

YORK INSTITUTE FOR HEALTH RESEARCH

# Minding our Bodies: Eating Well for Mental Health

---

## Northern Initiative for Social Action: Food is Mood Case Study Report

January 2011

Submitted to: Scott Mitchell  
Canadian Mental Health Association, Ontario Division

Sarah Kettle and Shana Calixte  
Northern Initiative for Social Action (NISA)

Submitted by: Michaela Hynie  
York Institute for Health Research, Program Evaluation Unit  
York University

Carolyn Steele Gray  
University of Toronto

**Table of Contents**

Introduction ..... 3

Methods ..... 3

    Data Sources ..... 3

Background: Northern Initiative for Social Action (NISA) ..... 4

    Programs ..... 4

    The Food is Mood Program ..... 5

Findings ..... 8

    Context Evaluation Questions ..... 8

        Do the goals or needs of the sites conflict with program goals? ..... 8

        Do pilot sites have other goals they hope to achieve through these programs? ..... 9

        Are the project goals viewed as important? Are the project goals perceived to be attainable? ..... 9

        What resources do sites have to contribute? ..... 9

    Input Evaluation Questions ..... 10

        How does the program meet the needs of stakeholders? ..... 10

        Are there sufficient resources for the program to be carried out (staff, space, additional resources)?  
        ..... 10

    Process Evaluation Questions ..... 11

        Are partnerships unfolding as planned? How are partners working together? ..... 11

        Are pilot sites implementing programs as planned? ..... 11

        Who is participating? Who is not? ..... 12

    Products Evaluation Questions ..... 13

        Has awareness of the relationship between healthy eating and mental health increased; among  
        staff, organization, community, clients? ..... 13

        MOB project activities ..... 14

        Are partnerships being built? ..... 15

        Client outcomes ..... 16

        ..... 17

        Staff outcomes ..... 19

        Organizational outcomes ..... 20

        Were there unexpected outcomes? ..... 20

Important Learnings and Future Considerations ..... 20

Program challenges.....	20
Evaluation .....	21
Future Needs and Program Changes .....	21
Summary .....	22
Appendix A: Photos.....	23
Appendix B: Food is Mood Internal Evaluation Summary .....	24

## Introduction

This case study report overviews and evaluates the Northern Initiative for Social Action (NISA) Food is Mood program. The Food is Mood program 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 NISA staff regarding the Food is Mood program. The evaluative analysis includes context, input, process and product evaluation questions set out in the original Minding Our Bodies evaluation proposal that can be answered by examining the individual pilot programs. The point of this case study report is to provide feedback on the goals, development, implementation, outputs and short-term outcomes 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 NISA was conducted by a representative of the evaluation team. The visit included interviews, surveys and focus groups with program leaders, staff and program participants (members). Consent forms were signed prior to participation. Interviews and focus groups were audio recorded and transcribed. Documents pertaining to any aspect of the Food is Mood program (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 as a means 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 9 <sup>th</sup> 2010	Proposal remitted to MOB project for funding
Teleconferences	Nov 2 <sup>nd</sup> 2010	Meeting minutes
	Nov 29 <sup>th</sup> 2010	CSG notes
Site Visit	Dec 13 <sup>th</sup> 2010	Program leader interview (transcription and notes) Staff focus group (transcription and notes) Staff survey (on-line) – 1 response as of Jan 7 <sup>th</sup> 2010. Member focus group (transcription and notes) Photos of the site Evaluator observations (in site visit notes) Informal conversations with staff and program leaders
Food is Mood blog	Sept 29 <sup>th</sup> -	Blog posts written by program leader (7 posts)

	present	Any comments posted (2 comments)
Site visit follow-up emails	Dec 31 <sup>st</sup> 2010	Photos Evaluation Summary

## Background: Northern Initiative for Social Action (NISA)<sup>1</sup>

The Northern Initiative for Social Action (NISA) is a consumer/survivor initiative in Sudbury Ontario. NISA serves consumers of mental health services /survivors of mental illness and the mental health system in various stages of recovery. Members are predominantly low-income and marginalized by factors such as gender, race, geography, and the stigma associated with mental health issues. NISA offers a number of occupational programs to support consumers (see list of programs below). In order to access programs, individuals need to become members. Other benefits of membership include: a voice in the monthly meeting; a free subscription to their publication Open Minds Quarterly (the official publication of the Writer’s Circle which is produced internally and distributed widely); an opportunity to contribute to the larger community; peer support; and a place for “being, belonging and becoming”.<sup>2</sup> NISA has existing links with the Sudbury Regional Hospital and the City of Greater Sudbury, and has partnerships with other local organizations such as the Canadian Mental Health Association and Cedar Street Mental Health services in Sudbury. NISA has four full-time staff, four part-time staff and over 75 active members. NISA is primarily funded by the North East Local Health Integration Network. Additional funding for the Artist’s Loft is provided by the City of Greater Sudbury Arts and Culture Grant Program. NISA’s Board of Directors is made up of 10 volunteers, with representation from the business community, family members and consumer/survivors.

The organization is a 15 minute drive from downtown Sudbury and is located in a small building right behind the Sudbury Regional Hospital, Kirkwood site. NISA opened a second location in downtown Sudbury on January 10<sup>th</sup> 2011. This second site offers discussion groups, social and recreational activities, and peer outreach services.

### *Organization mandate and mission:*

NISA is an organization run by and for consumers of mental health services. We develop occupational skills, nurture self-confidence and provide resources for recovery, by creating opportunities for participants to contribute to their own well-being and that of their community.. NISA is built on the premise that consumers/survivors of mental health services are intelligent and creative, and can make a valuable contribution to society if given the opportunity to do so.<sup>3</sup>

### Programs<sup>4</sup>

**Northern Computer Refurbishing Depot (NCRD):** aims to provide meaningful and socially valued work/training opportunities for consumers of mental health services. NISA receives, repairs and cleans donated computers and sells them at an affordable price to individuals and organizations within the

<sup>1</sup> Information gathered from expression of interest and NISA website [www.nisa.on.ca](http://www.nisa.on.ca) [Retrieved January 7<sup>th</sup> 2011]

<sup>2</sup> From the NISA website [Retrieved January 11<sup>th</sup> 2011]

<sup>3</sup> From submitted expression of interest

<sup>4</sup> The descriptions of the programs come directly from the submitted expression of interest which was produced by NISA

community who cannot purchase new ones. NCRD is a supportive and flexible setting in which consumers learn how to perform computer maintenance and repair. This is a safe environment for consumers/survivors to build skills and confidence.

**The Writer's Circle:** provides the opportunity for consumers to have a voice and a means of self-expression. Locally, NISA provides the space and equipment for consumers to use and develop their writing talents for pleasure, publication or both. The Writer's Circle strives to empower consumers to make a difference through the written word. Out of this program NISA publishes a quarterly journal entitled Open Minds Quarterly, as well as Writer's Circle Online.

