Health Canada Santé Canada

COMMUNITIES *Act!*

Making Change Happen:

Stories from British Columbia diabetes projects

Canada

COMMUNITIES *Act!*

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Cover photo:
The Community Action Quilt was created during a meeting of British Columbia and Yukon diabetes projects with the help of Nanaimo quilt artist Christina Budeweit

Photo by Rob Springer

Telling our stories

In the following pages, you will find a series of stories told by people involved in diabetes projects in British Columbia. These stories come from diabetes projects funded through the Canadian Diabetes Strategy Prevention and Promotion Contribution Program. This program supports community-based projects that contribute to raising awareness of diabetes, preventing type 2 diabetes, and promoting the health and well-being of people affected by diabetes. The stories included in this document are from projects that took place between 2001-2004.

The challenge of creating this document was attempting to present a dynamic and kaleidoscopic picture of a range of communities and activities. The main content was generated by participants at "The Craft of Telling Our Own Stories" workshops held in the summer of 2003 with project representatives in various communities. Workshop participants were asked to reflect on the context of their communities and to share some of the lessons learned from their project work.

Sharing these stories is sharing evidence that community action does make a difference. Community-based health promotion and disease prevention action – grounded in and guided by community vision – can create positive change in our communities.

We hope that these stories from British Columbia projects will resonate with other communities across Canada and inspire people who want make a difference in their own communities.

What communities can do

Making healthy choice the easy choice

Reducing barriers

Making connections

Taking charge

Some backgound

About diabetes

Diabetes is a lifelong condition where either the body does not produce enough insulin or the body cannot use the insulin it produces. Your body needs insulin to change the sugar from food into energy.

There are three main types of diabetes: type 1, where the body makes little or no insulin; type 2, where the body makes insulin but cannot use it properly; and gestational diabetes, where the body is not able to use insulin properly during pregnancy. Nine out of ten people with diabetes have type 2 diabetes.

It is estimated that more than two million Canadians have diabetes, including approximately 200,000 people in British Columbia. By 2010, it is expected that 325,000 people or 7.1% of the B.C. population will have diabetes. One-third of adults affected are unaware they have the disease.

While there is, as yet, no cure for this disease, diabetes can be managed. Scientific studies have shown that the adverse effects of diabetes can be prevented through good management of blood sugar levels. Without good management, diabetes can result in severe complications, including limb amputation, blindness, kidney failure, heart disease, stroke and premature death.

In economic terms, diabetes costs Canadians more than $9 billion annually, including both direct health care costs and those stemming from lost productivity and premature death. In 2000/2001, the estimated cost of diabetes care in British Columbia was $761 million or 16.6% of the overall B.C. health care budget. Tackling diabetes one diagnosis at a time is a costly approach.

The good news is that type 2 diabetes can be prevented. Studies show that 58% of cases of type 2 diabetes can be delayed or prevented through healthy eating and increased physical activity.

About healthy eating and active living

Type 2 diabetes is one of the fastest growing diseases in Canada and around the world. Type 2 diabetes and other chronic diseases are on the increase due, in part, to increases in the prevalence of sedentary lifestyles and obesity.

What is the prime leisure activity among Canadian adults? Television viewing. Many changes in how we live – less physically demanding work, relying on cars instead of walking, labour-saving technology in our homes, passive leisure – can make getting enough physical activity a challenge. An estimated 46% of British Columbians are not active enough to achieve optimal health benefits.

How many adults in British Columbia are overweight or obese? According to recent estimates from the B.C. Nutrition Survey – 55%. Although good health comes in many sizes, some of us are overfed and undernourished. Most adult

British Columbians are not eating recommended amounts of fruit and vegetables, and approximately 25% of our daily food intake consists of foods that could be called junk foods. Many factors can influence our food choices, including heavy marketing and easy availability of cheap foods high in calories and low in nutrients. For people living on low incomes, these foods can be the only affordable choice.

All people are influenced by the environment they live in and the choices that are available to them. Community action can change those environments and make healthy choices easier. Some proven ways to promote healthier eating and increased physical activity include breastfeeding, regular school-based physical education, comprehensive school health programs, reduced television viewing time and community-wide interventions.

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Making healthy choice the easy choice

Junk food and a laid-back life are today's easy choices. These projects show how raising awareness, increasing skills, and creating supportive environments make it easier for people to make healthy choices.

The night the lights went out on the Sunshine Coast

From a Diabetes Road Show to playground games, local champions inspired people to get out and get active.

Things got dicey for the organizers of Skate Affaire – a family event with free skate rentals and an interactive health fair – when we had to deal with an abrupt power outage due to high winds. We emptied the arena, took down all the exhibits, arranged rides for children who had been dropped off, and packed up the food and refreshments for the food bank – all with one hour of emergency power!

Then, as our own energy surged, we rallied new volunteers and rescheduled another Skate Affaire – even though it's harder to get the same level of volunteer support the second time around. This event was pulled off with such positive

energy and attendance that the recreation facility has invited us to put one on every year.

This is all part of life in the Coast Garibaldi region, where our perseverance and partnerships have kept plans thriving despite travel and weather. Our communities are separated by long drives and ferry rides and may seem too detached for collaborative action, but we were able to reach out and accomplish a great deal together with three local steering committees (Sunshine Coast, Sea-To-Sky, and Powell River). These steering groups grew out of initial focus groups and brightened into working partnerships and friendships.

Our Dodge Diabetes networks connected because of a common interest in increasing community awareness of the lifestyle risk factors for type 2 diabetes. Over time, our project's development reflected two main strengths: trust and connections. We trusted our steering

committee partners to define what was required, and when and where to focus our efforts. And our connections were strong enough to carry out the plans.

Our project kicked off with events in all three communities. In Powell River, Motion Commotion targeted all students in grade seven and eight with a fast-paced presentation by enthusiastic, physically active youth and a teen theatre group. A slide show, Kids in Motion, prepared by local youth was a big hit in the middle schools. The Sea-to-Sky Community Celebration in Squamish brought out over 700 people for a free family swim or skate along with interactive health and activity demonstrations. On the Sunshine Coast, the rescheduled Skate Affaire was attended by 320 children and families.

Whether it was locally or regionally, our partners clearly felt that our activities and messages would have the most impact if we worked with schools. We visualized how students, families and teachers would question how some of our lifestyle choices have created a culture of chronic disease.

Our first approach to the schools went out as an invitation to all grade 3-6 students in the region to design a logo for us. Although slowed by teacher job action, our logo contest still netted enough good entries to provide Dodge Diabetes with its logo (designed by Emily Chambers, a student from Davis Bay Elementary), as well as a picture quilt for events.

Next, our steering group in Sea-to-Sky developed a Diabetes Road Show that traveled the corridor (Squamish to Pemberton), bringing an interactive type 2 diabetes prevention lab to all grade nine students. It became clear that youth are very effective teachers for other youth and this led to training sessions for high school students who would go on to work with elementary students. Part of their training included a visit to Squamish General Hospital's diabetes clinic with a "diagnosis" of type 2 diabetes to sensitize them to the consequences of the disease.

