YORK INSTITUE FOR HEALTH RESEARCH

Minding our Bodies: Eating Well for Mental Health

CMHA Huron Perth: FRESH project Case Study Report

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Introduction

This case study report overviews and evaluates the Canadian Mental Health Association Huron Perth (CMHA HP) Branch's FRESH project. The FRESH project is one of six pilot programs funded by CMHA Ontario's Minding Our Bodies (MOB) Eating Well for Mental Health program. This report is intended to provide evaluative feedback to the MOB Program Leaders, Advisory Committee, and CMHA HP staff regarding the FRESH project. The evaluative analysis includes context, input, process and product evaluation questions (specifically, short-term outcomes) set out in the original Minding Our Bodies evaluation proposal that can be answered by examining the individual pilot programs. The main aim of this case study report is to provide feedback on the goals, development, implementation, and outputs of the pilot program in relation to the MOB program and its goals and objectives. The final MOB Eating Well for Mental Health program evaluation report will draw on this and other case study reports in order to determine whether the MOB program met its short-term goals, unfolded as planned, and how it could be improved.

Methods

To gather required data, a site visit to CMHA HP was conducted by a representative of the evaluation team. The visit included interviews, surveys and focus groups with program leaders, staff and program participants (clients). Consent forms were signed prior to participation. Interviews and focus groups were audio recorded and transcribed. Documents pertaining to any aspect of the FRESH project (including promotional materials, communications, information provided to clients, and internal evaluation materials) as well as evaluator observations during the site visit are also included in the analysis. Any participation in pilot teleconferences or other communications with the MOB program leaders or advisory committee are also included in the analysis. Documents and interviews were coded by the evaluation team using NVivo 7 under a basic thematic coding scheme. Themes were then linked to evaluation questions to provide answers to the original evaluation questions but novel themes were also allowed to emerge and will be identified below.

Data Sources

The analysis and findings of this case study report are based on the following documents and data sources.

Table 1. Data Sources

Source	Date	Materials
Expression of Interest	July 12th 2010	Proposal remitted to MOB project for approval
Site Visit	Dec 7th 2010	Program leader interview (transcription) Staff focus group (transcription) Staff survey (on-line) – 8 responses as of Jan 3rd 2010. Client focus group (transcription) Photos of the site Evaluator observations (in site visit notes) Information conversations with staff and program leaders
Site visit follow-up emails	Dec 9th, 13th & 15th 2010	Photos Documents provided to clients during program Program overview sheets Staff email update from October 27th 2010

Follow-up interview with CMHA H-P internal program evaluator	Jan 4th 2011	Interview notes

Background: Canadian Mental Health Association Huron-Perth Branch[1]

The Canadian Mental Health Association Huron-Perth Branch has office sites in Stratford and Seaforth that have resource centres to provide education and support services to adults aged 16 and over who have a mental illness; these are mostly individuals who reside in rural communities. CMHA HP offers a variety of services and programs including: case management, permanent and transitional housing, court support, concurrent disorder support, volunteer connections, family support, and a consumer initiative program in Huron County only. Programs are funded by the Ontario Ministry of Health and Long Term Care, Nevada Break-Open ticket revenue, donations and special fundraising events. CMHA HP has 33 full-time staff, one part-time staff and 21 volunteers. The Board of Directors is made up of 10 volunteers. The office in Stratford is located in the Huron Mall, which is about 5 minutes (driving) from the downtown area and is accessible by public transport. The Huron Mall (strip mall) houses other organizations and business including some that offer potential opportunities for partnership around healthy eating and/or physical activity: the Heart and Stroke Foundation, the Canadian Cancer Society, a local MPs office, a Subway restaurant, a health management (insurance) office, and a dog training business.

Organization mandate and mission: The vision of CMHA Huron Perth is for a society that values human dignity and enhances mental and emotional wellbeing for all. The mission statement is: To advocate with and provide programs and services for people with mental disorders, and to enhance, maintain and promote the mental health of all individuals and communities in Huron Perth Counties.

CMHA HP is part of their district's mental health service system, working as a part of the Huron Perth Mental Health Network. Member organizations in this network offer a variety of services including: crisis management intervention; acute treatment; case management; clinical and day programs; sexual assault counselling; alcohol an addiction treatment; emergency and long term supported housing; family support; and social/recreational opportunities.

Programs

Community Support Program: This program offers individualized services to clients including case management, court support services and concurrent disorders case management. Case management services may include helping individuals to build community connections, find housing, do financial planning and income budgeting and work on family relationships and providing education about mental illness. Court support services provide support to individuals with mental illness who come into conflict with the law and can help to do court diversion plans, pre-charge diversion, release from detention facilities, and support and consult with the staff working in the criminal justice system. The concurrent disorders case management program is another case management service that provides individuals with linkages to treatment and rehabilitation services for clients who also have an addiction to drugs and alcohol.

[1] Information gathered from expression of interest and CMHA Huron-Perth website www.cmha-hp.on.ca [Retrieved January 3rd 2010]

Education: This program includes workshops and educational presentations to help individuals overcome the stigma of mental illness and to help support mental health. Both Stratford and Seaforth offices include resource centres that offer books, videos and brochures as part of the education program.

Family Support group: Staff from CMHA work with family members of individuals with mental illness to provide support in understanding mental illness. This is offered on a one-on-one basis and for family members hoping to connect a family member to mental health services. There are also support groups offered to family members (first Tuesday of every month – downtown Stratford).

Housing: CMHA HP manages 75 affordable rental units in both Huron and Perth counties. Support services are offered to tenants to help them maintain their residences over the short and long term. There are also transitional temporary units available to facilitate the shift between hospital and permanent housing. These supportive housing units are operated under agreements with the Ministry of Health and Long-Term Care.

Consumer Peer Support Initiative: The program is offered in Huron county only (Seaforth location), and is sponsored by CMHA and Phoenix Survivors in Perth County. The program includes weekly support group meetings, recreational and social activities, an annual dance and picnic and involvement in province-wide advocacy.

The FRESH (Food, Recovery, Exercise, Skills & Hope) Project

The FRESH project was a group-based program that sought to achieve three changes for their clients. These were to help clients to 1) gain knowledge, 2) develop practical skills, and 3) make social connections. A fourth goal, at the program level, was to demonstrate the value of group-based social and recreational programs as a means to achieve broader organizational goals. Program leaders considered group based programs to be a vital method to achieve organizational goals. The board at CMHA HP considered these types of programs to be better suited to consumer peer support initiatives which are not currently being pursued at CMHA HP in Stratford. When asked about how they would encourage consumer leadership in the expression of interest, CMHA HP stated that consumer leadership was to be achieved by encouraging individuals receiving services from CMHA HP to be involved in the development and implementation of the healthy eating program.[2]

Recruitment for the program was done through case managers, who identified clients as good potential candidates for this program. The program mailed formal invitations to candidates to attend the first information session, which outlined the program (Appendix A). Individuals were identified from all over the county, however only Perth county (Stratford) individuals joined the program. This was attributed to the travel time required to attend the sessions, which acted as a significant deterrent. Initially 55 referrals were made by case managers; however the program leaders questioned the motivation behind these referrals. Program leaders wondered whether individuals were referred simply because this was the first time this type of group-based program was being offered in Stratford and case managers wanted to jump on the opportunity, regardless of the topic of the group. Only individuals who currently had case managers with CMHA HP were able to be referred as the program required case management referral. All 55 of those referred were invited to an information session that outlined the program

[2] From the submitted expression of interest

activities. Those interested in signing up for the program did so at the end of the information session. Eleven of the 55 who attended the session were originally invited to participate; the 11 were a self-selected group of those originally invited. A few additional participants were added to the program throughout its course to get the number of participants up a bit. It is not clear how these additional participants were chosen.

The program was run by two project leaders, five staff, and three volunteers. There was an additional staff member who developed and analyzed the internal program evaluation. Project leaders and staff contributed work time to this project but it was in addition to their regular duties. One volunteer (a consumer) picked up food for the cooking classes and conducted friendly phone calls to participants to follow-up about the previous session and encourage continued attendance. This consumer volunteer was recruited specifically for the program by the program leaders. The other two (non-consumer) volunteers provided transportation for one participant who lives in a rural area and could not otherwise participate in the program. It was not indicated whether these volunteers were specifically recruited for this project, but it seemed as though they were existing volunteers who were able to provide transportation for this program. The program ran from October 15th to November 26th 2010 and included two sessions a week: one physical activity session (a different activity each week) and one cooking/education session. Physical activity sessions ran on Wednesdays at various locations and included activities such as: walking a dog from the local SPCA, tai-chi, hot yoga, and skating. Cooking/education sessions ran on Fridays at a local downtown church.

