

THE HEALTHY WEIGHTS FORUM

PHASE I FINAL REPORT

EXECUTIVE SUMMARY

PREPARED FOR THE PUBLIC HEALTH AGENCY OF CANADA *INNOVATION STRATEGY:
PROMOTING HEALTHIER WEIGHTS IN CANADA'S COMMUNITIES*

FEBRUARY 2013



INTRODUCTION

The Healthy Weights Forum is a systems intervention approach to reducing the risk of obesity and overweight among a particularly high-risk group; Métis and First Nations children. The health of these children, particularly those living in urban areas, is affected by the activities of a number of institutional actors including schools, municipal government, local public health units, and local Aboriginal service providers. By improving the sharing of information and resources between these various stakeholders, the Healthy Weights Forum aims to improve the ability of the local public health system to serve these children and their families.

The *Healthy Weights Forum* was a project funded as part of Phase I of the Public Health Agency of Canada's (PHAC) "*Innovation Strategy*" *Promoting Healthier Weights in Canada's Communities*. Phase I of the project was funded from January 2011 to March 2012, and operated in London, Ontario, from the Schulich School of Medicine and Dentistry at the University of Western Ontario. This report describes the main activities of the project, including the intervention approach, and main outcomes.

PROJECT BACKGROUND

The project began in 2010 with the goal of collaboratively designing a specific intervention program to reduce the risk of overweight and obesity among First Nations and Métis children living in London, Ontario. The project began with consultations and focus groups conducted with service providers from both Aboriginal-specific and "mainstream" organizations in order to understand the programs that were already offered in the area. Through that process we learned that there was a variety of organizations that served Aboriginal children and families in London and area, including the nearby First Nations, and that several had programs that could affect diet or physical activity. Service providers identified a lack of time, funding and human resources as major barriers to providing additional services or programs. In addition to identifying several important gaps in service provision, these consultations also revealed a lack of institutionalized connections among service providers, including between "mainstream" and Aboriginal service providers.

These findings led to the conclusion that services to First Nations and Métis children and families could be improved through better use of the existing resources and knowledge in the community, and by helping service providers leverage additional resources.

PHASE I ACTIVITIES AND INTERVENTION MODEL

The result was a refocused intervention designed to promote collaboration and resource-sharing among agencies that serve Aboriginal children and families, to provide assistance and resources related to program design and evaluation, and to help them access additional funding opportunities. The intervention is a collaborative structure, tentatively named the *Healthy Weights Forum*, which;

- **actively connects** organizations that serve Aboriginal children in our communities.
 - **promotes collaboration and resource-sharing** to help partners provide more and better culturally-appropriate and evidence-based programming for local children and families, and
 - **assists organizations with programme development** by providing access to information resources and helping with funding opportunities. The intervention is intended to improve how the public health system serves Aboriginal children and families by improving the use of existing local resources, and helping partners to access additional ones.
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- **connects partners to wider networks of practice** and helping to mobilize knowledge exchange between local partners and other communities.

Phase I resources included one full-time and one half-time equivalent staff member in London. During the Phase I pilot, specific activities included;

- A system scan of the public health system serving Aboriginal children and families;
- In-person meetings between project staff and potential partner organizations, to identify programming needs and opportunities for collaboration;
- Construction of a database of local organizations and their programs;
- Regular communication to partner organizations through e-mail and website;
- Participation in larger collaborative structures, such as the *Child and Youth Network*;
- Active collaboration with partners to design programs and submit funding applications; and
- A whole-project final consensus meeting in November 2011.

PHASE I OUTCOMES

In Phase I the project we were able to identify more than 40 partner organizations in London and area, including the nearby First Nations. As a result of project activities, several new collaborative projects were initiated, each of which have the potential to improve children's health. Outcomes included:

- A collaborative community garden project, involving several partner organizations
- Translation of *in motion* physical activity promotion materials to Oneida, Lenape and Ojibwe languages
- Co-sponsorship of healthy diet and physical activity promotion activities at the *London Annual Native Harvest Festival and Pow Wow*
- Application for funding for a summer cooking skills program involving two partners
- Successful application for funding from the *Heart & Stroke Foundation* for a local food security conference.

PROPOSED PHASE II ACTIVITIES

In Phase II of the project (proposed 2013-2017), we plan to apply lessons learned in Phase I in order to further develop the intervention and to expand activities to two additional sites¹.

- **Engagement with site partners** to initiate activities at a Site 2 (2013) and Site 3 (2014-5)
- Operational activities at each site to include;
 - System scan and local health system mapping
 - Collaboration building with local partners
 - Assistance to local partners with program development and funding application
- Development of a **community based information portal**
- A variety of **knowledge dissemination and exchange** activities, including promoting this collaborative model to other networks and communities
- **Systematic evaluation** of the project, including process and outcome evaluations at each site.

¹ We have proposed Midland-Penetanguishene, in partnership with the Métis Nation of Ontario, as a second site.