Less than a year into our steering committee discussions, we took a quantum leap as we explored the relationship between environments and lifestyle choices. It became increasingly clear that raising awareness and enhancing skills were only the beginnings of change. Exchange of ideas led to our sponsorship for advocacy training around the theme of "making the healthy choice the easy choice". Our forums generated five working groups enthusiastic about a range of issues connected to active living or healthy eating. Supporting these working groups became a top priority.

For example, through our advocacy training, one participant observed that childhood games were disappearing from the school environment. She shared her outline for an elementary play program. The Morning Madness working group gelled quickly and introduced PowerPLAY into Sunshine Coast elementary schools. Another working group SNAG (Super Nutrition Action Group), which boasts some youth members, is also actively focusing on school environments to promote nourishing school food that makes the grade.

Meanwhile, steering committee members reviewed the literature on primary prevention behaviours. Two risk factor self-assessment tools were designed, one for adults and one for children, to challenge some lifestyle practices. These tools were developed into posters and brochures. Though it took a year to agree on content and

wording, the result was a sense of ownership among the three local steering groups and pride in the final products. These are part of our legacy.

The posters are shining examples of our grassroots collaborative efforts and brochures can be found in countless places in the region. We hired a summer student to help us develop Pump Up Your Health (PUYH), a 10-lesson program for grade 4 which expands on the concepts from the children's poster. This program has been introduced to many of our schools already.

While distance and time remain realities in our widespread region, our collective work has helped to spotlight the importance of eating well, staying active and living smoke free.

A recipe for good health

The Canadian Diabetes Association whips up a cooking class to make living with diabetes easier and creates an approach to healthy eating that anyone can enjoy.

Diabetes is quickly becoming a national crisis. It's estimated over 2 million Canadians have diabetes and, of those, close to half don't know it. Incidence of diabetes is expected to rise significantly on account of the obesity epidemic, the aging population and our country's growing ethnic diversity. Experts predict by 2010, the number of people in Canada living with diabetes could double.

Nutrition is a cornerstone of diabetes prevention and management. Research shows that type 2 diabetes can be prevented, and its related complications minimized, through healthy eating and active living. Yet many people with type 2 diabetes find it difficult to make lifestyle changes for the better. Information is often complicated and difficult to apply. Individuals need help from lifestyle management programs that equip them with practical skills.

Know who to turn to

CANADIAN DIABETES ASSOCIATION | ASSOCIATION CANADIENNE DU DIABÈTE

Cooking for Your Life! is a hands-on cooking and nutrition program developed by the Canadian Diabetes Association. Co-taught by a registered dietitian and a cook, the program has helped more than 1,500 people make lifestyle changes by showing them how to prepare meals that are quick, simple, and healthy. Caesar salad, vegetarian lasagne and cranberry-orange

Photo by Jorge Aguilar

cheesecake are some of the items on the menu.

Participants have included people with or at risk of diabetes, those with high cholesterol, heart disease, or unwanted weight. In 2003, for the first time, Cooking for Your Life! was offered at the Western Institute for the Deaf and Hard of Hearing. The program is also delivered in Cantonese to remove language barriers and serve the Asian community. Cooking for Your Life! is currently being adapted to meet the needs of youth with type 2 diabetes and their families, in partnership with BC Children's and Women's Hospital.

The program includes three cooking and nutrition sessions and a Shop Smart® Tour that teaches participants how to read food labels.

Be sure they can cook your advice
Photo by Jorge Aguilar

Participants walk away with a new set of cooking skills and practical advice on how to find out what's in the products they consume.

Classes are held in a fun, informative atmosphere where individuals receive as much instruction as they need.

"In today's world, food and the way it's perceived are complex," says registered dietitian, Gerry Kasten, when asked to summarize his view on the modern culinary landscape. "People watch food channels on TV while using state-of-the-art appliances to reheat the roast potatoes and wings they bought at the grocery store on the way home from work." Kasten has worked as a community nutritionist in the Lower Mainland since 1994 and is a facilitator of the Cooking for Your Life! program. "I've noticed an ever-dwindling supply of people who really know how to cook," he says. "These days, people lead hectic lifestyles that leave little time for shopping and cooking."

"I don't have diabetes myself – at least not yet. My blood sugar was tested at 6.9 and I was found to be glucose intolerant. My doctor said that without changing my eating habits and given my family history of type 2 diabetes, I would probably develop the condition. Cooking for Your Life! opened up a new world of possibilities. It was great to cook fabulous recipes and learn how to integrate them into my life. I had not eaten a single dessert since I found out I was glucose intolerant, and have to admit my diet was getting a little tedious. I suspect that in time, I might have been tempted to slip back into old eating habits. However, Cooking for Your Life! made such a difference in my kitchen. I think it will continue to have a positive impact on my future."

Patricia

Cooking For Your Life! reinforces the idea that healthy food doesn't have to be boring. The class has value for anyone faced with changing the habits of a lifetime and relearning the lessons of sound eating. Whether you're a gourmet chef or an admitted amateur, a key ingredient of the four-week course is removing the mystery from nutritious cooking and teaching participants how to manage their diet. An added bonus is that students get to eat their homework.

"People can benefit a great deal from practical, supportive programs like this," says Kasten.

"Let's show people how to cook, how to plan meals, and how to enjoy healthy foods. Give people more recipes and less rationale, and be sure they can cook your advice."

Living Well Walking

Living Well Walking gets Port Alberni moving and creates a sense of civic pride.

After taking part in the Central Island Living Well Forum, community members got excited about the vision of a community getting out to walk, being active, and growing healthier together.

When the Canadian Diabetes Strategy funding was announced, we already had a concept to build on from Vancouver's "Walk A Measured Mile" program. Residents measure a mile from their home, giving them an easy walking goal.

We wanted to develop neighbourhood-based walking maps for Port Alberni, and use these to promote walking groups and encourage walking leaders. We also wanted to identify urban walks and rural walking trails with distinctive signs. And we wanted to raise awareness of the health and social benefits of walking.

Our initial vision was of neighbours walking together, creating community within community. That vision collided with reality, as we realized that people who live in the same neighbourhood do not necessarily want to spend time together. So we changed directions and took a "communities of interest" approach, promoting walking with workplace groups, parents who walked their children to school, parents with toddlers, and other groups with common interests.

We advertized a walking group in the City of Port Alberni's Parks & Recreation Guide and attracted 30 walkers. For a fee, members received pedometers and t-shirts and became part of a visible group. We also

advertized free community walks at specific locations, such as the Bob Dailey Stadium track and the Kitsuksis Dyke Walkway. Community walks were well-attended and helped spread the news about Living Well Walking. Special walks also proved popular. An evening lantern walk, led by bagpipes, attracted 200 people.

Marketing the Living Well Walking project brought name recognition, but we wanted a visible symbol. We sent out a call for designs and three graphic artists responded. The community connection to the local artist who designed the logo translated into passion for the image and community pride. Fridge magnets sporting the logo were snapped-up at the annual Fall Fair, and we distributed thousands of stickers in schools. Our logo keeps the idea of community in the forefront.