**The Artists Loft:** provides the opportunity for artists to participate in the fine arts, develop skills, and to exhibit their work within the community. Like The Writer's Circle, The Artist's Loft encourages the expression of the experience of living with a mental illness and aims to educate society through the exhibition of these expressions in socially-connected community settings.

**Warm Hearts/Warm Bodies:** program which solicits and receives donations of materials, fabric and textiles for the creation of quilts, blankets and comforters for people within the community who are in need. Warm Hearts/Warm bodies provides a valued service and an opportunity for consumers/survivors to acquire meaningful skills.

**The Dandelion Café:** NISA's coffee and gift shop, is located in the lobby of the Sudbury Regional Hospital's Kirkwood Site. Serving in the Cafe are trainees from NISA, who are learning customer service and cash skills on the job. Upon completion of their placements, they will have the skills they need to obtain work in the community.

**ParNorth:** the research branch of NISA that offers consumers an environment for exploring and discussing practical questions about mental health and illness.

**Community Garden/Community Kitchen:** provides a venue for members to learn how to grow their own food. It fosters self-sustaining skills as well as education around food security. The garden helps to "ground members in their recovery journey as well as consuming the rewards of our labour!"

## **The Food is Mood Program**

The Food is Mood program was a group-based program that provided various workshops about healthy eating and budgeting to respond to the food security needs of NISA's members. This was to be achieved through delivering workshops, doing grocery store visits, running hands-on cooking classes and the production of a cookbook of healthy economical recipes for consumers. NISA has had previous success with community cooking programs and this program was viewed as a means to continue these types of programs and expand members' knowledge about proper food handling, portion sizes, kitchen safety, and other important learning around healthy eating. They also saw this program as an opportunity to build social inclusion and connectedness amongst members. Another goal of the program was to build new partnerships with local Aboriginal community organizations. This was of interest because NISA has members who are Aboriginal and the program leader felt that this was an important marginalized community that was not being supported by NISA.

Consumer leadership was central to the program. A consumer was hired as one of the four program leaders (the other three were NISA staff). The consumer acted as the head program leader and developed and implemented much of the programming independently; this individual is hereafter referred to as the program coordinator in order to distinguish them from the other program leaders. A

strong consumer role is important to NISA as this is central to their mandate. There was also one staff member who acted as support staff, for a total of paid five staff, all of whom are consumers. External experts who worked on the program (two Community Food Advisors, a public health student, a local dietitian) worked on a volunteer basis.

Recruitment for the program was through self-selection. Posters about the program were posted in a Sudbury housing unit, at the Aboriginal Friendship Centre, at CMHA Sudbury, and around NISA. The program was also announced at NISA membership meetings, through emails to members, and in newsletters to members. Program leaders and staff also asked existing NISA members to join (either in person or through email) based on their perception of the member’s personal interest in the topic but also based on their functional level; few low functional level members were asked, but one member with a lower functional level did participate. Functional level of participants were identified by the program coordinator; this was done informally as part of the discussion around how participants were recruited to the program. Most members who attended sessions were recruited directly by the program leader. One participant joined the program after reading about it in a Northern Life<sup>5</sup> article that overviewed the program.

The Food is Mood program ran from October 2010 to mid-January 2011. Workshops ran from October to December 17<sup>th</sup> 2010 and included a variety of activities: a breakfast club; cooking classes; a grocery store tour; and educational sessions with local Community Food Advisors (CFAs). Workshops ran on a drop-in basis. The program coordinator believed an open program was important to their members because their moods and feelings change from day to day and members often have a number of different obligations to manage (such as appointments or other workshops with other organizations of which they are members). The program coordinator believed that the participants would find signing up for a set number of workshops to be too burdensome.

The program coordinator also ran a Blog<sup>6</sup> over the course of the program to inform people about program activities and upcoming events and to share her own personal experiences with engaging in healthy eating practices.

**Table 2. Food is Mood program activities**

Session	Activities(s)	Hand-outs over the course of the program
Month of October 2010	Breakfast Club *CBC Radio attended the Oct 12 <sup>th</sup> session to interview the group.	<ul style="list-style-type: none"> <li>Your Health Your Weight: Simple steps to making healthy choices (Heart and Stroke Foundation, brochure)</li> <li>Community Food Advisor (Sudbury District Health Unit, brochure)</li> <li>Facts on Snacks (Dairy Farmers of Canada, booklet)</li> <li>Sudbury and Manitoulin Districts'</li> </ul>
October 22 <sup>nd</sup> 2010	Make your own pizza day *Attended by Northern Life magazine	
November 4 <sup>th</sup> 2010	Grocery store tour *Led by student from the local Public Health Unit	
November 15 <sup>th</sup> 2010	Educational Session: Canada’s Food Guide & Grocery	

<sup>5</sup> Northern Life is a local newspaper run out of Sudbury that is published and distributed in print and online <http://www.northernlife.ca/>

<sup>6</sup> <http://foodismood.wordpress.com/>

	shopping on a budget *Led by a local Community Food Advisor and student	Community Food Security Directory 2008-2009 (Sudbury District Health Unit, booklet) <ul style="list-style-type: none"> <li>• Handle Food Safely: Clean, separate, cook, chill (Government of Ontario, brochure) – handed out frequently</li> <li>• Heart Healthy Wheel (Heart and Stroke Foundation, wheel)</li> <li>• Look at the Label (Canadian Diabetes Association, printout) – handed out at the grocery store tour</li> <li>• Walking: The activity of a lifetime (Government of Ontario, Active 2010, printout)</li> <li>• Canada’s Food Guide &amp; Canada’s Food Guide First Nations, Inuit and Metis (Health Canada, booklet) – handed out at every workshop</li> </ul>
November 19 <sup>th</sup> 2010	Educational Session: Food Safety, and Nutritious Food demonstration *Led by a local Community Food Advisor	
November 26 <sup>th</sup> 2010	Cooking class: chicken fajitas, chicken soup, and vegan chocolate cake	
December 3 <sup>rd</sup> 2010	Cooking class: red potato salad and banana blueberry orange smoothies	
December 10 <sup>th</sup> and 17 <sup>th</sup> 2010	Joint cooking class with N’Swakamok Native Friendship Centre. Learned traditional Aboriginal recipes: Bannock break, wild rice casserole. Learned about Aboriginal culture *Took place at the Dumas Independent Grocery Store in Sudbury	

NISA is also currently finishing work on a cookbook. Recipes are being reviewed by a dietitian from their local hospital. The cover art was created by one of the members who attends the Artist Loft program. The Food is Mood program has been expanded and will run additional workshops until the end of March. They will continue to run the Tuesday breakfast club and will plan on running additional cooking classes and other sessions. The program co-ordinator has asked for requests/suggestions for future workshops on the Blog (December 23<sup>rd</sup> post). The Food is Mood program is continuing at the new site in downtown Sudbury that opened in early January, 2011. Note: this new site was not observed during the site visit as it was not operational at the time of the visit. As of January 11<sup>th</sup> 2010, no events had yet been scheduled on the website.