Table 2. FRESH program activities

Session	Activities(s)	Hand-out(s)
October 5th 2010 - Information Session Attendance necessary to participate in program		
October 13th 2010 Physical Activity	Scavenger Hunt	Winning team received yoga mats
October 15th 2010 Eating Well with Canada's Food Guide	Overviewing Canada's Food Guide	Overview of Canada's Food Guide's key points Opinion forms (what individuals want to learn)
October 20th 2010 Physical Activity	Tai Chi	
October 22nd 2010 Healthy Weight	Prepared granola and smoothies Q&A from previous week Discussion on the day's topic Participants identifying one healthy change they will make next week	Recipes Hand blender FRESH guidelines Canada's Physical Activity Guide to Healthy Living Healthy Snacks brochure (Heart and Stroke Foundation) H20 Handout Evaluation forms
October 27th 2010 Physical Activity	OSPCA Dog walk	
October 29th 2010 Recovery and Nutrition	Checked last week's gaols Prepared mini pizzas and salad Q&A from previous week	Recipes Choice for Change brochures Mocktails

	Discussion on the day's topic Participants identified one unhealthy habit they could reduce this week	Women and Alcohol The older adult and alcohol Harmful effects of alcohol Methadone maintenance treatment: client handbook Quit: you have it in you Health benefits of quitting smoking Smoking reduction tips Withdrawal symptoms: what to expect Being in control of withdrawal symptoms If you are tempted to smoke try these ideas Stop smoking clinic Smoke-free home kit Quit smoking kit Problem gambling: the issues, the options Nutrition and Recover handout Evaluation forms
November 3rd 2010 Physical Activity	Bowling	
November 5th 2010 Eating Well on a Budget & The Importance of Water	Prepared meatloaf, roast potatoes and sausages Discussion on the day's topics Participants identified one way to stretch their grocery dollars	Recipes How to form the water habit handout 9 great reasons to drink water Recipes under $10 (Perth District Health Unit, PDHU) Eat Well for Less (PDHU) Menu planning template Grocery list template Freezing 101 What's in Season Guide (Foodland Ontario) Evaluation forms
November 10th 2010 Physical Activity	Hot Yoga	
November 12th 2010 Nutrition and Chronic Disease Management - Chronic Disease Management - Diabetes - Heart Health and Nutrition	Prepared baked ziti (in collaboration with local farmers) Discussion of the day's topic Participants identified one heart healthy chance they would try this week	Recipe Just the Basics (Canadian Diabetes Association) "Craving Change: Rethinking our Approach to Chronic Disease" – Network Magazine Fall 2010 Is diabetes putting you at risk of heart disease and stroke? Diabetes and you: managed your lifestyle, reduce your risk Healthy Weights Heart and Stroke Rate your Plate Evaluation form

November 17th 2010 Physical Activity	Aqua-fit	
November 19th 2010 Reducing Sodium in Your Diet (presented by a CMHA HP case manager)	Prepared roast chickens and roasted fall vegetables (with local farmer) Discussion of the day's topic Participants identified what they would do differently this week	Recipes Meat Thermometers Nutrition information on food labels Shopping strategies 2011 calendar Evaluation forms
November 24th 2010 Physical Activity	Ice Skating	
November 26th 2010 Holiday Baking	Baked holiday treats	No handouts

Information about the program was shared through an update email from one of the program leaders to all staff. The email overviewed the activities of the program (up until week 3) and included pictures of the participants engaging in the program activities. Program leaders also put together an information board (see Figure 7 in Appendix B) about the program that outlined program activities and included many photos of clients participating in the program. The information board was displayed at their Christmas party and the Board members asked program leaders to present the information board at upcoming CMHA conferences.

Past Experience

CMHA HP had previously run a monthly community kitchen but it was unsuccessful, in that clients stopped attending. Program leaders attributed the low participation to a lack of social cohesion between individuals attending sessions. Clients didn't know anyone else attending the sessions and did not have any connections to anyone else at CMHA HP other than their case managers; when case managers did not attend with them, clients did not attend the sessions.

Findings

Context Evaluation Questions

Table 3. Overarching goals of the organization, program, and MOB project

CMHA HP organizational Goals	1) Advocating for the mental health population, and 2) Maintaining and promoting the mental health of all individuals and communities in Huron Perth counties. Sub-goals: a) Supporting community integration b) Improving client awareness of local resources
FRESH project Goals	Use a group-based social and recreational program to help clients: 1) gain knowledge 2) develop practical skills, and 3) make social connections.
MOB goals	1) Improve physical health 2) improve mental health 3) support social inclusion

Do the goals or needs of the sites conflict with program goals?

CMHA HP mission and vision statements would suggest that their goals include: advocacy, and enhancing, maintaining and promoting the mental health of all individuals and communities in Huron Perth counties. When asked, program leaders also noted that community integration is a key organizational goal, which can be considered to be a sub-goal.

The program was perceived as helping to support the organizations' vision of improving mental health and well-being:

> *"Our vision is mental well-being for all, so I think this was a great step for about fifteen people" (CMHA staff member, staff focus group).*

The program was also able to meet the organizations goals of improving community integration and advocacy (specifically encouraging societal acceptance). Community integration was supported by improving participants' familiarity with community resources; encouraging participants to engage in community based activities that they would not otherwise have pursued; and by creating connections between participants within the group.

> *"I know, with at least one of my clients, she's continuing the same type of thing with one of the other members, she's getting together with him every Wednesday and Friday and carrying it [cooking and physical activities] on" (CMHA HP staff member, staff focus group).*

One program leader attributed these new found connections to the fact that connections were being made based on a shared interest in healthy eating rather than based on a shared mental illness:

> *"It's awkward to introduce two people to each other and say, 'well I know you have a mental illness in common, so you must have some other stuff in common too.' Whereas, here connections can form organically… They'll connect with who they want to connect with" (FRESH program leader, program leader interview).*

There was also a noted reduction of social stigma towards people with mental illness by those involved in the program:

> *" … there was a lady that really helped us with the coordination of some of the cooking stuff and connecting us to a gentleman who ran a couple of the groups, and the first couple of times I met her for coffee to talk about this … she said, "People with disabilities kind of scare me"… So I think this was a really good experience for her, as one of our cooking class facilitators." (CMHA HP staff, staff focus group).*

Do pilot sites have other goals they hope to achieve through these programs?

FRESH project program goals did not directly conflict with any CMHA HP goals. However group-based social and recreational programs have not traditionally been used by the organization to fulfill its mandate and so choosing to achieve these goals through group-based activities was a new development for the site. Program leaders saw this project as an opportunity to demonstrate the value of group-based social and recreational programming as a means to support other organizational goals:

> *"Well our organization traditionally does not provide any sort of social or recreational activities, there is a pretty strong management opinion that that sort of stuff should be supplied through peer support, whereas we saw this as a very good opportunity to make the case for some professionally led but peer supported and consumer driven activities. So obviously one of the goals of our agency is to increase community integration, so I think this group really drives home the point that that can be done a lot more effectively and efficiently as a group rather than each case manager going out and showing all their clients all these different things. We were able to do it in seven weeks and it was fun." (FRESH program leader, program leader interview).*

While the expansion of program delivery to include group based social programs was not explicitly set-out by the organization or in the initial grant application, through the course of the site visit it was clear that promoting this type of programming was a central goal for the program leaders. This could thus be considered to be a separate program goal enacted through the method by which the other program goals were pursued.

Are the project goals viewed as important? Are the project goals perceived to be attainable?

Project leaders and staff believed that MOB goals were supported by the FRESH project and attainable through the FRESH project. Physical health was a key goal of the FRESH program as it focused on both physical activity and healthy eating in its program activities. Mental health was primarily supported by encouraging clients to get out and try new activities and be engaged with their peers and community. Social inclusion was supported by creating connections between clients, their community and other clients.