We also used the logo to develop distinctive signs that could mark urban walks and rural walking trails. We paid close attention to detail and held ourselves to high standards through every step of the process. We organized volunteers and walkers to erect the signs along the Log Train Trail, a well-known rural trail, and this drew more community members into the Living Well Walking project. The signs not only mark popular walkways, they also have become a community beautification project.

We also developed brochures with maps and route descriptions that make it easy for residents and visitors alike to enjoy the healthy exercise of walking around the Port Alberni area. With Port Alberni going through considerable economic transition over the past several years, this has the potential to appeal to our growing tourism market.

Though the project unfolded differently from our original vision, it still reached our original goal to build community and better health through physical activity.

Putting up signs on the Log Train Trail
Photo by Ron Hamilton

Living Well Walking now belongs to the people of Port Alberni. On signs and brochures, in the eyes and hearts of people, it is a legacy to the Alberni Valley.

A symbol for respectful relations

The Aboriginal logo design that caught our eye does not immediately say “walking trail”. The message is more complex. It says that aesthetics are important. It says the community values its heritage and multicultural make-up. It says the community is inclusive.

Reducing barriers

Poverty, language and cultural differences can be road blocks. These projects worked to reduce some of the barriers to healthy eating and active living.

Stepping their way to health

The Saanich Peninsula Diabetes Prevention Project uses pedometers to turn walking into a status activity.

Saanich Peninsula Diabetes Prevention Project

www.healthypeninsula.ca

Year-round activity and nutritious food are available on Vancouver Island's Saanich Peninsula, but lifestyle pressures and poverty are contributing factors to the development of chronic diseases as seen elsewhere in the country. In response, the University of Victoria and the Panorama Recreation Centre in North Saanich formed a partnership to explore how public recreation services contribute to the prevention of type 2 diabetes for those at risk.

We expected it to be easy to engage other community organizations. We learned that identifying partners was easy and that ongoing collaboration took work. We gave presentations and programs, sponsored events, and designed a Web site.

As partners met to plan how they could work together, they learned the role each was already playing in the community and saw ways they could collaborate. Over time, the number of committed partners grew, from the initial two to thirty-four. As partnerships solidified, our community planning group identified new areas to focus on such as working with school-aged children and people clinically at risk for type 2 diabetes, publishing a monthly e-newsletter, and circulating healthy eating and active living tips.

We worked at the community's pace and reached out in ways that met their needs. For example, we asked people with disabilities, a population at risk for developing type 2 diabetes, to help redesign recreation centre change rooms in order to remove barriers such as the lack of private change facilities with change table and lift which made swimming programs difficult to access. We developed low-cost/no-cost recreation programs with people of low income, and this kind of networking made the recreation centre more welcoming for people with social and economic challenges who don't always feel like they belong in a recreation centre.

Partnership with the University of Victoria allowed us to research the link between active living programs in the community and their impact on chronic disease prevention, civil community and healthy environments. It also gave us

a framework for gathering evidence to show the impact of active living on people's lives. One participant said that the "pedometer was great…and now I bike 30 minutes or walk for an hour to get 10,000 steps, and I've changed my eating a little." A program facilitator said that programs were "really concrete…a supportive introduction to some of those physical activities that otherwise people would be too intimidated, don't have the money or the inclination to try."

One of our project activities that made a difference was a First Nations open house, an event that profiled activities and organizations in the community, led to the development of new partnerships, and enhanced understanding of the work that each partner does in the community. There we met a teacher from the Saanich Adult Education Centre, a centre which serves four First Nations communities. The teacher also coordinated the intramural program and together we created the Vancouver Island Race, a 460-kilometre virtual walk the length of Vancouver Island, from Victoria to Tlatlasikwala, a First Nations community on the north end. Every step participants took would move their team farther up the island.

Steps across Canada
Photo by Megan Rutherford

The race started with a kick-off event where we partnered with the Vancouver Island Health Authority Aboriginal Health Team. We played Diabetes Jeopardy, exploring diabetes risk factors, nutrition, and the health benefits of physical activity in a game-show format. The upbeat launch attracted students, teachers, secretaries and administrators who all got into the action. Participants received a pedometer to track their steps which turned one of the lowest-tech forms of exercise into a status activity.

People were walking at lunch, at home, on trips and taking the stairs for errands just to add up more steps. They logged their kilometres onto a map of Vancouver Island that showed First Nations communities along the route and marked each team's progress. The teams didn't stop when their combined steps reached the north end of the island. They turned around and lapped the course, "walking" the length of the island twice.

A photo-voice and journaling method, giving students logbooks and disposable cameras to document and record their walking adventures, was too much like homework for some. For some students, neither pedometers nor competition was compelling. For most, however, the program was an incentive to be more active.

At the end of the walk, organizers began planning the next event, a virtual walk across Canada along the Trans Canada Trail, a distance of 10,648 kilometres. This time the program incorporated more education by the Vancouver Island Health Authority Aboriginal Health Team, and the teachers kept track of mileage on a database.

Initially we focused almost exclusively on physical activity. When a nutritionist in private practice joined our partners, she added a healthy eating component to our activity programs. A monthly newsletter at the local Food Bank, cooking workshops and supermarket tours moved information to action, theory to practice.

At the heart of the project, enthusiastic, committed staff and university cooperative education students kept enthusiasm alive – planning, communicating, connecting, and collaborating with partners and community members in a way that would not have been possible without that kind of leadership.

The project has woven into the community a new way of looking at physical activity as a route to health and an integral part of community life.

Clarifying messages so people can hear

One of our first successful events was a Diabetes Education & Awareness Fall Fair. Bringing together partners to work on a common event helped give partners a sense of our vision. The event taught the organizing committee that, although we were a diabetes project, community members responded more readily to the healthy eating/ active living message than the diabetes prevention message.

Walking the talk in a healthy living city

Living Well keeps the spotlight on healthy eating and active living strategies that are practical and affordable.

Nanaimo's Living Well Committee is a mid-island coalition that includes representatives from the health authority, parks and recreation, the school district, and a number of community-based non-profit organizations. The roots of our coalition were formed with heart health funding. When the Canadian Diabetes Strategy came along, we were ready to grow and branch out wider in the community.

Our approach addresses the common risk factors for many chronic diseases including type 2 diabetes, heart disease, stroke and various types of cancer. We brought things down to the basics and came up with a simple message about the three main pillars of a healthy lifestyle: eat better, move more, butt out! We also realized that if we were to be truly effective we needed to target our messages and programs to those most at risk for many chronic diseases: people living on low income.

The Living Well project started with a focus on healthy eating. Our Healthy Cooking Cheap & Easy workshops showed how to prepare delicious meals for under a loonie ($1) per serving. We also offered canning workshops to show people how to preserve the season's harvest. In partnership with Tillicum Haus Native Friendship Centre, we produced a food security video called "Food Chain" featuring community

efforts to address the growing problem of hunger and malnutrition. We hosted a Healthy Living Rally at a community school and demonstrated how to make "smoothies" using our new bike-powered blender.

To stir public interest in healthy eating, we kept the project in the eye of the media: speaking on radio shows, submitting news articles and press releases, and doing cooking demonstrations of healthy low-cost recipes on the local "New Day Cafe" breakfast television show.