Information about the program was shared through a number of different avenues:

- 1) The NISA website posted Food is Mood events (although Food is Mood is not included under their program descriptions).
- 2) A bulletin board at the first NISA site posted program overviews (including the Food is Mood Program) and upcoming events (including Food is Mood workshops and sessions).(see Figure 1 in Appendix A).  
Note: There is a second bulletin board at the NISA site that overviews NISA’s mission statement and programs. This bulletin board did not include an overview of the Food is Mood program.
- 3) Media outlets: Local (Sudbury) CBC radio and Northern Life magazine each visited the program and conducted interviews with program leaders and members. An article was published in Northern Life<sup>7</sup>.

<sup>7</sup>The Northern Life article: [www.northernlife.ca/news/lifestyle/2010/11/NISA041110.aspx](http://www.northernlife.ca/news/lifestyle/2010/11/NISA041110.aspx)

- 4) Food is Mood Blog: The program coordinator wrote a Blog about the program activities and about her experiences of trying to eat well as a consumer. She also posted recipes and quick food facts learned from the sessions.

Internal evaluations were conducted by the program coordinator. One form was sent to the MOB evaluation team for feedback. This form was intended to get member feedback about each workshop. Different forms ended up being used for different workshops.

## Findings

### Context Evaluation Questions

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

NISA organizational goals	<p>Create opportunities for members to contribute to their own well-being and that of their community through:</p> <ol style="list-style-type: none"> <li>1) developing occupational skills,</li> <li>2) nurturing self-confidence, and</li> <li>3) providing resources for recovery</li> </ol> <p>Other goals:</p> <ol style="list-style-type: none"> <li>4) using individuals’ lived experience to advocate for change in the health system to better support the mental health population</li> <li>5) connect members to broader community</li> </ol>
Food is Mood program goals	<ol style="list-style-type: none"> <li>1) Help members learn about healthy eating</li> <li>2) Meet the food security needs of members by teaching budgeting</li> <li>3) Build connections and social inclusion between members</li> <li>4) Make connections to local Aboriginal community organizations</li> <li>5) Build consumer leadership</li> </ol>
MOB goals	<ol style="list-style-type: none"> <li>1) Improve physical health</li> <li>2) improve mental health</li> <li>3) support social inclusion</li> </ol>

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

NISA’s organizational goals are well aligned with program goals. The building consumer leadership goal is the most relevant to the organizational goals; in particular, building the consumer leadership skills of the program coordinator met important organizational goals of developing occupational skills such as computer skills and organizational skills. Helping members to learn about healthy eating and improve their food security can be seen as avenues to provide resources to help in their recovery.

Making social connections can also be seen as an important step towards providing members with resources for recovery. NISA as an organization seeks to connect their members to their broader communities; building social inclusion in a group setting is a way of connecting to a community, as is building connections to the local Aboriginal community. Building social connections between members could also provide members with the tools they need to make social connections to their broader community.

Finally, building specific skills, such as how to cook and shop on a budget, are skills that can generalize to some occupations. Building skills and confidence in one area, such as food planning and preparation,

may generalize to other occupational areas. As building occupational skills is a central goal of NISA, these program goals also speak directly to organizational goals.

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

NISA did not seek to achieve any additional organizational goals through the Food is Mood. As discussed above, the program speaks directly to organizational goals and fits nicely within NISA's mandate.

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

MOB project goals were viewed as important by program leaders, in particular the goal of social inclusion. They considered this goal to be important because they had seen some significant gains for their clients in this area:

*"In terms of the social inclusion, it really fits in well with what we've seen happening here with our community kitchen events, ... when people come together around food there are a lot of benefits, and not just in learning healthy eating but in the social aspects as well, feeling like you belong somewhere, that you're part of a community. It's a place to share information, whether it's a recipe or about your life, to get tips on living." (Food is Mood program leader, program leader interview)*

It is not clear whether this was the most important goal of the MOB project at the outset of the Food is Mood program or whether this was the most salient outcome, and thus became the most important goal in retrospect. It would, however, be understandable if social inclusion were most important goal for NISA as an organization since it is the only one of the three MOB project goals that clearly fits with their organizational goals. While there is only partial overlap between MOB project goals and NISA's organizational goals, they are not in conflict. The Food is Mood program goals are better aligned with MOB project goals.

### **What resources do sites have to contribute?**

NISA hired one of their members to run the program but also provided significant staff support as well (see background section). This staff support was considered to be an in-kind donation from NISA because those staff members did not receive additional compensation for working on this program. NISA was also able to provide other in-kind donations in terms of food and space; the kitchen space used for most program sessions was the kitchen area at NISA's home office (see Figure 2 in Appendix A). The program also will receive funding from CMHA Sudbury to cover the cost of the cookbook they will produce, since the funding from MOB did not cover that cost fully. NISA identified raising the wage of the program coordinator to be a top priority and so are currently looking for other funding opportunities (in particular the Ministry of Health Promotion's Healthy Communities Fund).

One unexpected cost was the cost of purchasing some basic ingredients at the start of the program. This is partly why the original budget was not sufficient to run the program.

*"...because we didn't have all the basic ingredients here, some of the food bills were higher than expected, right? To run a workshop, we'd have to get some of the pantry items that we didn't have here." (Food is Mood program leaders, program leader interview).*

One potential future resource for food would be the hospital located next to NISA. Currently that hospital will sometimes supply food to members from their cafeteria. While they did not supply any food for this program, program leaders identified that they could potentially ask for that support in the future since they already have an established relationship.

Another community based resource was the District Health Unit that connected the Food is Mood program to Community Food Advisors (CFAs) to deliver programs (see Table 2 for sessions conducted by the CFAs), and a student to help lead sessions (see Table 2). Another important community resource was the dietitian from the local hospital, who was asked to review recipes in the cookbook.

## **Input Evaluation Questions**

### **How does the program meet the needs of stakeholders?**

For the organization, the program helped NISA to achieve broad organizational goals (discussed above). The program also helped NISA to build new partnerships, which will help the organization develop and implement programs in the future.

Staff needs were met by helping them to better understand, identify and address the needs of members. Prior to the program, staff did have enough information about member needs around food security and some specific health and cultural needs.