While the emphasis of the program was initially on all three program goals, staff considered social inclusion to be the most important goal that was attained through the FRESH project:

> *"I think the most important goal that came out of it, for us, was to promote social inclusion through community integration and socializing with others" (CMHA HP staff member, staff focus group).*

It is not clear whether this was the most important goal for the staff going into the program or whether they perceive it as the most important goal because it was the most successful outcome. The way the staff framed it, however, was that it was the most important goal.

What resources do sites have to contribute?

CMHA HP mainly had human resources to contribute, specifically time and skills of staff and volunteers. CMHA HP also made use of one of its local conference room sites where there was a meeting space and kitchen area. Food was dropped off to this space by the volunteer responsible for food delivery and later picked up by program leaders.

The kitchen used for the cooking/education sessions was a public health certified kitchen in a church basement located in downtown Stratford (see Figure 9 in Appendix B). The site was fairly easily accessible to those who could reach the public transit system. The church rented the space to CMHA HP at half the usual price (funds for the rental came from the MOB pilot funding) and so they were able to purchase a total of 14 sessions in the kitchen. The intention was to use the remaining seven to run a

monthly cooking session as a sort of continuation of the program but, it was not clear whether other aspects of the program (physical activity and education) would be included in these additional sessions.[3]

Other local community based resources used as part of this program included access to existing physical activities. Staff also noted that there were a number of local farmers' markets in and around Stratford that some clients may be able to access. The program also drew on community resources to get materials to hand out to participants, including: Perth District Health Unit, the Heart and Stroke Foundation, and the Canadian Diabetes Association. The program also got print resources to share with clients from various internet websites including the Foodland Ontario site.

Input Evaluation Questions

How does the program meet the needs of stakeholders

The program helped to meet staff needs by supporting professional development and supporting their work as case managers. The FRESH project intended to meet organizational needs by supporting organizational goals (listed in Table 3).

Clients who were asked to participate were identified by case managers as individuals who could most benefit from the FRESH project. While it was not explicitly stated whether clients were chosen based on the potential for change or need (or both), from the discussion with staff is seemed as though both these issues were taken into consideration by staff. Staff mentioned identifying clients who needed to learn about healthy eating and physical activity, and who were able to manage the challenge of engaging in a group activity. From the case manager perspective then, the project was seen as an important way to meet these clients' needs.

The program was also intended to meet the personal goals of clients. At the beginning of the program, participants were encouraged to identify personal goals. Personal goals of clients included:

1) Making new social connections
    - "To talk to more people and be more curious and friendly"
    - "Friendship and networking, fun and enjoyment to fill … spare time"
2) Engaging in the community
    - "Increase comfort around others, get out of the apartment and feel part of the community"
    - Getting out more
3) Trying new experiences
    - "Try new experiences, get out of the house and improve … motivation"
4) Engaging in healthy behaviours and feeling better
    - "Feel better about [myself], eat healthier and meet new people"
    - "Staying active during the winter, eat better, socialize"
    - "Socialize, eating healthier, and be active

Are there sufficient resources for the program to be carried out?

While program leaders felt that there were sufficient funds to run the program, the 6 week length of the program did not give them as much time to implement the program as they would have liked. There was not enough time to plan the program before the start date or enough time between each session to

[3] This was the plan they had for the space when the site visit was conducted; they may have changed their plans for how to use the additional cooking sessions.

prepare appropriately. The short time frame they had to develop and implement the program made it difficult to book guest speakers for the educational component. For example, they had hoped to book a dietician from the local hospital and a representative from the Heart and Stroke Foundation, but they did not have enough time to do so. Program leaders and staff found themselves having to conduct the educational session with the use of materials only and were limited in what questions they could answer in the discussion.

In addition to being limited by the time frame of the program itself, the program leaders felt as though they did not have enough time in their schedules to plan and prepare sessions.

> *"… this is on top of our full-time jobs, and working, managing a case load the rest of the days of the week and then trying to figure out what we're going to do on Friday, it's kind of a struggle, you had a day to figure out what you're doing, we didn't really have a staff member that we used the money for to plan, this was just another project to take on. It was basically time we needed more of" (Program leader, program leader interview).*

Having finished the program they do not anticipate requiring additional staff time to run the program again since they saw the biggest time burden being associated with the development and planning of the sessions, rather than their implementation.

Process Evaluation Questions

Are partnerships unfolding as planned? How are partners working together?

In the initial pilot application CMHA HP expected to develop partnerships with eight different local organizations to support the FRESH project.

Table 4. Expected new partnerships

Expected partnership[4]	Actual activities	Comments
Huron Perth Diabetes Outreach: deliver educational sessions and provide additional resources	Provided resources only. Answered follow up questions from program leaders over the phone.	Unable to send someone to present information.
Consumer Initiative program in Huron and Perth counties: to recruit participants and leaders	No connection made with regard to recruiting participants and leaders. However, they have identified a potential future partnership for future programs. Connected over the phone.	There was no follow-through with referrals from the other county where the CIP is located. They had enough internal referrals that they did not need to seek referrals externally. Program leaders considered this partnership to be unnecessary for this program at this stage.
Factory 163: Local initiative to provide a community kitchen. Partner to develop cookies classes and use the space.	Their kitchen was not ready (not yet inspected by the public health unit).	Made the initial connection to this group and they are keen to connect in the future.
Culinary Arts program at the	The program had sent chefs to	May connect at a later date.

[4] From expression of interest

local high school and/or chefs working at local grocery stores.	Nunavut and so were unavailable to partner.	
Local food providers and groups provide community garden plots	Two local food providers came in for two cooking sessions.	One of the two local food providers also has a community garden plot.
Local hospital's dietician or Eating Disorders specialist: to provide education on healthy and unhealthy aspects of diet	Did not occur.	Unable to schedule the dietician during any of the sessions.
Local church or community centre to use their kitchen.	Local church provided kitchen. The kitchen is inspected by the health unit.	Purchased 14 sessions and so will continue cooking classes monthly at the local church.
Perth District Health Unit: provide courses on safe food handling	Provided educational materials only – CMHA HP staff presented the material in the educational sessions.	
Heart and Stroke Foundation *unexpected partner – not specified in the submitted expression of interest	Provided information and materials handed out to program participants	

No existing partnerships were lost due to this program.

Are pilot sites implementing programs as planned?

With regard to the physical activity part of the program these activities were run as expected (see Table 2 for a list of the program activities). They were required to have a plan in place before the start of the program (in order to book with other individuals and organizations) and so they had to stick with this plan. One of the considerations they had was to ensure activities could be enjoyable for a variety of people with a range of abilities, and that activities could be accessed again by participants if they wished.

With regard to the cooking classes, they were mostly conducted as expected; however there was one disappointment:

> *"we had really wanted to do a preserving and canning class, and for some reason, because we had waited so long, all of the stuff you would can was out of season" (CMHA staff, staff focus group).*

With regard to the education portion of the program, the program leaders and staff did not expect to be conducting as many of the educational sessions themselves. They had hoped to have a dietician come in to conduct two sessions (they did not specify which sessions they had wanted to dietician to conduct) however due to scheduling conflicts this was not possible. Another change that occurred with regard to the education portion was the organization of the cooking/education sessions:

> *"First week, we did the education portion entirely before the cooking and we were quickly informed and we realized that that's not a good idea if they're hungry; we need to do the cooking first and then education, so we made that change." (CMHA staff, staff focus group).*

With regard to consumer leadership as part of the program, CMHA HP expected that agency clients with an interest and expertise would be encouraged to be part of the development and implementation of the program. While some individuals did end up taking leadership roles during the course of the program there is no indication that consumers were part of the planning and development process. There is additionally no indication whether they had put a process in place to get consumer feedback before the start of the program. Given that program leaders felt as though they had limited time to develop the program, they may have not had the time to consult with consumers prior to the start of the program.

Consumer leadership did occur through one consumer volunteer who conducted the friendly calls to FRESH participants and picked up food for the program. Program leaders not only found her help to be invaluable to the program but found that that experience was great for the volunteer:

> *"… I think she got a ton more out of it … she's just done so well lately… and she loves it" (FRESH program leader, program leader interview).*

Staff also found their recruitment method (described in the background section) to be limiting; in particular they were unable the accept referral requests from the special services unit of their local hospital. This unit runs psychiatric services for individuals with mental health issues some of whom are on the case management program with CMHA HP. However, the unit began sending referrals for their other clients to join after they were hearing about the program from their clients who were program participants. CMHA HP was unable to take these additional referrals because they were not part of their case management program. This was another area that staff would explore for future programs as they did not want to turn individuals away simply because they were not in the case management program.