We spearheaded the renewal of the Good Food Box program. This program buys fresh fruits and vegetables in bulk from wholesalers and local farmers to make good food available for less money. Thanks to a core group of volunteers, this program continues to provide a healthy and affordable supply of fruits and vegetables to many people in the community including local First Nations, single moms, at-risk youth and seniors. We also did some hands-on cooking sessions called "Cooking Out of the Box" to demonstrate low-cost recipes using ingredients from the Good Food Box.

Having tackled the first pillar of our program, "eat better", we turned to the second pillar, "move more". Our project steering committee brainstormed ways of motivating people to walk more and came up with the idea of a walking challenge. Instead of a "100-Mile Club" we decided to promote walking in metric and thus the Nanaimo Walking Challenge, "Walk 103 kilometres in 2003", was born.

Building on a cultural icon, the coffee card, we asked participants to cross off a running shoe for every kilometre walked. Along with the card went information on diabetes, healthy eating, active living, and tobacco reduction.

On a cold, rainy day, 100 people turned out to kick off the Walking Challenge. They talked about their reasons for being there. Some had heart problems. Some wanted to be in better physical shape. Some wanted company. Whatever their motivation, they developed a plan for their own walking. They took control, gained a sense of personal power, and met their goals. They turned in their 103-kilometre cards, which made them eligible for prize draws, and asked for more.

The slogan for the Walking Challenge was simple: walking is free, fun and good for you! We stoked the fires, sending out motivational e-mails, and acting as a phone resource. Regular stories in the local newspaper tracked the progress of participants. Word of mouth brought out more walkers, and we started to plan the final celebration. It would be active, of course, with walkers parading around a loop, then heading for a festive room to celebrate their success.

A bike blender puts a new spin on healthy eating and active living
Photo by Tanis Dagert

Individual action is easier when there is a supportive community environment, so we approached City Council and asked them to declare Nanaimo a "Healthy Living City". Council approved our proposal and issued an official proclamation. Among the many clauses in the proclamation is the following: "The City of Nanaimo and the Living Well Program at Nanaimo

You'd be surprised who gets involved

As the original 100 walkers grew to 500, we realized every one of them had a story. One person's asthma improved. Another said, "My mom and I walk together and now know each other better." A teacher learned of the Walking Challenge and involved her whole class. An 81-year-old woman logged over 300 kilometres!

Foodshare can work together towards creating a Healthy Living City Campaign".

The community is becoming increasingly aware of the importance of eating well and being active. In response to concerns about childhood obesity and its impact on health, Living Well presentations to local teachers and principals helped launch the "Move More, Eat Well" coalition working toward healthy schools. We also received a small amount of funding from the Aboriginal Tobacco Strategy so we were able to do some work on the third pillar of our program by implementing a 'Smoking is Wack!' (not cool) poster contest in some of our elementary schools.

Living Well has been a spark, igniting ideas for action. The main success of our approach was to work *with* the community, rather than *for* the community, and to be flexible enough to incorporate whatever interests were brought to the table. At the same time, we always stayed true to our original vision of a healthy living community and we kept it simple.

For us, sustainability is like watching a child grow. We birth an idea, nuture it while it's young, and then, when it matures and becomes part of the community, we let it go. We move on to find other ways of Living Well.

Gumboots, salsa and line dancing

Lesser souls might have been daunted by the challenge of preventing type 2 diabetes in an area as culturally diverse as Vancouver's East Side. The Multicultural Family Centre just saw it as one more challenge.

Vancouver's East Side is home to a vibrant mix of cultures. The three ethnic groups served by the Multicultural Family Centre are themselves diverse. They represent a mix of languages, dialects and cultures under the broad headings of Vietnamese, Latin American and African.

All three communities are at higher risk than the general population for developing type 2 diabetes so the Healthy Eating Active Living Program (HEAL) was launched to develop strategies to prevent the onset and complications of the disease. This was done through a variety of creative and culturally appropriate ways, with each community supported to develop very different approaches.

All three programs included a cooking and nutrition component, physical activity, and health education presentations, but each group addressed these in different ways. The first step was to hire significant community members to act as group leaders. The skills, commitment, high

Line dancing at Trout Lake
Photo by Phuc Nguyen

standards, and key community positions of the HEAL group leaders were instrumental in making the program successful.

The African group leader focused her attention on youth, seeing them as the bridge between the mainstream culture and the traditional cultures of their parents. The parents themselves were too overwhelmed with immediate settlement and survival needs to make diabetes prevention a priority.

Calling on her experience as a school principal in Nigeria and her talent for storytelling and theatre, she turned a shy, uncertain group of youth into a dynamic, confident team. She knew that teens would not be attracted to a project focused solely on diabetes, but they welcomed the chance to develop social networks with other immigrant youth from countries around Africa.

They wanted to dance, to do theatre, to have fun. While they pulled on gumboots and danced the traditional steps of South African miners, they learned the connection between dancing and active living, history and culture. While they snacked on nutritious refreshments, they learned some of the basics of healthy eating.

They organized a talent show to present their information and ideas to adults in the African community. The show was a lively combination of dance, skits, debate and storytelling, all entertaining and all carrying the healthy eating/active living message. Buoyed by the enthusiastic response, they announced plans to visit African families in their homes to promote healthy living.

The Vietnamese group attracted adults, many of them seniors. Their health had been compromised by the high-fat diet and sedentary lifestyle of their new country. They chose to do a variety of activities, including picnics, line dancing, Tai Chi, walking, and singing. They cooked together, explored healthy cooking methods through cross-cultural recipes, and learned about basic nutrition.

Health information workshops were very popular with this group. They organized presentations on not only diabetes but also many other health topics, given by both English- and Vietnamese-

speaking health professionals.

Over the course of the project, the involvement and participation of community members grew. Many group members assumed leadership roles and shared their knowledge and skills within their project and with other community programs.

In the Latin American program, a salsa or meringue beat wove through any gathering of the project's Community Kitchen. Music is part of the culture and created a lively Latin atmosphere while participants prepared healthy dishes.

The group leader's background in journalism in his home country gave him the skills to spread the group's message into the Latin American community. Information about diabetes was shared through informal networking with other community groups. A weekly radio show, hosted by the Latin American group leader, announced events and resources. There was also a call-in show answering questions about diabetes and other health concerns.

In collaboration with an Ecuadorian doctor who volunteered with the program, the group leader wrote a monthly article for a local Latin American newspaper, helping people learn how to prevent and manage diabetes and understand the symptoms of the illness and its complications.

Families absorbed the messages and acted on them. One man was buying soda in flats of twenty-four and drinking eight of them a day. Once he understood the implications, he cut back to two a day. His wife went one step further. If he bought a flat, she emptied them and filled them with water. Thanks to the diabetes project, this busy couple learned to buy better food for less money. They also learned how to prepare food ahead so that when they came home tired from work they could bypass McDonald's and head for the good food waiting in the refrigerator. They learned where to buy the freshest produce and how to adapt traditional recipes to ingredients found in Vancouver.