*“What I’ve learned, and I knew this before probably, is that a number of our members don’t have access to appropriate, or not appropriate, but to food, to healthy food, to enough food, so that has been one of the things that has been supported through this program, is that people are looking for affordable, healthy options for themselves and as a result of maybe isolation, and definitely because of funds, they don’t have enough money, they can’t access healthy food.” (NISA staff, staff focus group).*

The program coordinator’s need to build occupational skills was also met by this program.

Member needs (identified above) were addressed in this program, as well as their needs for education around healthy eating behaviours and the building of skills in this area. Individual member goals were not identified as part of this program; however, when asked, one member noted that a personal goal was to work on food safety:

*“...I would like not to poison myself every time I make a meal.” (member, member focus group).*

### **Are there sufficient resources for the program to be carried out (staff, space, additional resources)?**

The program leaders and staff found that there was not as much funding as they would have liked to run the program, particularly for paying the program coordinator they hired to run the program. Hiring a consumer to run the program was an important part of the program (meeting the goal of building consumer leadership) and the broader organization (meeting the goal of building occupational skills). While they were able to hire a consumer staff member as program coordinator, the wage was very low (minimum wage), which bothered the other program leaders:

*“Well sort of yes and no, one of the goals that I had written down in the proposal was that we want to definitely have our consumers run the program, so someone outside of the current staff, so to provide employment, and so we’ve been able to do that, but at a low wage, right, and that’s something that’s sort of really bothered me about this, ... that it’s a minimum-wage job when it really shouldn’t be.” (Food is Mood program leaders, program leaders interview).*

The space at the NISA site was quite small (see Figure 2 in Appendix A), but through the new connection with the local Aboriginal Friendship Centre, the program was able to use a kitchen site at a local grocery store, which they used for the joint workshops with the Centre. The Friendship centre partner made the arrangements for the grocery store kitchen. NISA expects to have a continued relationship with the Aboriginal Friendship Centre.

## Process Evaluation Questions

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

The only partnership identified in the submitted expression of interest was a potential new partnership with the Sudbury and District Health Unit to provide support and guidance in the development of the program. NISA had previously received resources and materials from the health unit, but contact with them had been minimal prior to this program. The Food is Mood program encouraged this relationship to be built beyond simply sharing material resources:

*“...through this program, we have had contact with them [District Health Unit] all along, with [Name] [who] set us up with the community food advisor; she’s been on the grocery store tour with us, and we’ve also worked with a student too.” (Food is Mood program leaders, program leader interview).*

This was the only previously planned partnership identified in the submitted expression of interest. However, other existing partnerships have also contributed to this program. For example, CMHA Sudbury and NISA have previously worked together on providing client activities. For the Food is Mood program, CMHA Sudbury is providing funding for the publication costs of the cookbook.

One potential partnership suggested by CMHA Ontario was to connect with another site that had submitted an expression of interest; this partnership was not as feasible as CMHA Ontario had expected. While CMHA Ontario had thought that the two sites could potentially do joint workshops, the sites are in fact hours away from each other and it would have been too costly and difficult to manage. What NISA did manage to do was connect with that second organization over the phone to share recipes and “chat” about programming. This highlights the importance of the MOB project speaking to pilot organizations about potential partnerships in more detail to explore the feasibility of possible partnerships between sites.

No existing partnerships were lost due to this program.

### Are pilot sites implementing programs as planned?

The program plan for Food is Mood was not as specifically defined at the beginning of the program as programs in other pilot sites. None the less, for the most part, the number of workshops exceeded expectations of program leaders. While it was expected that only a few workshops would be run, the program coordinator saw a number of opportunities to run more workshops and more fully engage participating members:

*“I only expected three or four workshops to be run by [program coordinator], but you just did so many, I was just overwhelmed by them and they had high participation in them. It’s not like people were just saturated and couldn’t take it anymore; they wanted more.” (Food is Mood program leaders, program leader interview).*

Activities were planned and implemented primarily by the program coordinator. The coordinator booked the guest speakers and grocery store visits and picked up supplies as they were needed. The

coordinator also provided transportation to off-site workshops to those participants who needed it (i.e., the grocery store and grocery store kitchen). While not explicitly stated, it seemed as though it was expected that the program coordinator would do all the planning and implementation as this was part of building the coordinators occupational skills.

With regard to consumer leadership, NISA expected to have a very strong consumer leadership component to the program. This was achieved by hiring a consumer as the program coordinator but also by providing participants and NISA members with the opportunity to provide suggestions on future workshops through the blog. The program leaders felt that the program was very receptive to the ideas of participants and felt as though the program was “member-driven.”

*“And we hear ideas coming out from the members too saying, “Oh we should do this”, somebody knows how to make stew, so they’re saying, “We should do a stew workshop next.” (Food is Mood program leaders, program leader interview).*

These suggestions mainly came through face-to-face interaction between members and program leaders. No suggestions were posted to the blog as of January 24<sup>th</sup> 2011.

### **Who is participating? Who is not?**

The one staff who replied to the survey suggested that a total of 25 members participated in the program, which was about the number that was expected to actually participate. This was higher than the number reported at the teleconference on November 2<sup>nd</sup>, at which point only 12 participants were reported. By the November 29<sup>th</sup> teleconference, NISA reported 20 members. In the program leader interview they reported that at least six or seven members would participate at each workshop, which suggests rolling participation by different members to different workshops, with some members participating in more than one workshop.

While the overall number of participants was expected, some of the members who chose to participate were a surprise to program leaders. In some cases they were informed of the program but not expected to participate, in another case, there was a participant who heard about the program from the Northern Life magazine article and then joined NISA as a member in order to join the Food is Mood program.

*“And then I had a couple of people who I didn’t really think were going to be that interested but seemed to enjoy it.” (Food is Mood program leaders, program leader interview).*

Program leaders attributed good participation rates in part to offering transportation to members. Many of their members will go to the NISA site to use their computer or arts rooms (even where there aren’t courses running) and so offering a ride to offsite workshops encouraged members’ attendance (this was particularly the case for the grocery store tour). Program leaders also noted that some members don’t feel comfortable going to new places, particularly if they have to take buses that they aren’t accustomed to. Providing transportation helped to manage this apprehension, as did the program coordinator’s enthusiasm, which encouraged members to participate:

*“She’s really enthusiastic and I don’t know that if somebody else had done the job that they would’ve brought that to it. Part of the success of the program is because of that enthusiasm.” (Food is Mood program leaders, program leader interview).*

The program coordinator also suggested that providing clear explanations about upcoming workshops and how to get to off-site spaces and making them feel at ease about going to new sites helped to encourage participation.

One disappointment expressed by the program coordinator was that none of the members of the Aboriginal Friendship Centre, with whom they had partnered, participated in the joint cooking session on December 10<sup>th</sup>.