> *"…that's just something for us to think about because there's no reason why someone needs to be getting case management to be a part of a group like this, especially if it would prevent them from needing case management." (CMHA HP staff, staff focus group).*

Who is participating? Who is not?

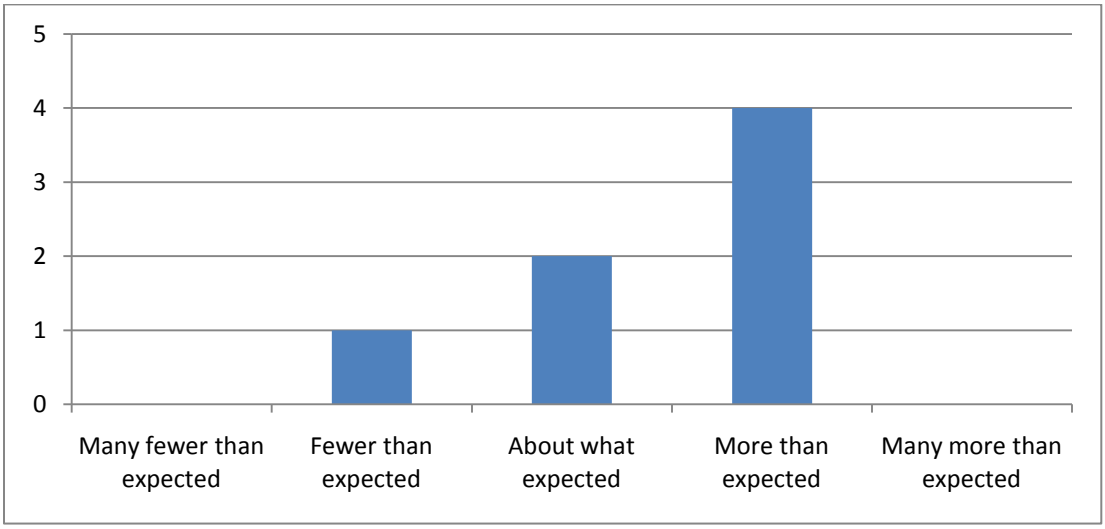

Figure 1: How did the actual number of participants relate to the number you expected?

According to staff approximately 12-25 individuals participated in the program. This was somewhat more than what they expected (see Figure 1). In the focus group staff stated that they were aiming for

15-20 participants and invited that many to the information session. Of those invited to join the program, an average of 13-15 attended the cooking/education sessions and an average of 10-11 of those attended the physical activity sessions. Membership in each session remained fairly consistent, with a few individuals coming in and out of sessions. In discussion, staff seemed to suggest that the individuals who participated in the focus group (eight plus one who could not attend) were the core group who attended all sessions. Thus, the participants who stuck with the program were the same group of individuals. They attributed the lower numbers at the physical activity session to levels of interest in the different activities.

The staff actually expected a high attrition rate, mainly due to the time requirement of the program. Some staff were concerned that 2 hour sessions, twice a week for seven weeks, would be too great a burden for the clients. Staff were surprised to find the number attending to be steady:

> *"I thought, 'Oh yeah they're going to show up for a couple of weeks and then we're going to have some pretty low numbers', but they kept coming back." (CMHA HP staff, staff focus group).*

Staff expectations varied, however, depending on the clients. Those who participated were referred by case managers, and thus were the types of individuals who staff expected to participate, but some staff were not expecting certain clients to stick with the program as well as they did:

> *"I'm just thinking of a particular one of my clients, to do something, oftentimes, her follow-through isn't always there, and very anxious in group settings, and it was just really, really nice to see that she did show up and she continued to come consistently, so it was really a big, big step for her…" (CMHA HP staff, staff focus group).*

Despite their surprise, staff reported a few reasons for why clients continued to come. For example, one program leader attributed one particular individual's commitment to the program to her curiosity about what they would be cooking each week:

> *"…she would ask everyone, like the volunteer driver, everyone, 'What are we making this week? What are we making this week?' and she's like, 'The suspense is killing me.' And that kept her coming back, right…" (FRESH program leader, program leader interview).*

In contrast, they had a number of explanations for non-attendance. While the program had fairly good and consistent numbers, there were a few individuals who would attend some weeks and not others. This was attributed to:

- Anxiety about being in a group
- Physical illness
- Family obligations (i.e. needing to watch the kids)

The other significant barrier to participation was transportation, particularly given that a significant proportion of the population they serve is rural, and they may have difficulty getting to programs. Although CMHA HP would have covered transportation costs for those clients, many clients did not want to spend the time travelling to the program. FRESH program leaders expressed a desire to deliver future programs in other rural areas or at the Seaforth site in order to deal with this challenge.

Products Evaluation Questions

Has awareness of the relationship between healthy eating and mental health increased; among staff, organization, community, clients?

Client awareness is discussed in the client outcomes section below

Staff awareness

Survey Summary Results:

- On a 5 point scale ranging from none, a few, some, most, and all, 5 out of 7 respondents believed that MOST staff have an increased awareness about the relationship between healthy eating and mental health since the start of the program.
    - 2 believed that ALL staff have an increased awareness about the relationship between healthy eating and mental health since the start of the program.

Staff felt as though the program reinforced their existing knowledge about the connection between healthy eating and mental health. They expected that this would have a spill-over effect to their other clients as they have become more conscious about asking clients about their eating and activity habits during visits. Case managers involved in the program expected that some of the goals of the FRESH program (eating well and encouraging physical activity in particular) would become part of their one-on-one work with their clients:

> *"I think too, more of these goals are going to sneak into our individual support plans, which everyone does with their individual client, so I'm sure more of that is going to start happening, like we do the plans every night and day so I think that a lot of the clients are going to start setting more goals around what they learned in the group." (CMHA HP staff member, Staff focus group).*

Organizational and community awareness

There did not seem to be any evidence of organizational level learning about the connection between mental health and healthy eating.

FRESH program leaders did note, however, that they were becoming more aware of existing local programs around healthy eating. Currently in Stratford a new community-wide food distribution warehouse is being developed; one of the program leaders now attends meetings that discuss this development. This isn't to suggest that the FRESH project impacted on community awareness of the links between healthy eating and mental health, but rather that it made healthy eating a central concern for staff, resulting in their seeking out community organizations and programs that support healthy eating.

Was the toolkit used? What is useful?