Good health, a family affair

A parent whose son was an active member of the troupe commented on its impact on their family. He said, "As a parent I have a testimony. Last night I ate a very well prepared meal that was healthy. They know how to combine the healthy food with tasty meals in our own kitchen."

You can make a difference

A 75-year-old line dancing instructor said, "I knew nothing about food. I ate a lot but knew nothing. I went to the doctor. He advised this program. I learned how to eat and exercise. In this program there is much music and dancing and singing. I learn from the guest speakers about the drinking of more water, removing the skin of the chicken, skim milk. Now, I do not go to the doctor – I have no sickness."

With all three groups, the success of the project rested on a community teaching model. Although diabetes affects individuals, the project saw it as a community problem. The grassroots approach enabled the communities to have a sense of ownership of the programs and to demonstrate this through taking active roles in program development and implementation.

By involving community members in developing culturally relevant food and fitness programs, Healthy Eating Active Living delivered health education and promotion in ways that are respectful to the communities and have more of a chance of leading to long-term change.

More than translating pamphlets

The Madhumai project reduces barriers for the South Asian community.

Diabetes affects many people in the South Asian community. The Rainbow Community Health Cooperative, a division of the Progressive Intercultural Community Services Society, worked to understand the extent of the problem in the South Fraser region and how to best address it.

With the Madhumai project we wanted to raise awareness in the South Asian community about diabetes and its risk factors, support people living with diabetes to better manage the disease and its complications, and develop programs that could contribute to preventing new cases of type 2 diabetes. Madhumai is a Hindi word which means "honey."

We faced a complex challenge with the Madhumai project. People newly diagnosed with diabetes often wait four months for diabetes education sessions in our region. South Asians also deal with additional barriers that restrict access to diabetes information and other supports. Some do not have the resources to find transportation, buy healthy foods, or acquire a glucometer for blood sugar testing.

Concepts of healthy eating and physical activity that are central to Canadian health promotion may be far more representative of urbanized Western culture than of the values of immigrants from rural and agriculture-based cultures.

Many South Asians, especially women, who were of school age prior to 1947 (the partition of India and Pakistan) did not receive an education and may be non-literate in their first language as well as in English. South Asians from the rural areas of their homeland, including a large number in the Sikh community, did not have access to formal education. Even for people with some level of literacy, the words used by health professionals can be a barrier to understanding.

Our original vision for the project had to be scaled back since we had less than a year to carry out the work. We formed an advisory committee that included members from health-related fields who work with South Asian people. We developed a plan that would permit the greatest amount of community outreach and gather the most useful data. We advertised in several newspapers to raise community awareness of our project.

We offered a total of fourteen health education workshops in a variety of locations: community centers, Gurdwaras, seniors centres and temples. Workshop organizers targeted different South Asian communities: Muslim, Hindu, Fijian, and Sikh. There was TV coverage of one of the workshops. Two local

doctors, two dietitians and one nurse were involved in facilitating the workshops. The Canadian Diabetes Association provided videos for the workshops, including one in Punjabi called "Looking After Yourself."

Punjabi-speaking participants felt comfortable with the workshops since the doctors and dietitians spoke very good Punjabi. The doctor would describe the symptoms of diabetes and the risk factors associated with diabetes, then explain how diabetes affects the body and how it can be managed. The dietitian would follow with an explanation of the importance of eating healthy meals and getting enough exercise. Blood glucose and blood pressure testing were available, and some people with diabetes were identified as a result. We modeled healthy eating with the green salads, raw vegetables and low-fat dressing we served as refreshments.

The workshop environment reduced the language barrier that makes access to health services challenging for immigrants. It also allowed more time than a normal doctor's visit for health professionals to explain prevention and management of diabetes and to interact with participants. Workshop organizers did find it difficult to coordinate the workshop schedule with the schedules of the doctors, the dietitians, and the nurse. The use of para-professionals might be a consideration for future workshops.

Although the workshop series was the core activity of the Madhumai project, other initiatives complemented and supported them. We distributed educational flyers and information materials in the community. Five thousand refrigerator magnets identifying diabetes risk factors were printed in Punjabi and English. Yoga classes were also initiated and delivered by a trained instructor. The Surrey/Delta Seniors' Society offered cooking classes.

The biggest achievement of the project is that it reached so many people in the South Asian community in such a short time. More resources are needed to continue this community outreach.

No one size fits all

A total of 692 people attended our 14 workshops, slightly more men than women, including people with a wide range of literacy. Some people were literate in their first language and in English. Some were literate in their first language but not in English. Others were not literate in either their first language or English. Our written workshop evaluation surveys created some challenges.

Making connections

Partnerships that work are like companion plants in a garden. The reason they work is that they benefit each other. These projects show how working together can make a difference.

One set of skills and many ways to use them

The Social Planning and Research Council of British Columbia links community development and population health.

The Social Planning and Research Council of British Columbia (SPARC BC) has been working for a just and healthy society for over 35 years. One of the ways we carry out our mandate is by training community members to work together on common problems.

Whatever the community issue – accessibility, homelessness, community health – the skills needed to address them are the same. We need to know how to form partnerships, how to facilitate meetings, how to mediate between competing interests, and how to do strategic planning. Over the years SPARC BC has supported these processes through a variety of methods including publications, workshops and networking.

Community Building for Population Health was a project intended to build on SPARC BC's ongoing efforts to fulfill our mission to "work with communities to build a just and healthy society for all" by providing communities with information, tools and skills to address community health issues such as diabetes from a population health perspective.

The workshop format was originally developed in partnership with the Canadian Diabetes Association to support the development of a provincial diabetes strategy by providing information and skills-building around the development of effective partnerships to address long-term issues related to diabetes and community health.

The focus on collaboration and partnership is especially relevant to the population health approach because of its emphasis on support for actions by a variety of actors in a variety of settings. The workshop content was intended to provide an opportunity for communities to discuss diabetes as a community issue and to strategize on long-term community-based solutions.

When further funding became available through the Canadian Diabetes Strategy, SPARC BC saw the opportunity to continue the work of linking community development to population health. We notified a range of contacts, including all of the other British Columbia diabetes projects, that we were available to present the workshop. Fourteen communities indicated interest in holding the workshop.

A series of workshops followed, based on a template developed by SPARC BC but adjusted to meet each community's needs. The workshops presented a common base of information on population health, diabetes and other chronic diseases, as well as principles of collaboration in communities. The workshop format also provided opportunities for information sharing and partnership development.

Each workshop was organized in collaboration with a local coordinator. This was a community member or organization that was familiar with the community and could promote the workshop through their existing contacts and networks. We consulted with local coordinators both before and after the workshops, using their feedback to adapt our workshops to the needs of their communities.

By the end of the project, 275 people had participated in the Community Building for Population Health workshop. Most participants identified themselves as representatives from non-profit organizations and health organizations, or as community volunteers. Other participants represented a range of sectors including recreation, education, government, business, and the religious community.

Workshop participants commented on the value of the workshops and identified a number of successes. One noted that "it was invigorating to see fertile ideas arise when people from different walks of life sat down together to think about prevention of diabetes in our community." Another suggested that "we all need to step out of our boxes and work together as concerned members within a community."