*“One disappointing thing was, I hoped that the [Name of organization] would’ve had more participants...” (Food is Mood program leaders, program leader interview).*

To deal with this issue, the Food is Mood program leaders considered speaking to the Friendship Centre, calling their members before the session, or possibly offering transportation. It is not clear whether the joint cooking session on December 17<sup>th</sup> 2010 had Friendship Centre members attend the session.

## Products Evaluation Questions

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

Member awareness is discussed in the member outcomes section below

#### Staff awareness

##### **Survey Summary Results:**

- On a 5 point scale ranging from none, a few, some, most, and all, the one respondent believed that SOME staff have an increased awareness about the relationship between healthy eating and mental health since the start of the program.

There did not seem to be much learning around the connection between healthy eating and mental health among the staff:

*“I didn’t learn anything new but it was reinforced.” (Food is Mood Staff, staff focus group).*

However, there was learning among staff about how the aboriginal population has a higher level of diabetes than the rest of the population. This was learned directly through the new partnership built with the local Aboriginal Friendship Centre. There was also learning around the number of people who have diabetes and heart disease that is attributable to the medication they take to treat their mental illness.

*“...’cause a lot of people here have diabetes and I didn’t realize it had to do often with medication.” (Food is Mood Staff, staff focus group).*

Another important new learning for staff was around the food security needs of members. This was something they hoped to address through the program, but staff members noted that they needed to learn about more basic issues regarding food security in delivering programming, and they found this challenging:

*“...so we were trying to think, ‘We want people to be able to buy cuts of meat that are relatively inexpensive, but chicken breast is pretty expensive, so how would we use a chicken breast, do we try to show how you can use one chicken breast in two different recipes so you could stretch it a little bit?’... I don’t think it really worked the way we wanted to, I don’t think we really showed how you could stretch that one chicken breast and put it into two meals.” (Food is Mood Staff, staff focus group).*

### **Organizational and community awareness**

At the organizational level there was no real evidence of a direct increase in awareness around the links between mental health and healthy eating. However, there did seem to be a greater awareness about the issue of healthy eating more generally. The NISA board learned that beyond the Food is Mood program NISA will often provide lunch to members and staff who had forgotten theirs. During the site visit, a vegetarian pizza was purchased for the staff and members who were there. Program leaders noted that food that is purchased will often come out of the NISA budget. The board is encouraging of NISA providing food for members, given that it is important for some members who have food security issues:

*"...[the board member] sort of encouraged to have us buy more stuff and she donates a bit of food when she can but really encouraged to see the food that's in there and realized how it's being used ... that it's actually sustaining some folks." (Food is Mood program leaders, program leader interview).*

The increase in awareness about food issues at the organizational level seems to be more focused on the details of the delivery of the Food is Mood program rather than its content.

There is also evidence, however, that the healthiness of available food is more of an issue now. When buying food, program leaders noted that there is a greater effort on behalf of staff to purchase healthy snacks for the kitchen, in particular fresh fruit. The program leaders have also noticed that, since the start of the program, members will more frequently eat healthy food if it is left for them, although it is not clear whether the members making these healthy food choices are those participating in the program.

*"Like if I was to leave out bananas, they'd be gone by the end of the day." (Food is Mood program leaders, program leader interview).*

There have also been some shifts towards healthy eating in the community as a result of NISA's greater concern around healthy eating. NISA will often get food from the hospital next door, but the hospital often sends high-carb, high-fat items. This was a concern to program leaders since this may be the only meal some of their members get in a day. One of the program leaders mentioned this to a local newspaper in an interview, after which the hospital started to include vegetables in the food they send. It was not clear, however, whether this change was due to the interview:

*"just the other day we got a lot of food and lots of vegetables came in, so I don't know if that's as a result of them having so much food over the weekend or if they're thinking more about what should be sent down here..." (Food is Mood program leaders, program leader interview).*

### **MOB project activities**

#### **Survey Summary Results:**

- On a 4 point scale ranging from not useful, somewhat useful, useful, and very useful, the one respondent to the survey believed that:
  - the program toolkit was USEFUL
  - the evaluation toolkit was USEFUL
  - the environmental scan was SOMEWHAT USEFUL
  - the training day was VERY USEFUL
  - the partnerships facilitated by CMHA Ontario were VERY USEFUL, and
  - the new connections made to other pilot sites were USEFUL

Program leaders had looked over both the program and evaluation toolkits, but they felt as though they already had a plan in place and were drawing on their experience with their existing community kitchen program. When asked what might have made the toolkits more useful, program leaders suggested they would have benefitted from manuals or press release samples.

The program leaders who attended training day found it to be helpful in learning about new ways to communicate; for example the idea to run a blog came from training day. The program coordinator also got the idea to run the program on a drop-in basis from one of the presenters. This presenter described a program for teens and found that a more structured program would have been too burdensome and stressful for their members (see the background section for a discussion on how the program was run). Training day also helped NISA to create a new connection with dietitians who were willing to do an analysis of the recipes for the cookbook. While they ended up using the local dietitian at the hospital, these other connections would have been useful if that had not worked out. Training day also helped build the existing partnership between NISA and the Bee-Hive CSI in Elliot Lake; the organizations were able to re-connect at training day. The program leaders also found out about the Healthy Communities Fund opportunity through training day (which they are now applying for).

Food is Mood program leaders have attended two teleconferences, to date. They phoned into the teleconference on November 2<sup>nd</sup>, and they presented on their program at the teleconference on November 29<sup>th</sup>. Program leaders who participated found the teleconferences to be helpful and did believe they had gotten some ideas from them, although they could not remember specifically which ones at the time of the interview.

*“I think the teleconferences were helpful and networking, the training day was good.” (Food is Mood program leaders, program leader interview).*

Program leaders also found that CMHA Ontario was very supportive, in general. The program coordinator found them very responsive to questions she would send via email. For example, at the site visit, program leaders identified the need for support with an upcoming application to the Ministry of Health Promotion and Sport’s Healthy Communities Fund. CMHA Ontario was very quick to respond with additional information and offer of support in their application process (again via email).

### Are partnerships being built?

**Survey Summary Results:**

- On a 4 point scale ranging from no, not at all, to yes, very much, the one respondent believed that YES, VERY MUCH the MOB pilot project resulted in new partnerships.
- The respondent believed there were 4 new partnerships created
- Partnerships were mainly about information sharing and resource sharing.
- Communications occurred entirely through email.
- The most useful partnership was created with the Community Food Advisors and the new partnership with the local dietitian who evaluated recipes for the cookbook
- MOB helped build new partnerships by:
  - Giving NISA new ideas as to who they could partner with
  - The respondent believed that they could not have developed these new partners without the project

Three new partnerships were built as a result of this program:

- 1) District Health Unit: This was an expected partnership outlined in the submitted expression of interest. The health unit helped NISA to access Community Food Advisors and students who helped run workshops (see Table 2)
  - NISA had previously received informative materials from the health unit but this is the first time that they have connected with human resources through the health unit (CFAs and students)
- 2) Local registered dietitian: A new partnership through NISA's local hospital, the registered dietitian is conducting the nutritional analysis of the recipes in the cookbook.
- 3) N'Swakamok Native Friendship Centre: The Centre is conducting cooking sessions together with NISA and procuring the cooking space for those sessions from a local grocery store. They are also providing education for NISA members about traditional Aboriginal cooking and customs.