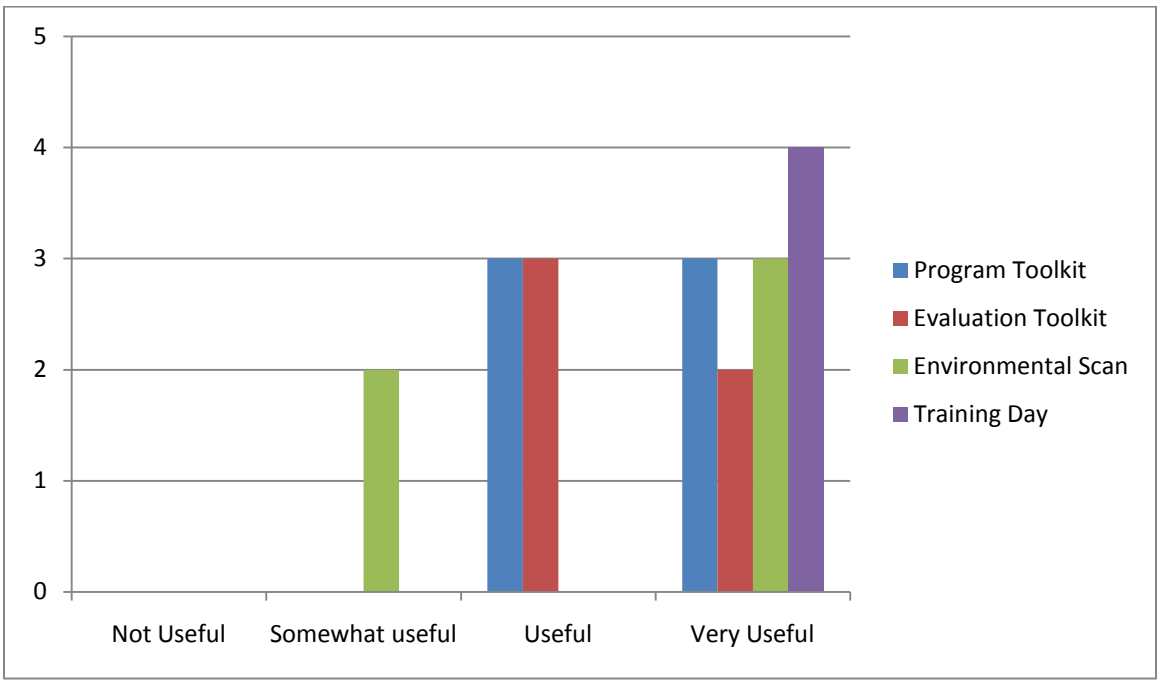

Figure 2: Ratings of usefulness of toolkits and information sources

The toolkits were generally seen as useful (see Figure 2). The FRESH program leaders used some of the MOB program toolkit to help develop the program. In particular they found the demographic sheets, logo and letterhead particularly useful. In the introductory information package they included the demographic sheet, the "Readiness for Lifestyle Change" form, a liability waiver/informed consent form, and the ParQ, which were all taken from the program toolkit. They also used one specific idea from the toolkit, to include a consumer as part of the program (the consumer volunteer). What the program leaders would have found more useful was to have template program curricula for group-based healthy living programs that could be modified to fit individual program needs.

The FRESH project benefited from having an internal staff member conducting the program evaluations. This staff member has a background in research, has published articles about mental health and wellbeing, and has previous experience developing program evaluations. This staff member consulted the MOB evaluation toolkit to help guide the development of their evaluation tools. The weekly feedback form from the toolkit was modified and included into their evaluations. What the evaluator had been really looking for, however, was information on how to measure knowledge increase and knowledge about community resources. The evaluator also found the tools in the toolkit to be highly qualitative and had wanted to include quantitative measures that capture physical improvement. The evaluator had to draw quite a bit on their own past experience regarding how to score the evaluation forms, suggesting that more information was needed in the toolkit on how to analyze data collected in the evaluations.

Overall, the evaluator found the toolkit to be straightforward and many of the evaluation tools to be accessible, but that the tools were too general. The evaluator did not see a way around the need for the toolkit to stay very general, however, since the wide variety of programs results in many unknowns around how to evaluate.

With regard to other MOB activities, the program leaders found training day to be helpful for sharing new ideas that they could use in their program. However, due to the short time frame of the program development and implementation, FRESH program leaders felt as though they were unable to incorporate all the good ideas into their program. They found that due to the time restriction they were forced to focus their program quickly and introducing new ideas was not possible. Program leaders demonstrated the desire to incorporate what they learnt from the toolkit, and training day in future programs:

> *"I enjoyed the training day, I think it was motivating and it had some good ideas. I hope next summer we can do some hanging tomato gardens." (FRESH project leader, program leader interview).*

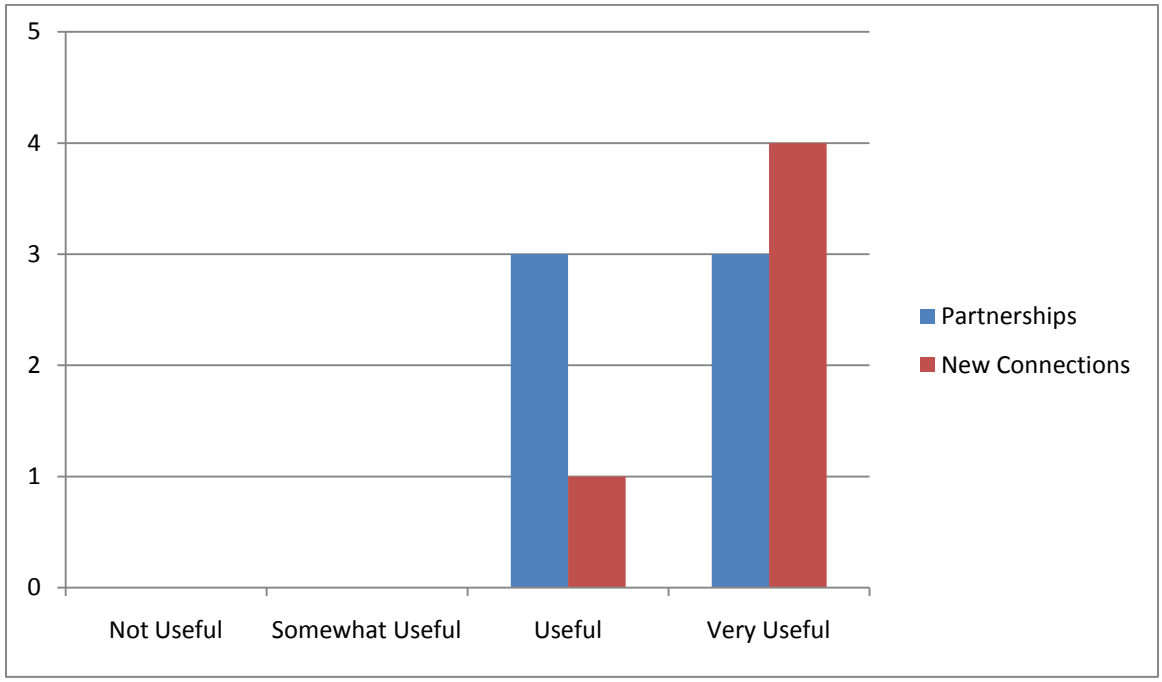

Figure 3: Ratings of value of CMHA supported partnerships and connections

FRESH program leaders and staff have not yet participated in teleconferences. They did have the opportunity to see one of the PowerPoint presentations that were sent out and, again, would have found the information shared more useful at the start of their program development. This suggests that rolling program implementation might be more effective in helping organizations learn from each other and apply new information to their own programs.

FRESH program leaders did not ask for the MOB team to help facilitate partnerships but reported that the CMHA activities to facilitate contacts and partnerships were useful (see Figure 3). They were happy to pursue partnerships on their own.

Program leaders found it motivating to be mentioned in the MOB newsletters and website and also found that the MOB project did a good job of building momentum around these types of projects. This momentum and support helped to get CMHA HP directors excited about the program. Program leaders did not specify whether any other individuals from the organization or other clients had also read the

newsletters; however, given that they attribute the directors' excitement to these communications it can be assumed that they were at the very least aware of these communication activities. They also mentioned that the program evaluations (both internal and the MOB project evaluation) would help them to make a case for future funding to continue the FRESH program or other healthy eating programs.

Are partnerships being built?

Survey Summary Results:

- Staff believed there were between 4-10 new partnerships created
- Partnerships were mainly about information sharing and resource sharing.
- Communications occurred primarily through email and phone/conference calls. Staff believed these communications occurred between 2-7 times/month.
- MOB helped build new partnerships by:
    - encouraging staff to look into existing community activities
    - providing the funding required to run the program, which was the opportunity to build new partnerships, help individuals make new connections in their community, and to help build interest for future involvement in CMHA HP programs