Several communities used the workshop as an opportunity to make a link between social determinants of health (including income, education, working conditions, childhood development and social support) and existing work on quality of life issues.

In the Peace-Liard region the workshop provided an opportunity to bring together representatives of organizations from a variety of far-flung communities (such as Dawson Creek, Fort St. John, Moberly Lake, and Fort Nelson) to have an initial discussion of how to coordinate efforts on a regional level.

In Williams Lake a range of community groups were represented including health, social planning, community living, literacy and the environment. One outcome was the development of a working group that continues to meet to explore the idea of using the learning community model as a way of addressing health and community issues. The learning community model shares many principles with the population health model and identifies formal and informal lifelong learning opportunities for individuals and groups.

In other communities workshop participants discussed a variety of issues

including food security (e.g. community kitchens, community gardens, good food box, community greenhouses), active living (e.g. community trails, community walking programs, access to recreation, building inclusiveness in recreation programs), and other issues (e.g. poverty, inequality, social inclusion, relations between First Nations and other communities).

We used a two-stage method to evaluate each workshop. First, we asked participants to fill in an evaluation form on the day of the workshop. This was followed by a second questionnaire sent about 6 weeks after the workshop. Responses were generally very favourable. For example, over ninety percent of respondents to the follow-up questionnaire stated they would definitely or probably recommend the workshop to others. Evaluation results also demonstrated that most participants had made new contacts and had followed up on those contacts as a result of the workshop. The evaluation process could be improved by further developing our understanding of the definition and measurement of community capacity and by acquiring the resources to do long-term studies that could track the impact of the workshop over time.

Community Building for Population Health brought SPARC BC into direct contact with people working in a range of communities across the province including large and small, urban and rural, as well as those successful economically and those struggling economically. The workshop served to strengthen our understanding about the range of issues confronting communities and helped to focus our understanding about the role that an organization such as SPARC BC can play in working with communities to develop solutions to community issues such as diabetes.

The project confirmed that SPARC BC has a role to play in supporting community level activity to address the determinants of health. The many people across British Columbia who are working to build healthy communities can benefit from the support, skill building, and access to networks that an organization such as SPARC BC can provide.

Working with community

We experienced all of the classic variations facilitators need to be prepared to handle. In one workshop in the Interior, a particularly hostile participant changed the dynamics, undermining some of the work others were trying to do. Community volunteers cooked and served a healthy meal before another Interior workshop, setting an atmosphere of camaraderie before the workshop. Instead of the usual all-adult group, participants here ranged in age from six months to 94 years.

Things my doctor never told me

Dial-A-Dietitian and partners make life easier for people learning to live with type 2 diabetes.

When we asked people newly diagnosed with type 2 diabetes what they had learned about eating for type 2 diabetes, and how they got their information, we knew there had to be a way to enhance access to information in order to ease the adjustment for people learning to live with type 2 diabetes.

People who were interviewed told us about the confusion and frustration that accompanied their search for information on eating for type 2 diabetes. They told of receiving or finding partial, erroneous, incomprehensible or non-actionable information such as "never eat anything containing sugar" or "follow a 1200 calorie diet." Some people had been reassured by their contact with Dial-A-Dietitian staff, and others by their contact with the Canadian Diabetes Association information line. Some had found information on the Web, although they had trouble sifting through the volumes of information they retrieved, and when they did, it tended to be too general to help them know what and how to eat. Other people told of searching for advice at libraries or asking their pharmacists. Commonly, people reported that they had asked for or had been given advice from family and friends, which was sometimes helpful, but often frustrating. A neighbour of one person interviewed based her advice on caring for her insulin-dependent dog. Clearly, there was no standard, recognizable source of information on eating for diabetes, which often left people with unnecessary fears.

We gathered together a stakeholder group with representatives of the groups or professionals that people told us they had consulted, including physicians, librarians, pharmacists, dietitians, and the Canadian Diabetes Association, to get their suggestions for action. They suggested a simple, one-page print and/or on-line education resource containing consistent messages about eating for diabetes and contact information for additional diabetes resources. They recommended that the education resource be widely available, including in physicians' offices, public libraries, pharmacies, health units, and diabetes education centres.

Project partners included the Canadian Diabetes Association, British Columbia Ministry of Health Services, British Columbia College of Family Physicians, British Columbia Pharmacy Association, and Dietitians of Canada. Working with an advisory group, we adapted two existing print resources to create an education resource that could be distributed by physicians at the time of diagnosis, and that could be available on-line on partners' Web sites. The one-page, double-sided information sheet includes "Getting Started – Tips On Healthy Eating For Diabetes

Until You Talk With A Registered Dietitian" and "Diabetes Resources: A Guide To Services For People With Diabetes."

With the assistance of dietitians and physicians in seven communities, the information sheet was distributed to a sample of people newly diagnosed with type 2 diabetes along with a written survey and an invitation to participate in a follow-up interview to find out if the information was helpful. We learned that written surveys were probably not advisable judging from the poor survey response rate, and in future we would make greater use of brief interviews to gather input from a greater number of people.

Written survey responses and interview feedback indicated that the respondents were pleased to be consulted. They valued the information sheet both for the information it contained and for the reassurance they felt that so many organizations had endorsed it. Some people had already connected with some of the diabetes services listed or had made appointments to do so. People who had not been in contact with these services still valued knowing what was available, indicating that not having information was what produced anxiety.

Our hope is for this education resource to be shared widely so that it is available wherever people look for diabetes information.

Working with the way things are

Communities create locally designed solutions that build on community strengths and match community needs.

The groundwork for the Upper Island Diabetes Prevention Project was laid during an earlier heart health initiative that launched several community wellness projects. We already had some networks in place when the Canadian Diabetes Strategy funding became available.

We brainstormed ideas and developed a project to expand our existing coalitions and support grassroots community projects. The coordinator, a public health employee, was already in place. We expected to be up and running quickly. However, we found that our communities were at very different starting points, and we were quickly reminded about accepting the unique dynamics of each community and the importance of identifying and working with local champions.

We formed an advisory group representing different communities and interests from health and recreation. We engaged a skilled facilitator and invited key people to community visioning sessions in three communities. The outcomes from the three sessions were very different and illustrated some of the challenges of community development.

At the first session, energy was high in the room. Nearly all of the faces were familiar. People had worked together on other issues and they knew and respected each

Community building takes time

One group was very new and was viewed as a fringe group, their ideas not representative of the "mainstream" community vision. They had no experience in planning projects. But they were very keen. Our advisory group worked with them to develop their project proposal. Their project was a success, and they earned recognition in the community and formed several new partnerships.

other. By the time they walked out, they already had project ideas and were planning coffee meetings.

Participants in the second session were less connected. The brainstorming was lively, but when it came to planning action, only one of the organizations at the table left with a work plan. Others needed more time to wrestle with concepts and match them to community needs.

Transportation and community connections were challenges for the third session. Though the location seemed central to the local planners, it was a transportation headache for some of the communities involved. Invitations did not reach all the right people.

Building collaborative approaches takes time. This may feel like a fallow period, but seeds are being planted that will germinate and bear fruit. In one of the visioning sessions, the casual clerk who took the minutes turned out to be an invaluable ally. She knew the communities and the connections that could open doors.