The program also allowed for NISA to re-connect with the Bee-Hive project (an existing partner). After training day they began to share recipes over email. The program coordinator also connected with a local mental health service association that had been running a kitchen as well. This organization was able to share information about how to start up a community kitchen program. This kitchen program is full (six or seven participants). This is an existing partnership that NISA has and was helpful in providing information on this particular program.

The program coordinator indicated that she communicates with all these partners on a weekly basis via email and over the phone.

### Client outcomes

See Appendix B for a summary evaluation report of the Food is Mood program internal evaluations, provided by the program coordinator. Where applicable, findings from the internal evaluation are linked to member outcomes identified by the MOB project evaluation team and overviewed in the following sections.

### Awareness and knowledge gained

#### **Survey Summary Results:**

- On a 5 point scale ranging from none, a few, some, most, and all, the respondent believed that MOST members have an increased awareness about the relationship between healthy eating and mental health since enrolling in the program.

Participants in the program demonstrated an increased awareness about the connection between healthy eating and mental health:

*"I think if you're able to eat well, you're going to be more happy around other people."  
(member, member focus group)*

*"I find that there's an aspect, to actually feel good, and you have to take care of your mental health, your physical health and your spiritual health, so if you're not eating properly, it's going to be out of balance and you're not going to feel healthy and well. And it works with your mental health too."  
(member, member focus group)*

The participants were also seeing this connection in their daily lives:

*"if I'm not eating right, it catches up to me, and I feel tired, and not only tired, sometimes slowed down too."  
(member, member focus group)*

Staff also observed that the members were becoming more aware that their mental health improves when they eat well; this was evidenced through informal conversations staff would have with member. Program leaders felt that they could not adequately test improvements in mental health in three months, but the learning of new skills fostered through the program could lead to good outcomes in the long term.

Members were not asked whether they learned about connection between healthy eating and mental health in the internal evaluations.

### *Learning and applying new skills*

#### **Survey Summary Results:**

- On a 5 point scale ranging from none, a few, some, most, and all, the respondent believed that MOST member have learned different food preferences since enrolling in the program, and MOST member have learned skills to apply these food preferences.

Members learned a number of new skills since enrolling in the program. The following skills were identified in both the member focus group (a number of these new skills were also mentioned in the Food is Mood internal evaluations; see Appendix B):

- Food preparation (e.g. cutting up a whole chicken and measuring skills)
- Food safety
- New recipes
- Cultural cooking

Some members were surprised about how some food could be made healthy:

*“One thing that I found very surprising was how healthy certain foods that you can make, like pancakes for instance, like whole-wheat pancakes with syrup that is actually good for you.” (Member, member focus group)*

Members also reported using these skills at home, particularly around food safety and hand washing:

*“Yeah, I always wash my hands before I cook and in between...” (member, member focus group)*

Building new skills was identified by program leaders as an important indicator of program success. However, they did not specify which skills they wanted to see, or whether some skills were more important than others.

### *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, the respondent believed that SOME member have learned how to improve their access to healthy foods

Food security was supported directly by teaching member how to cook at home as means to cut costs. One member appreciated that the recipes taught would help them cut costs as many members are on a fixed income:

*“Another thing I really liked about it was, ...we’re on a fixed income, not really low-low fixed income, but we’re sometimes strapped for cash and we can’t afford to order out pizza and*

*stuff like that, and we learned how to make pizza on a budget, and it was healthy too.”  
(Member, member focus group)*

Program leaders also seemed to focus on improving food security by teaching how to stretch grocery dollars; however, as mentioned above, program leaders found some challenges in doing this. An unexpected way in which access to healthy food was increased was an increased awareness on the part of the Board of the provision of food to members by staff members. With the Board now encouraging more food provision in programs for the members, and staff demonstrating increased awareness of the importance of providing healthy snacks, there was some increased access to healthy food through direct food provision by NISA.

The program could have used additional strategies to help improve members’ access to healthy foods and community resources that could help in this regard. Connecting with other programs that have a similar goal may help the program to build on this goal further, and provide access to other tools to teach participants.

### *Engaging in leadership and peer counselling*

#### **Survey Summary Results:**

- On a 5 point scale ranging from none, a few, some, most, and all, the respondent believed that SOME member are engaging in peer counselling around healthy eating and SOME clients are participating in leadership activities around healthy eating.

Program leaders noted that some members were able to share some of the cooking skills they already had with other participants in the program. This was an important outcome for the organization, because they try to encourage members to take on more leadership roles. Program leaders were also encouraged that members were suggesting workshop topics and were enthusiastic about sharing their ideas.

The most significant outcome around consumer leadership and peer counselling came from the program coordinator. She and the other program leaders were very happy with how she took on the program and built occupational skills in the process. The program leaders focused on the gains made by the program coordinator when discussing peer leadership outcomes. However, some other members were also beginning to become engaged in leadership activities in the program, particularly members teaching other members new cooking skills:

*“in one of our workshops [...] one of our participants was feeling very shy and sort of like she didn’t know exactly, but she cooks everyday, so [I said] ‘so why don’t you do it?’ and she’s like, ‘yeah, you know, I am an expert, I know how to cook, I can share some skills’, so that was awesome, really good to see.” (Food is Mood program leaders, program leader interview).*

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

Program participants did not note improvements in their physical or mental health since joining in the program, although one member was noticing the connection between eating well and feeling better in their daily life (quote above). Program leaders felt as though it would be too early to see improvements in mental health, but they noted that learning new skills would have an impact on NISA members over the long-term. Staff attributed some possible future mental health improvements to members having more “fun with food” and seeing it as a joy rather than another chore to get through:

*"I think also the way mental health improves is to have fun with food and one thing that has happened in these groups is we've had a lot of fun cooking food, instead of seeing food or food preparation as just a thing that you've got to get through, right? (Affirmation by others) It could be something fun." (Food is Mood staff, staff focus group).*

Members were enthusiastic about the social aspect of the program, which suggests that the program was increasing their social inclusion:

*"I like the social aspect of it, the preparation of the food together, taking turns doing certain tasks, and things like that." (Member, member focus group)*

*"It's more the socializing, that's the best part of it anyways." (Member, member focus group)*

In the internal evaluation most members identified the social aspect of the program to be something they liked about the community kitchen (Appendix B, question 9) and as a benefit of attending the program (see Appendix B, question 14).