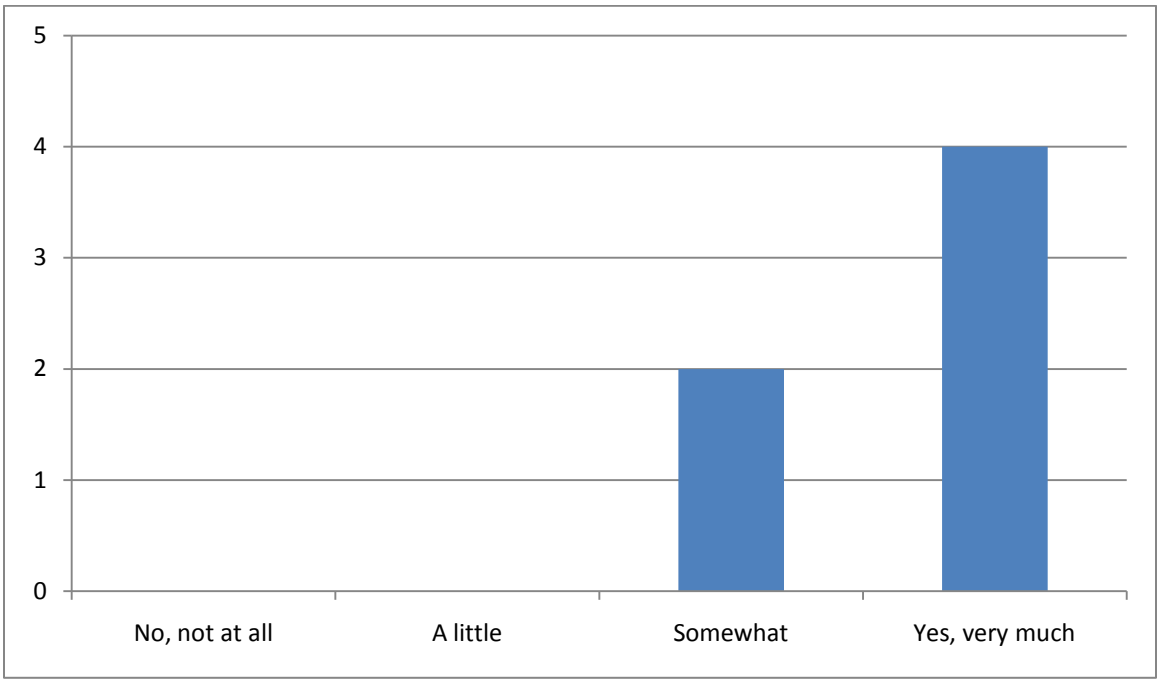

Figure 4: Did the MOB result in new partnerships?

Staff felt that the MOB resulted in new partnerships (see Figure 4). While only half the connections CMHA HP expected were created, the program leaders did not feel that all the expected partnerships outlined in the expression of interest were necessary:

> *"… I think maybe [it was] just a bit too ambitious. We didn't need to include all those partners." (FRESH program leader, program leader interview).*

Program staff were generally enthusiastic about the informal partnerships and connections that were created by the FRESH project. Among the unexpected partnerships and new connections identified by staff were local organizations who offered to do free sessions and a local psychiatrist sending a letter of support for future funding opportunities:

> *"I was really surprised at, for the physical part of it, [...] how many organizations were open to doing a free session, or having us. I was really surprised, [at] the value of just asking and … how willing they were to do that, it really surprised me, it was great," (CMHA HP staff, staff focus group).*

Client outcomes

CMHA HP developed internal evaluation materials intended to capture client outcomes. Internal evaluations developed by the CMHA HP staff member with a background in program evaluation and research initially included:

1. Client demographic sheet
2. Community awareness survey
3. Daily evaluations (these were filled out by session facilitators)
4. Weekly evaluation forms
5. Pre & Post Questionnaire – FRESH Quiz on healthy eating, food preparation, the links between eating and stress, and physical activity

In the end these evaluations were not used as expected; discussion regarding how this changed and why can be found in a later section entitled "Important Learnings and Future Considerations". Findings from internal evaluations were to be submitted to the MOB project by late January. Program leaders expected findings from internal evaluations would indicate whether the program was successful or not. The following sections outline client outcomes identified by the MOB project evaluation team; findings from internal evaluations are not included in the following analysis of client outcomes.

Awareness and knowledge gained

Survey Summary Results:

- On a 5 point scale ranging from none, a few, some, most, and all, 7 respondents (100% of those who answered this question) believed that MOST clients have an increased awareness about the relationship between healthy eating and mental health since enrolling in the program.

Similar to the findings from the survey, staff found that clients, particularly those who consistently attended the sessions, were beginning to see the connection between healthy eating and mental health. When clients were asked directly, clients demonstrated that they were indeed making the connection:

> *"We learned about mostly our proportions that we eat, but that helps a lot so that we don't feel bloated and we don't feel fat on the inside." (Client, client focus group).*

Staff suggested that clients' had already heard about the connection between healthy eating and mental health but the program provided tools and information needed to help them make changes:

> *"They've certainly all heard it over and over again but I think this was a real concrete way for them to see it's possible to make these small changes in your life and feel just a little bit better." (CMHA HP staff 1, staff focus group)*

"One aspect of change is having the information, to know what to change and what is healthy and I think that that came through in the information sessions. (CMHA HP staff 2, staff focus group)"

This demonstrates that the first goal of the FRESH project, helping clients' gain knowledge about healthy eating and physical activity was achieved.

Learning and applying new skills

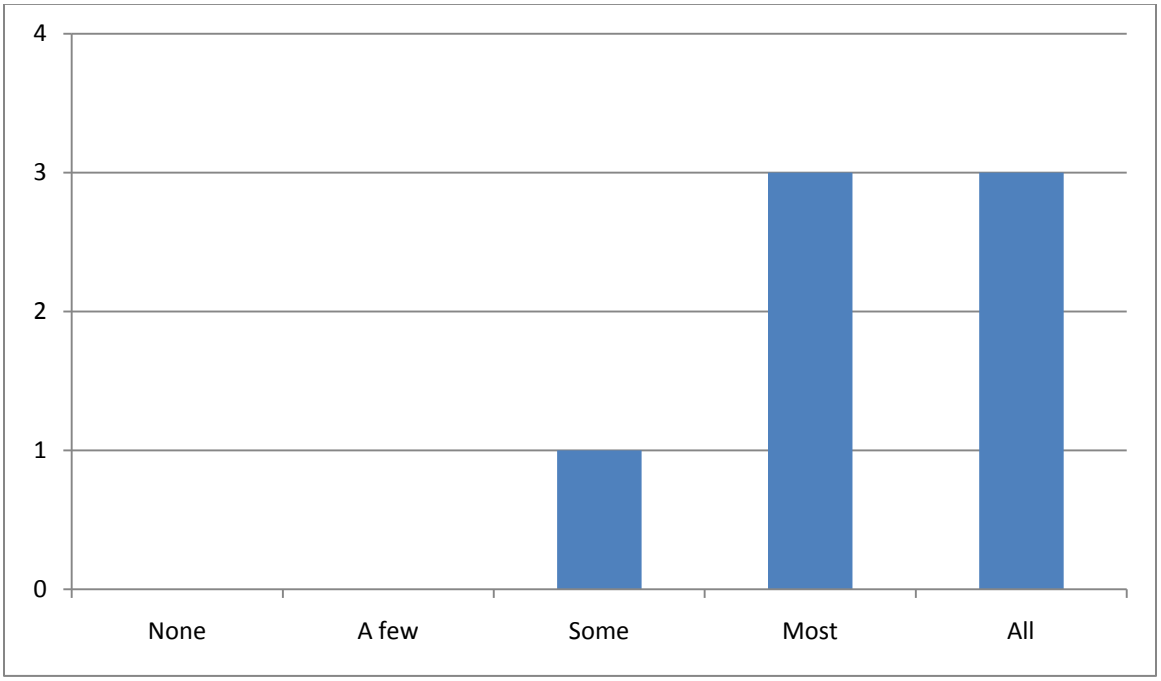

Figure 5: Proportion of clients learning new food preferences

Most staff felt that clients had learned new food preferences through participating in the program (see Figure 5). This was supported by the reports from the clients. Clients spoke about a number of new skills they learned from participating in the program including:

- Making healthy food choices
- Watching portion sizes
- Reading labels
- Applying food safety practices (specifically hand washing)
- Food preparation tips
- Reading and applying new recipes and cooking methods (e.g. Slow cooker)
- Cooking on a budget and making grocery lists

The clients further stated that they had started applying some of these skills as well:

"I realized there's a lot of sodium in some products that I like munching on every day and I'm like, 'Whoa, can't have that, can't have that, can't have that anymore. Hmm, what can I eat?'" (Client, client focus group).

"My salt intake is a lot lower than what it was because I learned about that – the sodium" (Client, client focus group)

"It [grocery list] just stays on my coffee table all the time, and every three or four days, I go to the grocery store and I only buy that stuff." (Client, client focus group).

Staff also noted changes in their clients' application of skills. Staff indicated that clients began to apply cooking skills learned in previous weeks in following weeks so that they required less guidance and could do more cooking independently. Staff also noted that clients began to exhibit healthier eating habits:

"One gentleman on my case load, he came to the group and he started eating breakfast, which he never did, because during the classroom part they showed smoothies and how to do that and he just loved it" (CMHA HP staff, staff focus group).

