthy eating for young children	Preparing simple recipes	Parents/caregivers with children 3 - 6 years	Weekly during July and August	Low-income housing buildings	Cook/facilitator
Kids in the Kitchen	Simcoe County Community Action Program for Children	Fun with food, skill building, nutrition education		Young children (kids under 6 years of age)	Multiple each month	Various	Food Workers (trained by Registered Dietitians)
Make and Take	Simcoe County Community Action Program for Children	Increase skills, knowledge re food. Social support and community building	Skill building and nutrition education	Parents of young children (under 6 years)	Multiple each month	Various	Food Workers (trained by Registered Dietitians)

Program	Offered By	Goals & Objectives	Main Topics	Audience	Timing	Location	Instructors
Nutrition Education Training and Resources (for educators, parents, coaches, etc.).	Nutrition Education & Consulting	To have children/students engage with, and gain skills in, eating competence and food literacy	Supporting educators' and parents' understanding, encouraging, and role modelling of skills to build children's eating competence and food literacy (i.e. food systems (origins of food/how it gets to us/how we access it); food impacts on health, the economy and the environment (with care taken re age-appropriate content); and food skills (building competence in growing, planning, storing, preparing, and enjoying foods for well-being))	Educators/parents (train the trainer). "Children's adults".	As a new organization, training is currently offered in an ongoing and 'ad hoc' way. We are building toward a focus on online training and resources with occasional live (conferences, etc.) sessions	The training is offered in various community and educational facilities (e.g., conferences, schools, faculties of education, health units, childcare agencies, etc.) and will also be offered online	Registered Dietitians
Prenatal Nutrition Program	BridgeWay Family Centre	Education and food support to low income pregnant women	Prenatal nutrition	Pregnant women and their children 0 -6 years old	Weekly	Various locations around Mississauga and Brampton	Cooks/Dietitian

Program	Offered By	Goals & Objectives	Main Topics	Audience	Timing	Location	Instructors
The School Food Education Project	Growing Chefs! Ontario	Increase food literacy levels among participants	Food systems, food skills, food attitudes, cooking self-efficacy, socio-cultural influences and eating practices, dietary behaviour	Elementary school students (JK - Grade 8) and parents	Each participant receives approximately 3 hours of programming on average	Schools, Growing Chefs! Headquarters	Chefs, Trained Educators
School Grown	FoodShare Toronto	Empower youth with food literacy knowledge and life skills for employment	Growing, harvesting, cooking, tasting, job searching, resume building, basic life skills	Youth/high school students	March break, summer	Eastdale CI rooftop garden, Burnhamthorpe CI farm	Educators
Seed Saving and Salsa	We Grow Food Oshawa	The importance of saving seeds and then making fresh veg and fresh fruit salsas	How to seed save and how to make a variety of plant-based snacks	Ages 5 and up	1 time per month	Gardens or community centres	

Programs Offered by Multiple Types of Organizations

Program	Offered By	Goals & Objectives	Main Topics	Audience	Timing	Location	Instructors
Community Kitchens	Carea Community Health Centre, Algoma Public Health, Loving Spoonful, Hiawatha First Nation	Educate clients on healthy eating, teach basic cooking skills, reduce social isolation, build community	Food literacy, food access, cooking on a budget, meal planning	All ages and genders but mostly adults who are having difficulties in accessing food for their families	Weekly or monthly	Community centre or public health unit	Support worker, community health worker, or Dietitian
Growing Healthy Two-gether	Region of Waterloo Public Health and Emergency Services Carizon Family and Community Services	To improve the health of mothers and infants who may be financially disadvantaged or socially isolated, to promote/ support breastfeeding, and build community supports	Prenatal health and nutrition (how to have a healthy pregnancy), breastfeeding, collective cooking (some food skills)	Pregnant and postpartum women	Once a week, with a break in the summer and over the winter holiday. Nutrition and collective cooking lessons occur every 3 weeks	Various community sites (2 EarlyON centres and one church)	Dietitians and Public Health Nurses
You're the Chef	Public Health Units (about 12 in total) York Region; Windsor-Essex; Southwestern; Algoma; Hiawatha First Nation; Haliburton, Kawartha, Pine Ridge; Northeastern	Increase fruit and vegetable consumption in youth, build connections among students, increase confidence in food skills	Focus on cooking with vegetables and fruit. Topics covered: kitchen and food safety; hands-on cooking using recipes that feature veg/fruit; basic nutrition	School aged children (main target is Gr 5-8); adults in a variety of life stages and at-risk situations (e.g. caregivers of young children managing a tight budget; socially isolated seniors, adults in assisted living)	Although the program is designed to be flexible it is recommended they offer a minimum of five to six 2-hour sessions	Schools, Child & Family Services, Community Health Centres, Family Health Teams, VON, Mennonite Community Services, churches, Canadian Mental Health Association, churches, Public Health Units	Varies by location. The program is run by volunteer leaders who have attended a train-the-trainer workshop offered by Public Health Unit Dietitians