Program leaders also noticed members building new social connections and relationships. They found that this helped one of their members to feel a sense of connection and belonging to the organization:

*"one of them was just working in a quilting program but she started participating in the food workshops ... and she was telling me last week, she feels like she's not as shy anymore with people around here, she's fitting in better and she's happy when she's coming here." (Food is Mood program leader, program leader interview).*

Staff have also noticed members getting together outside of the program to have meals together, demonstrating the sustaining of relationships outside of the program:

*"I know a number of people have dinner parties together here, I don't think that started because of our program but they've talked about them a bit more, so they've been baking bread together, and like [Name] had said at the beginning, when you bake bread, you feel better and so that's also been reinforced." (Food is Mood staff, staff focus group)*

These outcomes suggest that social connections between members were beginning to be built through this program for some of the members who participated. However, improved social connections between participants did not seem to be as prominent in this group as at other pilot sites. This may be due to the fact that different individuals participated in different workshops and so members did not come in contact with each other as often. From the discussions with the program leaders and staff it seemed that the individuals who showed up more often were those who were able to create more meaningful connections to one another (e.g. the Tuesday breakfast club had members who regularly attended). However, caution must be used in inferring the direction of the causal relationship, or if there even is one. It is possible, for example, that the reason that participants showed up more frequently is because they were more able to build new relationships, rather than that they were able to build new relationships because they participated more frequently.

### **Staff outcomes**

The most prominent staff outcome was noted for the program coordinator, who learned valuable occupational skills while running the program. For the remaining staff, the program raised awareness about food security issues (identified above), which helps to meet the staff need of understanding their

membership better in order to meet member needs more effectively. Staff also demonstrated a greater awareness about the importance of healthy eating, evidenced by their request for healthier foods from the hospital and their shift towards providing healthy snacks for members in the kitchen.

### **Organizational outcomes**

An important organizational outcome has been the increased awareness about NISA and its programs by both partners and the larger community. Staff members found the media coverage to be particularly helpful in raising community awareness about the organization and also demonstrated to program leaders that the program was a success:

*"...people keep telling me, 'Oh I heard the NISA thing on the radio, and I read in the paper that your food program sounds amazing.' We send out our own internal newsletter, and so we've had a bit of feedback from people as far as [Name of location] because we've got people, all over Northern Ontario, write back and say, 'How's that going?' A real interest in that, and seeing the benefits of having a program like that." (Food is Mood Staff, staff focus group).*

*"The media exposure's been great, for the program and for our whole organization, so that's been one good thing, so that's another measure of the success..." (Food is Mood program leaders, program leader interview).*

There has also been Board support of the program, which program leaders felt was indicative that the program was meeting the mission and goals of the organization. They felt that this was evidence that the enthusiasm for this program was being communicated to the Board. As a consequence of the Board seeing the value of this programming in relation to their mandate, the organization may shift towards supporting more healthy eating programming.

### **Were there unexpected outcomes?**

No real unexpected outcomes were noted for staff or for the organization. One of the members did have one unexpected negative experience with a peer during one of the workshop sessions in which another member was rushing her to finish some food preparation:

*"There was one bad thing [...] my partner [was waiting] to cut the chicken, she would say, 'Hurry up, hurry up, hurry up', and I told her, 'I'm hurrying up as much as I could but you have to wait.'" (Member, member focus group).*

## **Important Learnings and Future Considerations**

### **Program challenges**

Program leaders found that education only sessions were less well attended than sessions that involved more hands-on activities. There were only two participants who attended the food guide workshop – although these were members that program leaders had identified as members who they were concerned about in terms of their eating habits. The program leaders noted that this will be something they want to reassess for future workshops:

*"So maybe changing it a little bit, having the healthy food guide and then choosing one meal to make using the food guide and something like that, so it seems more engaging rather than sitting there, 'cause I don't think people like that too much." (Food is Mood program leaders, program leader interview).*

Another challenge related to program activities was that when recipes were perceived as too difficult, participants would get frustrated or would lose interest. This was also experienced when there were too many recipes being made in one session.

The other big challenge for the program was around providing appropriate compensation for the program coordinator (noted above). Program leaders felt as though the job warranted a higher wage and were seeking ways (grants and external funding) to increase the wage. Program leaders also felt that with additional funds they could have rented a larger space (they felt their space was too small) and that they could have done more advertising and purchased gifts for members, such as measuring cups and aprons, to use as incentives. Although they had enough resources to run the program as it was, program leaders felt that these additional incentives and added promotion would have helped to get more participants and helped to increase repeat attendance by some members.

## Evaluation

The program coordinator conducting the internal evaluation found the process to be significantly challenging, particularly the data analysis. One of the challenges was that they had used slightly different evaluation forms for each workshop and the program coordinator was unsure how to aggregate the data in a meaningful way. The program coordinator also looked at another evaluation form used by some of NISA's existing partners, but the program coordinator did not like how this form relied entirely on open ended questions. The representative of the MOB evaluation team who conducted the site visit spent some time with the program coordinator during the visit to answer some questions and provide guidance on the internal evaluations. The following suggestions were provided:

- Identify similar questions across the evaluation forms first, to identify where you can aggregate data and possibly draw comparisons between different workshops
- Manage open ended questions by identifying common ideas and themes and report on the types of themes and the frequency with which they were identified by members
- Consider conducting a final overall evaluation of the program with members who had attended workshops. This could ask broader questions about the programs (possibly linking back to program goals) and could be used as a comparator to individual workshop feedback forms.

The program coordinator was also informally reporting back to the Board about the program in a narrative style and indicated a need for more evaluation information. It was not indicated whether the evaluations used as part of the program (and summarized in Appendix A) were considered to be of use in that regard.

While the program coordinator had looked over the program evaluation toolkit, this did not seem to be helpful, or at least, did not seem to have much influence over how the internal evaluation was being conducted. It might have been helpful to provide additional, personalized support with the evaluation (and program) toolkit to ensure it was being used to its full capacity.

## Future Needs and Program Changes

When asked about future needs, program leaders and staff identified a few key needs to continue this program beyond the extended program end date at the end of March:

Funding: Additional funding to continue employing the program coordinator as well as to provide future members a basic kitchen tool set including measuring cups and teaspoons.

Space: Access to a new space (or funding to secure a larger community kitchen space). Most participants of the program felt as though a larger kitchen space was required in order to improve the community kitchen (Appendix B, question 10). At this time it is unclear whether the new space in downtown Sudbury has a larger community kitchen.