Staff reported that clients showed improvement in: following recipes, cooking prep, cooking on a budget, reading food labels, safer food handling, and going to markets to buy healthy local food (which is also often cheaper). It should be noted, however, that in the staff and client focus groups it seemed as though these improvements were experienced differently by different clients. Staff would often focus on a few examples of individuals who had made improvements. While some clients spoke about using skills and being able to make healthier food choices, others were not as vocal about these changes. This could suggest that either clients were shy about discussing their behaviours or that these outcomes were experienced differently by different participants.

Improving access to healthy foods and other community resources

Survey Summary Results:

- On a 5 point scale ranging from none, a few, some, most, and all, 7 respondents (100% of those who answered this question) believed that MOST (4) or ALL (3) clients have learned how to improve their access to healthy foods

Clients also noted being able to improve access to healthy food by accessing food banks, community meals they learned about through the program and by going to inexpensive grocery stores:

"I like going to [Name of Grocery Store] where they mark down vegetables." (Client, client focus group).

Clients were also informed about local farmers' markets that could be accessed for seasonal fruits and vegetables. Some staff members were concerned, however, that the farmers' markets in Stratford may be too costly. Staff shared information about less costly farmers' markets that are situated just outside the city.

This demonstrates that the program was able to help individuals access healthy food options (an important sub-goal of the MOB project) as well as improve clients' knowledge about local resources, which is important organizational goal for CMHA HP.

Engaging in leadership and peer counselling

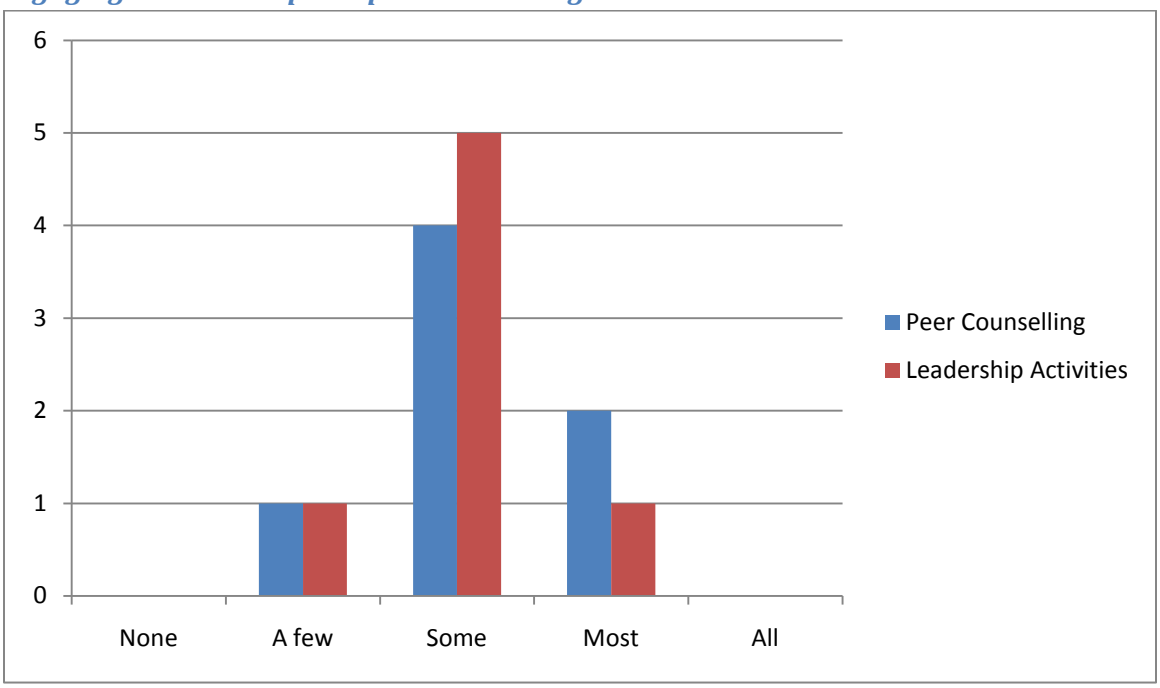

Figure 6: Proportion of clients engaged in healthy eating activities

As was found in the survey (see Figure 6), staff noted that some clients began participating in leadership and peer counselling activities. Over the course of the program clients shared healthy eating tips they already used with other program participants and took on new responsibilities, such as helping to clean up after the cooking sessions and leading groups outside of the program:

> *"One of our participants almost took over the walking group, which was a staff-led group, she was running it the next week because the staff was off and I think she's going to continue to be the leader of the walking group, so that was kind of cool." (CMHA HP staff, staff focus group).*

Improvements in physical health, mental health, social inclusion and community integration

Program leaders considered observed mood and behavioural changes to be key indicators of success; program leaders did not specify whether they wanted changes to be self-reported or observed, but when asked about changes in client behaviour they drew on both sources. This suggests that program leaders would draw on both sources to indicate success in the program. Improvements in physical and mental health are, thus, important outcomes for program leaders in identifying program success.

Clients were already noting improvements in their physical health, mental health, and in particular their social inclusion and community engagement. Often clients linked improvements in their mental health to improvements in their ability to engage socially with their peers and in the broader community. The program leaders attributed the improved social connection and cohesion of the group to the frequency and intensity of the program:

> *"…if you tried to do once a month, you'd think that you would get more people, but I think you need that structure and that intensity because then they remember…" (FRESH program leader, program leader interview).*

One client mentioned that they made new friendships as part of the program but had not expected to. This was echoed by a number of the staff, who mentioned how the program had resulted in a number of new friendships (and even relationships) between clients. While social connection was an important goal of the program, staff and program leaders seemed surprised that it had such a significant impact on clients' social connectedness.

Staff attributed improved social inclusion of program participants to engaging in continuous activities together for an extended period of time, increased knowledge about community resources available to them and being given the opportunity (and structure) to try new activities that they would otherwise not have done on their own. Program leaders suggested that social cohesion was built because the program was more intensive and structured; they suggested that this was a key reason why this program was more successful than their previous attempt at doing a community kitchen.

Staff also noted that improved self-confidence was another important outcome for clients. Clients built confidence with their cooking skills and their ability to accomplish sometimes challenging physical activities. Clients demonstrated improved independence and willingness to try new activities they would not have otherwise. Staff felt the program helped clients to *"not think about their mental health for an hour" (FRESH staff, staff focus group),* which they saw as contributed to building confidence.

Program leaders and staff also noted that an important part of improving their clients' mental health was giving them routine and structure like that provided by the program.

> "They need routine and structure… and so it's nice to be able to provide that." *(FRESH program leader, program leader interview).*

Program leaders considered regular attendance by participants to be a key indicator of success of the program. Regular attendance would mean that clients are adhering to the structure and routine provided by the program, which, as noted above, is viewed by program leaders to be important to help their clients experience improvements in their mental health.

Achieving personal goals

When clients were asked about achieving their personal goals, all of them felt as though they had either achieved their goals or were on their way to achieving their goals. Many of these personal goals identified by clients are very similar to the FRESH project goals, as well as MOB program goals. It should be noted, however, that clients had a stronger emphasis on building social inclusion as an important goal. A few clients saw building social connection as being an important part of their mental health as well:

> *Interviewer: "What about your mental health? Do you feel like your mental health's improved since being part of the program?"*
>
> *Client: "I'm pretty sure mine has, 'cause I was able to go out and meet new people rather than stick inside my cocoon." (from client focus group).*

The strong parallel between personal, FRESH project and MOB goals demonstrates that both the FRESH (and indirectly the MOB project) is closely achieving central program goals.

Staff outcomes

Staff discussed some important learning and professional development they gained by being part of the program during the focus group and noted the following outcomes:

- Gained new information to share with other clients: tips on cooking on a budget
- Changes in their approach to case management: asking clients about their eating habits or physical activity during sessions, including healthy eating and physical activity in individual support plans for other clients.
- Individual learning: cooking skills, watching cholesterol, avoiding drive through
- Improved relationship with clients involved in the FRESH program: improved trust
- Connecting with other clients: improves social connection within the organization, provides additional support to clients when case managers are away
- Respite: having a break from seeing clients as often since they have a group to go to as well.

One staff member commented that healthy eating and physical activity is a goal for 90% of their clients but found it difficult to ask clients to engage in these activities by themselves; staff saw the group program to as being helpful for reinforcing their teaching to clients and helping to engage them in activities through this program.

