



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 September 19

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## **LOCALLY DRIVEN COLLABORATIVE PROJECT: FOOD SKILLS**

### ***Recommendation***

*It is recommended that Report No. 100-13 re Locally Driven Collaborative Project: Food Skills be received for information.*

### **Key Points**

- The art and skill of choosing, preparing, and cooking safe, healthy, and culturally appropriate food, which also can be described as “food skills,” is declining.
- Both the erosion of food skills over the past 70 years and the increasing availability of processed food and “fast food” have contributed to declining quality of diets.
- Research identifying meaning of food skills among priority populations can inform public health programming.
- Food literacy activities in public health programs focused on youth can enhance healthy eating outcomes.

### **Background: Locally Driven Collaborative Projects Program**

Established by Public Health Ontario (PHO), Locally Driven Collaborative Projects (LDCP) is a provincial program that was developed to assist health units to enhance and improve their ability to facilitate applied research and program evaluation projects. Members from various health units with shared research interests work collaboratively to develop and implement research protocols that explore topics, interventions or programs related to an important public health issue.

Health units experience numerous benefits by participating in collaborative projects funded under the LDCP program: increased ability to conduct applied public health research and program evaluation projects; increased capacity for knowledge exchange; established and strengthened partnerships by enhancing current networks and making new connections; and funding to support the implementation of collaborative research projects and knowledge exchange strategies that otherwise may not be possible. PHO provided the LDCP Food Skills collaboration with \$100,000.00 to support research to understand the meaning of food skills.

The lead health unit for the LDCP Food Skills project is the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR). The Middlesex-London Health Unit, Huron County Health Unit, City of Hamilton Public Health Services, Sudbury and District Health Unit, Windsor Essex County Health Unit, Chatham-Kent Public Health Unit, and Perth District Health Unit comprise the other collaborating agencies in this research project.

### **The Meaning of “Food Skills” for Two Priority Populations**

There is a link among choosing healthy food, preparing and cooking food, healthy eating, and overall health. The art and skill of choosing, preparing and cooking safe, healthy and culturally appropriate food, which also can be described as “food skills,” is declining. People’s ability to choose and prepare healthy food and

the food skills required to do this may be unique to specific groups or people, from youth living in poverty to pregnant and breastfeeding women to higher income families with children.

The purpose of this research project is to explore the meaning of “food skills,” develop a definition of food skills, and identify barriers and facilitators to food acquisition and practice from the perspective of at-risk youth (age 16-19) and pregnant females or parents (age 16-25) with at least one identified social determinant of health risk factor (e.g., social isolation, poor housing, food insecurity, low income, unemployment). Prior to the commencement of data collection, the project team conducted a literature review and consulted participating health units to assist in identifying these two priority populations. Participants were recruited from five of the participating health unit jurisdictions; two health units with primarily a rural geographic area (HKPR, Chatham-Kent), two health units with a larger urban district (Hamilton, Windsor) and one northern health unit (Sudbury) were selected for participant participation. Semi-structured ethnographic interviews were conducted with six to eight participants of each priority population. Interviews were audio-recorded, and transcribed verbatim. The data was analyzed using an inductive content analysis approach upon which themes were not decided in advance, but rather emerged from the data. Quantitative analysis of data was also conducted.

The qualitative data collected was very rich. Themes emerging from the data include: perceived importance of food skills (i.e., life and survival skill, health value of home prepared meals, value connected with positive feelings, taste and variety); changes resulting from pregnancy and children (i.e., changes in diet and/or food preparation during pregnancy, changes in diet and/or food preparation for child[ren], dealing with “junk” and “fast food”); strategies that enhance resilience (i.e., managing limited food resources); and challenges acquiring food skills and accessing food for home preparation. Specific details about the data cannot be released until it is published by the LDCP Food Skills group. Future reports on this published data will be presented to the Board of Health.

### **Conclusion/Next Steps**

Food skills and food literacy can present in many dimensions. This research highlights the various elements expanding upon food to include food preparation skills and experience, organizational skills, and personal meaning of food. This latter dimension includes self-determination, control, confidence, and food security. This dimension also explores the opportunity for food skills and food literacy to deliver enjoyment, relaxation, creativity, pride, and the ability to nurture others. The potential impact of food skills and food literacy is extensive, especially among vulnerable populations.

With improved understanding of the meaning of food skills and food literacy among priority populations, this research will provide recommendations to inform food skills programming as mandated by the Ontario Public Health Standards. Public health practitioners working with these populations can advocate for programs and classes in school and community environments that enhance food literacy, are practical, experiential, confidence-building, skill-related, and align with curriculum topics. This research will serve to provide food literacy opportunities in Middlesex-London.

This report was prepared by Dr. Heather Thomas, Registered Dietitian, and Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Team.

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This report addresses the following requirement(s) of the Ontario Public Health Standards: Chronic Disease and Injuries Program Standards: 3, 7, 8, 11, 12.
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