Human resources: Program leaders would like to see two consumers working on this program in the future (this would also require additional funding).

Program changes:

- Doing fewer recipes at a time
- Including cooking activities in educational sessions to improve attendance and interest
- More culturally based workshops that feature cultural cooking (e.g. Newfoundland clam-chowder cook-off)
- Arranging to do training to provide members with food safety certificates. This would help meet the organizational mandate of building organizational skills and training.
- More time for advanced planning so that potential participants can see what recipes are planned for which days and so that staff running the workshop can provide more informational materials particularly around the health benefits of the different foods being eaten.

## Summary

While there were no documented short-term physical and mental health improvements for members who participated in the Food is Mood program, the activities conducted as part of the program may help members meet these goals in the longer term. It will be important for the program leaders to follow up with members who participated in workshops to see if there were improvements in physical and mental health over time. Some evidence of increased social inclusion was also achieved for members who regularly attended sessions. Additional gains in social connectedness might be enhanced by asking for more of a commitment from members to participating, in order to help build relationships between members.

There was excellent development of the community of practice through the new partnerships that were built through the Food is Mood program. The program coordinator sought out local resources to help run the workshops as well as complete the cookbook, which demonstrates that the staff and organization are used to working with partners to get programs implemented.

The Food is Mood program was able to meet overarching goals of NISA, in particular the building of occupational skills for the program coordinator. Participating members also seemed to demonstrate increased self-confidence around cooking and food safety skills. Although it is not directly clear that the Food is Mood program provided access to resources for recovery, the skills learned by participants, specifically skills around food security and tools to promote healthy eating, may help in their recovery. Given that poor food security was identified in the expression of interest as an issue for many of NISA's members, food security skills may also be important in aiding in those members' recovery as well. It will be important for NISA to follow up with program participants in order to determine whether the program is meeting these broader organizational goals.

## Appendix A: Photos



Figure 1. Message board to members, included information about the Food is Mood program



Figure 2. Kitchen

## Appendix B: Food is Mood Internal Evaluation Summary

Please be advised that the evaluation forms were different for each workshop and because the workshops were open to all members it is possible that a person could answer the same question more than once.

### Evaluation Question

1. Did you enjoy the workshop (are you happy you took the workshop)? 21 responses 21 yes/ 0 no
2. Did you learn anything in today's workshop? 11 responses 11 yes / 0 no
3. Will you attend future workshops? 31 responses 31 yes / 0 no
4. Was the workshop easy to understand? 15 responses 15 yes / 0 no
5. Did you learn anything about food safety? 10 responses 6 yes / 2 no/ 1 answer not completed/ 1 somewhat
6. Did you learn anything about healthy eating? 6 responses 5 yes / 0 no/ 1 answer not completed
7. Did you like the person presenting? 3 responses 3 yes / 0 no
8. Have you heard about food safety before this workshop? 4 responses 4 yes / 0 no
9. Did you learn any new skills? 4 responses 3 yes / 1 somewhat
10. Was the workshop easy to understand? 15 responses 15 yes / 0 no

Do you think that the objectives were accomplished?

1. Demonstrate ways to make chicken more cost effective.
2. Teach proper hand washing and food handling
3. Discuss nutrition and Canadian

6 responses / 6 yes / 0 no

Do you think that the objectives were accomplished?

1. Learn about Aboriginal culture.
2. Prepare Aboriginal recipes.
3. Discuss nutrition and proper food handling (hand washing)

5 responses / 5 yes / 0 no

Do you feel today's objectives were met?

1. Brief discussion on Canada's Food Guide.
2. Discussion on hygiene in the kitchen.
3. Prepare Banana Blueberry Orange Smoothie.
4. Prepare Red Potato Salad

5 responses / 5 yes / 0 no

After each question members were encouraged to make additional comments. Here are the questions and comments.

1. Did you learn anything about food safety?  
"Wash in between activities"  
"Temperatures of cooking"  
"Javex solution"  
"I had a good time today"
2. Did you learn anything about healthy eating?

"I enjoyed the tuna melt, the bean soup, and corn soup"  
"Combining food groups in recipes"

3. Would you attend future workshops?

"I enjoy the information & the camaraderie"

4. Please make suggestions.

"Have Pat and Gillian back"

"Need a bigger kitchen"

"Everything was well timed. We had enough time to talk about the different topics and then everyone got organized to make the food. Everything was very good."

5. What was your favorite part of the workshop?

"Eating"

"Grating the cheese"

"Omelets"

"Mixing"

"Eating Pancakes"

6. Are there any ideas you have for future workshops on mood and food?

"Pancakes" \* please note this suggestion was made three times\*

7. What part didn't you like?

"I liked it all"

8. Name one thing you learned today.

"How to cook pancakes"

9. What do you like about the community kitchen?

"Social action with other members"

"Social atmosphere"

"Free- Good food"

"Everything"

"Working all together"

"People"

"I like the food and social aspect of it"

"Social milivena (sic). Food is tasty. Group responds well to sharing space."

"It's an opportunity to try out a new program at NISA."

"You have a choice as to what to eat."

10. How could the community kitchen be improved?

"Larger kitchen, more baking utensils."

"Much more space."

"More space needed."

"I don't know."

"Larger kitchen, more stove."

"We could use a bigger space."

"Bigger budget."

“More space to allow for more consumers.”

11. Do you have any suggestions regarding the kinds of food and amounts of food that is cooked?

“Low cholesterol or low fat.”

“Make muffin day-bran, banana, blueberry”

“More food needed.”

“Plenty, hearty, healthy.”

“Chunky chicken; healthy.”

“I would suggest using members’ recipes.”

“More fruits and veggies.”

“I appreciate the allowing to cook recipes for diabetics.”

12. Do you feel the group works well together? If not, what changes would you suggest?

“Very successful”

“The group worked very well together”

“Yes, I do”

“Yes” (6 responses)

“I feel we had the correct leadership and yes we worked well together”

“Every time we do this the group bonds better”

13. Are there recipes you would like to make or learn to make in the group? If yes, please list those recipes.

“Zucchini muffins, corn muffins”

“No” (3 responses)

“Chili con carne”

“Chili dogs”

“Cake”

“I have a good cabbage recipe that could be used”

“A new soup recipe”

“Soup, stew”

“Yes, different soups & stews”

14. Has attending this group been beneficial to you? If yes, in what way? If not, why?

“Social aspect is great for my down days, gives inspiration to be around other members instead of sitting and staring at four walls”

“Socializing”

“Yes something to look forward to”

“Yes keeps me occupied”

“Yes, you weren’t hungry after eating. I’d make it again at home.”

“Yes it has introduced me to some new friends and taught me how to make pizza”

“I enjoy the social interaction”

“Yes”

“Yes everyone is friendly”