Staff also benefited from learning about local organizations that they could partner with and share materials and resources with. A particularly important new source for the staff is the Heart and Stroke Foundation, which is very easily accessible:

> *"Three doors down from us is the Heart and Stroke Foundation where I've never walked in and they have walls and walls of print material that we could use for our clients…I've never been in there before, so I learned about some available resources that can be shared." (CMHA staff, staff focus group).*

Organizational outcomes

The leaders considered group-based programming to be an approach that was often overlooked by CMHA HP's board and they were seeing this attitude change due to the strong positive outcomes experienced by clients who were part of the FRESH program. The program was able to demonstrate the value of social and recreational group programming that combines education with social activity to the CMHA Huron Perth directors. Another positive unexpected outcome was how the program promoted the organization in the community.

> *"And I think promotion of the agency in general, that's been a big, unexpected outcome. This is something that we did really well and people know that and are recognizing that, so that's nice." (CMHA HP staff, staff focus group).*

Although there did not seem to be any learning about the links between healthy eating and mental health at the organizational or community levels, at the organizational level there is a new excitement and recognition about the value of group programming, which both program leaders and staff are hoping to do more of:

> *"As an agency, we don't do groups, so this was a big step for our agency to give us the go-ahead to pursue it and just to be supportive of it, and I think the benefits … will be clear and we'll be able to do it again, and at least show the value of bringing people together." (CMHA HP staff, staff focus group).*

Gaining organizational interest in group-based social and recreational programs was an important goal for program leaders for the FRESH project. They felt this goal had been achieved and were optimistic about the organizations interest in continuing these types of programs given the strong positive client outcomes.

Were there unexpected outcomes?

A key unexpected outcome occurred at the community level; program leaders noted a shift in how local organizations, in particular the local hospital, viewed CMHA HP; specifically that the program has reflected positively on the agency and raised awareness about it. This resulted in receiving a letter of support from a well-known psychiatrist at the local hospital.

A positive outcome for staff was that they were able to make new connections to other staff and their clients. Many of them also seemed genuinely surprised at how much they personally learned about healthy eating and physical activity just by being part of the FRESH program. Program staff were also struck by how many other clients of theirs want to join the program and how much the participants enjoyed and stuck with the program.

> *"… at the end of the last cooking group [Name of participant] was like, 'When do I get to tell someone how great this was?'" (CMHA HP staff, staff focus group).*

Important Learnings and Future Considerations

Program challenges

One of the main challenges faced by the FRESH program leaders was a lack of time to develop the program at the beginning. This resulted in an inability to book guest speakers and to incorporate new ideas learnt during the training day and in the MOB program toolkit. The FRESH project also had trouble with opening up the program to those outside of their case management referral process, and making the program accessible to clients in rural communities. Program leaders seemed to suggest that the case management referral process was the only process they had to refer clients to the program; whether this is the case for other CMHA HP programs and services was not explicitly stated by program leaders or staff and is not clear from the website.

While these two challenges were considered to be problems to be dealt with in future programs, there was little discussion about what additional resources may be required to make the program more available to outside clients or to rural communities. Important considerations for programs leaders should include: what additional resources (space, time, human) will be required to address these issues, are these changes sustainable, are these changes supported by their organizational mandate, and how important is it to foster linkages to rural communities to justify the use of additional resources?

Evaluation

The FRESH evaluator was concerned about overburdening clients with evaluations to fill out at the end of every session. At the first session they handed clients a stack of evaluations and by the third page they had become bored and restless and had lost focus. Staff ended up asking session facilitators to rate important factors, such as social contacts and group cohesion that they observed during each session. Often there would be two or more facilitators filling out evaluations, which allowed for inter-rater reliability testing. The evaluator found that asking facilitators to fill out some of the evaluations helped to reduce burden and stress on clients and provided an external objective opinion about how the session went. Clients were much more conducive to participating in focus groups to talk openly about the program and their experiences; the evaluator found this to be a better method to get client feedback.

Future Needs and Program Changes

When asked about future needs, program leaders and staff identified a few key needs if they continue this or other healthy eating programs:

Funding: Not as much funding would be required to repeat the program, however, if the program remained the same since they would not require the labour to develop the program and they have already established a low- cost space to run programs in (the church expressed interest in a continued relationship).

Time: More time was required, particularly for development, if they were to change the program curriculum and include suggestions from the MOB toolkit, training day and teleconferences. Additional staff time to run the program from week to week was needed.

- Note: program leaders suggested that they wanted more external individuals to run sessions (e.g., local dietician), which may reduce the time required to prepare and run weekly sessions. This may suggest the need to build partnerships prior to running programs in order to draw on these types of external resources, despite the staff's sense that they did not need as many partnerships as they had originally thought.

Program changes:

Some of the changes that the staff suggested included:

- Doing a breakfast session
- Expanding the program to other counties (there is already expressed interest) or to a rural area
- Improving the referral process to include individuals outside of the case management process
- Opening up more spots to sign up for the program, since not all participants attended each session. This would allow for a larger potential pool of clients who could attend sessions.
    - In suggesting this future change, program leaders assumed that not all clients who signed up would show up to each session, as was the case for the FRESH project.
- Doing some closer follow-up with participants who are not showing up to sessions to help reassure participants and manage anxiety.
    - Anxiety was identified by the consumer volunteer as a primary reason for why individuals did not want to attend some sessions. However, there may be other reasons for non-attendance.
    - RECOMMENDATION: It would be worthwhile to further explore the reasons why some clients did not attend particular sessions. Case managers can work individually with clients to identify barriers and help mitigate them. This could also help with the referral process to identify clients who not only would benefit from the program but who are most likely to successfully attend program sessions.

Summary

The FRESH project did a good job of meeting the aims of the MOB program overall. Client outcomes demonstrate some improvements in physical and mental health and improved social inclusion. There was also a building of the community of practice through the new partnerships created by the FRESH project, many of which will be continued in the future. There could have been more exchange of information to build on the community of practice had FRESH program leaders and/or staff been able to participate in teleconferences as a means to share their experiences with the other groups. This would have been particularly useful if the CMHA HP internal evaluator could have been part of the teleconferences to share their experience with developing and implementing the evaluations. There could have also been the potential for partnering with other pilots to share internal evaluation tools.

FRESH project was also able to meet the overarching goals of CMHA HP, in particular, supporting community integration and improving client awareness of local resources. The positive outcomes around clients' physical and mental health support the CMHA HP goals of maintaining and supporting mental health for individuals in their area. While advocacy was not an explicit goal of the FRESH project, the unexpected outcome regarding improved community awareness about CMHA HP might help to work towards this goal of advocating for those with mental health concerns.

Appendix A: Letter of Invitation

Minding Our Bodies
physical activity for mental health

September 24th, 2010

Dear:

Your name has been given to us as someone who might be interested in participating in an exciting new project with our organization. The FRESH (Food, Recovery, Exercise, Skills, & Hope) Project is part of CMHA Ontario's Minding Our Bodies: Eating Well for Mental Health program. The idea behind this initiative is to educate you about the connection between eating well, being physically active and improving your mental health while also having some fun!

FRESH is a seven week group running from October 11th until November 26th. Participants will meet Wednesdays at various locations throughout Stratford and Fridays at 11:00am at the Knox Presbyterian Church. Each week at the Wednesday group there will be physical activities organized for you to take part in that may include ice skating, yoga, hiking, and horseback riding. On Fridays there will some education around nutrition and well-being as well as hands-on cooking demonstrations that will teach you how to prepare healthy, low-budget meals like homemade soup, bread, and energy-snacks. You will always be able to eat and take home your creations to enjoy several times over at no cost to you!

On Tuesday, October 5th at 10:00am we will be having an information session about FRESH at 293 Wellington Street, Upper, in Stratford. Attendance at this session will be necessary to ensure that you get a spot in the group.

We hope that you are as excited about this initiative as we are -- so find your sneakers and make room in that refrigerator because you are about to engage in an healthy lifestyle transformation.

If you have any questions please contact Catrina Gunn at 519-273-1391 ext. 316 or Lynette Heywood at 519-273-1391 Ext. 309.

See you soon!

The FRESH Project Team

Appendix B: Photos

Figure 7. FRESH information board

Figure 8. FRESH staff

Figure 9. Kitchen site