Despite some challenges, what grew out of these initial visioning sessions and our later call for community project proposals were seventeen healthy eating/ active living initiatives in seven Upper Island communities. Each project reflected local needs and built on existing assets.

Community projects included: various community kitchens, a street teen café, a community garden for mentally challenged young adults, projects to provide access to recreation facilities for economically disadvantaged families, a diabetes awareness project in collaboration with a First Nations community, a peer education curriculum for elementary schools, and a walking challenge.

Each community project had a maximum budget of $1,500 to work with. Some of the projects were so successful they continued and expanded. Others shifted directions and brought in more people. With only $600, Comox Valley Recreation launched a successful Walk of the Town program that is still running.

The lasting lesson is how much can be accomplished with a small amount of seed money. By both turning to existing groups and encouraging new collaborations, we were able to support projects that reflected local visions of community health.

Learning from the experts

The Heart and Stroke Foundation of B.C. & Yukon turns to First Nations communities to design a HeartSmart Kids™ Aboriginal Program for grades 4 to 6.

Diabetes, stroke and heart disease have become critical issues for Aboriginal people. While rates of these diseases among the general population are high, the rates among Aboriginal peoples are, in many cases, significantly higher.

We consulted with Aboriginal leaders and educators to determine what the Aboriginal community needed in order to address diabetes and other chronic diseases. They told us they lacked resources for children and youth, especially in the area of healthy lifestyles. With their guidance and the support of research literature, we developed a school-based resource for grades 4 to 6 based on the HeartSmart Kids™ program.

We faced some challenges as outsiders, but we learned to build relationships that allowed us to find Aboriginal colleagues and resources (such as the artist for the art work). And one of the greatest lessons in developing anything for a different culture is to try to involve that community as much as possible. We did this as best we could, but if we had this project to do over again we would have more involvement from the Elders all the way through.

HEART AND STROKE FOUNDATION OF B.C. & YUKON

Finding answers. For life.

Our final product is a 117-page HeartSmart Kids™ Educator's Guide designed to reflect Aboriginal culture and values. The activities teach children how to be active, eat healthy, and live smoke-free in ways that are familiar to their culture.

The overall approach is holistic. The lessons lead students through a series of activities that focus on spiritual, emotional, physical and mental aspects of their health. The activities ask students to explore the connections between their health and their environment and community. The activities are not linked to any specific First Nation in B.C., but reflect a general approach to Aboriginal philosophy.

There are six units organized around the theme of the drum, a symbol for wholeness and health. In many Aboriginal cultures, it represents the voice of the nation and the voice of the ancestors. It is used at

Learning from experience

We learned to be open-minded and embrace what could be learned from a different culture. We learned not to be in a hurry. We learned to listen with respect to the stories of the Elders. Sometimes they were five-minute stories, other times thirty minutes, but whatever the length there was always something to learn.

times of celebration and learning. It links many Aboriginal people to their family and friends. Young people, whether Aboriginal or not, enjoy using a drum to express themselves. The lessons relate to and flow out of the symbol of the drum.

While this resource takes an approach that is particularly appropriate to Aboriginal students, the activities are just as relevant to non-Aboriginal students, whose education is enriched by exposure to Aboriginal themes.

We were also able to get money from the B.C. Ministry of Health Services to develop a student activity book to accompany the Educator's Guide. The result is a 20-page magazine with a story about a coyote trickster plus culturally appropriate activities around the themes of healthy eating, active living and being smoke-free. A poster intended for the family was also developed that highlights the three themes.

We ask teachers to attend a two-hour training workshop that discusses their own heart health and the HeartSmart Kids™ Aboriginal program before they use the lessons in the classroom. So far we have trained 65 teachers and community health nurses. We hope to continue evaluating the program and increasing the number of teachers trained.

The Educator's Guide was sent to all First Nations schools in B.C. From the few workshops we did in remote communities, we know face-to-face interaction is crucial. There is a greater response to the resource when the workshop is part of the package. Our greatest disappointment was that we did not have enough funding to deliver more community workshops.

One of the workshops we were invited to do on Vancouver Island was unusual. Instead of having just teachers participate, there were four Elders, three grade 6 students, one principal, four teachers and three community health nurses. The Elders shared stories about their struggles with diabetes and heart disease, and the interaction of everyone doing activities from the HeartSmart Kids™ Aboriginal program was fun to watch. We had one Elder doing jumping jacks and dancing to see how his heart rate changed during different activities, while the younger teacher and nurse sat on the sidelines because they were too embarrassed to try. It turned into a real community and learning event.

Working with Aboriginal children is planting the seeds for the future – Aboriginal adults living healthy, active lives.

Taking charge

Active living is not just about exercise. These projects show how people can take an active role in their own health and in the health of their communities.

Confidence to change

The Diabetes Self-Management Program helps people translate knowledge into action.

Type 2 diabetes can often be managed successfully with increased physical activity and healthy eating. However, just knowing information like this isn't enough to get people to change their behaviour, and to maintain that change over time.

The main goal of the Diabetes Self-Management Program (DSMP) is to give people the motivation, confidence, and skills so that they can make and maintain behaviour changes important to managing diabetes.

The DSMP helps people learn how to initiate and maintain new behaviours (e.g. healthier eating, increased physical activity), how to solve problems, how to communicate (with family, friends and members of the health care team), how to use medications in a safe and effective way, and how to cope with negative emotions like anger, fear, and depression.

The DSMP is identical to the Chronic Disease Self-Management Program (CDSMP) that was developed by Dr. Kate Lorig at Stanford University. In the DSMP, we recruited program leaders and program participants with type 2 diabetes.

The DSMP project team consisted of the University of Victoria Centre on Aging and the Canadian Diabetes Association Pacific Area (CDA). A series of steps took place to get the program up and running in communities.

Working with CDA regional staff, the project coordinator recruited and trained people with diabetes to become volunteer program leaders. Potential program leaders were people living with diabetes who had the experiential knowledge and the ability to act as influential role models. Working in pairs, program leaders delivered the 6-week program in community locations such as libraries, seniors centres and community centres.

Program leaders sign up between 10-12 participants for each course, and family and friends of participants are encouraged to attend. Groups meet once a week for 2 ½ hour sessions over

six consecutive weeks. The sessions are highly interactive. The processes used in the program include skills mastery (accomplished through weekly contracts to do specific behaviours and through group feedback) and modeling (accomplished by volunteer leaders with diabetes). There is frequent use of group problem-solving sessions.

In just over two years, we trained 226 program leaders in 23 communities who then delivered the program to 731 participants. Communities will continue to benefit because there are now trained local residents who can lead programs for many years to come.

Our evaluation found that, at six months post-program, people who participated in the DSMP: had improved communication with their doctor; had a higher level of self-efficacy to manage disease symptoms; believed they had better health; were less distressed by their symptoms; were experiencing less pain; were eating better; and had fewer days where they missed taking medications as prescribed. There was a slight improvement in hemoglobin A1c levels, especially for people with higher hemoglobin A1c levels when they started the program.

Work is currently underway to further evaluate the effectiveness of the Chronic Disease Self-Management Program for people with type 2 diabetes. The B.C. Medical Services Commission has funded a three-year randomized controlled trial investigating the effectiveness of diabetes education in comparison to diabetes education augmented by the CDSMP.

With respect to program sustainability, the B.C. Ministry of Health Services is now supporting the implementation of the Chronic Disease Self-Management Program throughout British Columbia.

With a little help from friends

One participant had lost his wife and was living with his adult son who was rarely home. He told the group that he had lost the motivation to manage his diabetes and he spent most of his time at home watching television. He wanted to start walking for exercise. Another participant in the course offered to walk with him as part of his weekly goal setting. The program is over and they are still walking together.

Do what you have to do

Prevention activities can look very different but still have similar outcomes. HEAL North projects exemplify the process of trusting communities to do their own thing.

If a map of British Columbia was used to show the scope of Healthy Eating and Active Living in Northern B.C., two-thirds of the province would be covered with sunflowers, the project's logo. Taking on a project that covers such a large geographic area takes the determination of the "Little Engine That Could" – but that's the kind of can-do energy that has made HEAL a success.

HEAL started with a planning committee made up of people who knew each other from other initiatives, including an Eating Disorders North project that covered the same territory. They hammered out a broad plan that would, looking back on it, provide a guiding framework for the next three years. The project was launched with a visioning session that brought together representatives from communities all around the north. In three days of common dreaming, we affirmed our goals for the project and created a plan for participatory evaluation that would become both guide and binding influence.

www.healbc.ca

The advisory committee grew out of the visioning session. A group of passionate, committed and somewhat coerced people agreed to work together toward a vision of communities where healthy eating and active living were the norm, with all the social changes that implies.

Our project might easily have become bogged down by the enormity of trying to reach communities separated by vast distances, faced with major social and economic barriers, and challenged by climate and geography. Instead we gave the power to our communities, opting for a grassroots, community-led approach, supported by a loose-knit coalition of health professionals, food growers, educators, recreation leaders, community activists and others who understood why healthy eating and active living are critical to personal and community health.

This is not to say we never stumbled. We were not always clear in our expectations of our hard-working advisory committee. That meant they sometimes felt overwhelmed by what they felt was asked of them and at other times worried they were not contributing enough. We may never have completely resolved that worry, but from the perspective of the project, those advisory committee members brought healthy eating and active living to life in communities throughout northern B.C.

The original intent was to reach at least 100 people in eight communities with four demonstration projects and four workshops. Instead, we

Evan Daniels harvests greens in the raised beds of the Canim Lake garden
Photo by Jay Bulloch

reached well over 1000 people in at least 15 communities through 19 projects and 12 workshops.

Communities re-created the miracle of loaves and fishes, creating abundance from scarcity. In the first two years they added approximately $404,650 in cash, donations and in-kind contributions to HEAL grants of $85,440.

The first year's projects were very direct, hands-on activities. Communities developed community gardens, community kitchens, walking trails, and recreation programs. These initiatives reduced barriers to good food and physical activity. We saw great successes, but we recognized that we also needed larger solutions. It became clear to us that long-term change meant changing systems. In our second year, HEAL asked for proposals for projects that would lead to new policies that supported healthier systems. A few examples from the many HEAL projects are described here.

One policy project was WorkWell, a coalition of five agencies. Each wrote its own workplace wellness policy, but they combined efforts to offer activities, newsletters and health fairs together. As a result, employees knew their employers cared about their health. At project's end, other agencies were calling to ask how they were so successful.

Another policy project tackled school nutrition. Four schools opted to make healthy choice the easy choice. Staff, parents, and students formed advisory councils. A community nutritionist on the HEAL advisory committee was coach and cheerleader. School food choices improved, and students took their new knowledge home and influenced their families. The next year other schools were clamoring to become HEAL schools, asking for assistance to start their own programs.

A First Nations community was inspired by a neighbouring community to plant 36 family gardens. In addition, the local owner of a bicycle store renowned in mountain biking circles has, with the help of volunteers, refurbished bikes that he teaches children to maintain and repair. The kids now ride furiously while their elders get more gentle exercise in their gardens. The spin-offs for community and family building, for increased exercise and access to healthy, homegrown food are apparent on the happy faces of both children and adults.

Another project responded to a need observed by an advisory committee member. In small communities, food choices are often limited.

By designing easy-to-read shelf labels that would identify the healthier choice, community members thought they could improve healthy eating even within limited options. Shelf labels, sporting the HEAL logo, proved to be popular and there was so much interest that the purchasing manager began to add more healthy choices. The success led other stores to use the shelf labels and offer healthier alternatives, including more outlets for organic food. The labeling system is now spreading from the island onto the mainland.

Once a year HEAL gathered some of its key players for an annual conference. This face-to-face meeting brought people together to share resources, ideas and inspiration. At the second HEAL gathering we decided to invite youth. Organizers for one of the HEAL community projects, a youth caravan that travelled from town to town engaging youth in creating their own healthy eating/active living messages, led an all-day workshop for youth invited from around the north.

Changing ourselves while we change the world

One of our advisory committee members with diabetes was also part of the organizing committee for one of the HEAL community projects. His involvement in HEAL led to a major lifestyle change. He is now training for a Team Diabetes Canada marathon in Rome.

Their energy infused excitement into the whole conference. Before they left, they asked us not to let things die. They wanted a youth conference, and we had to deliver. From that conference came a core group of savvy, aware youth who carried out healthy eating/active living projects back in their home communities.

To celebrate the role models we were uncovering in our rural communities, we started a HEAL Heroes award. Some recipients were individuals, such as a woman who launched a highly successful Good Food Box program and another who galvanized youth with outdoor adventures. One man involved people recovering from addictions in work to reclaim land for gardens. As their bodies grew healthier, so did the gardens they tended. Organizations also received awards, and volunteer societies were honoured for the trails or initiatives they created. HEAL Heroes showed how community champions with limited resources and a lot of commitment were carrying out HEAL's dream of making healthy choice the easy choice.

HEAL is now planning a caravan across the north. It will celebrate and draw attention to community initiatives, and inspire organizations and city councils to make healthy eating and active living policies that could lead to long-term change.

Keys to Success

Involve your community and take your time

Health professionals, concerned citizens, university researchers, small business owners, program planners – everyone in the community has experience and skills to share that are equally valuable. The time taken to develop respectful relationships and shared understandings is time well spent.

Recognize differences

No community or project is the same. It's important to learn from what others have done, but there is no one-size-fits-all cookie cutter approach that will work. Successful projects are designed and adapted at the local level to suit local realities.

Appreciate commitment

Much of the success of our projects is due to the people in our communities who donated many hours of unpaid work. Their contribution of time and talents multiplies the investment of funders many times over. Recognize and celebrate the gifts that are given.

Be fearless

Long-term change means changing systems. It means asking governments for health promoting policies and programs. It means changing the way we do things in our workplaces, schools, communities, and in our own homes. Start wherever you are and take the first step.

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HEALTH CANADA'S MISSION STATEMENT

To help the people of Canada maintain and improve their health.

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