

ALBERTA FIRST NATIONS

# Chronic Disease Prevention

## EVIDENCE TABLE



## **ACKNOWLEDGMENTS**

This document is a revision of a 2009 version of the Chronic Disease Prevention Evidence Table. The original document was produced by Health Canada, First Nations and Inuit Health Branch, Alberta Region. The revision of this document was done with permission from Health Canada.

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# TABLE OF CONTENTS

<b>Introduction.....</b>	<b>1</b>
What is the purpose of this resource?.....	1
Who can use this resource?.....	1
What are evidence-based practice activities and why should we use them?.....	1
<b>How does this resource work?.....</b>	<b>2</b>
Factors for success .....	3
<b>GOOD NUTRITION .....</b>	<b>5</b>
Good nutrition – examples of evidence-based programs .....	11
Take 5: 5-10 a day your way.....	12
CookShop Program .....	13
Urban Aboriginal Community Kitchen Garden Project .....	14
Good Food Box .....	15
Little Salmon Carmacks Greenhouse and Farm .....	17
‘Drop the Pop’ .....	18
Baltimore Healthy Stores.....	19
Cooking Fun for Families (urban) & Food Skills for Families (rural) .....	21
Sandy Lake Diabetes Prevention Project.....	23
The MEND (Mind, Exercise, Nutrition...Do it!) Program .....	24
Healthy Buddies .....	26
Kahnawake School Diabetes Prevention Program.....	27
Nutrition Exercise Lifestyle Intervention Program (NELIP).....	28
<b>PHYSICAL ACTIVITY.....</b>	<b>31</b>
Increasing physical activity – examples of evidence-based programs .....	37
Kainai – Ever Active Schools.....	38
Switch Play.....	39
Physical Activity for Life (PAL) .....	41
Community Healthy Activities Models Program for Seniors (CHAMPS) II .....	42
Commit to Quit.....	43

## **DECREASING THE USE OF NON-TRADITIONAL TOBACCO . . . . . 45**

Decreasing the use of non-traditional tobacco – examples of evidence-based programs . . . . .	51
Forever Free . . . . .	52
Project Towards No Tobacco Use (TNT) . . . . .	53
Project Ex-4 . . . . .	54
Enhancing Tobacco Control Policies in NW Indians. . . . .	55
Ottawa Model for Smoking Cessation. . . . .	56

## **RESPONSIBLE USE OF ALCOHOL. . . . . 59**

Responsible use of alcohol – examples of evidence-based programs . . . . .	61
Strengthening Families for the Future AND Strengthening Families for Parents and Youth (Canadian) . . . . .	62
Listening to One Another . . . . .	64
Nimi Icinohabi Program. . . . .	65
Project Northland . . . . .	66
School Health and Alcohol Harm Reduction Project (SHAHRP). . . . .	68

## **Glossary . . . . . 69**

## **References . . . . . 73**

# INTRODUCTION

## What is the purpose of this resource?

**Chronic diseases** are the largest cause of death in the world. In 2010 heart disease, cancer and diabetes caused over 22 million deaths world-wide. The same thing is true in Canada. Every year in Canada 67% of all deaths are caused by cancer, diabetes, heart disease and chronic respiratory diseases.

These **chronic diseases** share key **risk factors**. These **risk factors** are; unhealthy diets, lack of **physical activity**, non-tradition tobacco use and alcohol use. There is strong evidence that shows programs that change **health behaviour** around these **risk factors** can prevent people from getting these **chronic diseases** or make the diseases easier to manage.

The *Chronic Disease Prevention Evidence Table (2015)* is set-up to make program planning a simple process for community planners. It gives a summary of **strategies** and activities to change **health behaviour** around nutrition, **physical activity**, non-traditional tobacco use and alcohol use that have been proven to work. If you can make positive **behaviour change** in these four areas you can lower the effect that **chronic disease** has on your community. You will stop or delay common **chronic disease** symptoms like obesity, high blood pressure, high cholesterol and poor blood sugar control.

## Who can use this resource?

Everyone. The *Chronic Disease Prevention Evidence Table (2015)* was made for all health program planners and decision-makers to use. This includes nurses, health directors, health promoters, dietitians and Community Health Representatives.

## What are evidence-based practice activities and why should we use them?

When planning **chronic disease** prevention **strategies**, program planners are encouraged to use **evidence-based practice activities**. These activities are promoted because they are **interventions**, programs, or initiatives that have shown over and over again to make positive changes to the health of the program participants. These activities are flexible in different settings and have the most recent scientific facts to support their success. They have been strongly evaluated.

Because of these reasons, **evidence-based practice activities** are more likely to lead to **chronic disease** prevention programs that are successful at making a change. Using an activity that is **evidence-based** increases the chance of improving the health of your community and making the best use of your health program dollars.

# ■ HOW DOES THIS RESOURCE WORK?

There are four key **chronic disease risk factors** that you can change. These **risk factors** are:

- Poor nutrition
- Physical inactivity
- Non-traditional tobacco use
- Alcohol use

In each section of this resource you will find goals, **strategies**, activity ideas and examples of current programs that have been used to make positive **behaviour changes** in each of these four **risk factor** areas. This resource is organized to reflect this positive approach as it focuses on behaviours that protect people from developing **chronic disease**. These **protective factors** are *good nutrition, physical activity, decreasing the use of non-traditional tobacco and responsible use of alcohol*.

This resource will give you the option to use **strategies** and activities to match the priorities, values, traditions, structure and resources of your unique community.

Any terms that are **bolded** in the body of the text or tables will be in the GLOSSARY at the end of this document (page 69). This GLOSSARY will give the definition of the word or term as it is being used in this resource.

The steps and picture below will show you how to use the *Chronic Disease Evidence Table (2015)*.

## **STEP 1**    **Decide on a chronic disease protective factor**

Do you want to target your program or activity at good nutrition, **physical activity**, decrease or cessation of non-traditional tobacco use or responsible alcohol use? Ask yourself – what is the most important need in your community? What will work best with what you are already doing?

## **STEP 2**    **Decide on your target audience**

Who do you want to change knowledge or behaviour in? It could be children and youth, Elders, the workplace, or the broader community. You could also focus on a policy change.

## **STEP 3**    **What is your goal?**

A goal is a broad statement that describes the change that you want to make with your program or activity. With each **protective factor** and target audience, the *Chronic Disease Prevention Evidence Table (2015)* gives a goal that is common in **chronic**



**disease** prevention planning. You can use the goal that is given, or change the goal to fit your needs.

**STEP 4 What strategies will you use to reach your goal?**

A **strategy** is the plan or method that you will use to reach your goal. In the *Chronic Disease Prevention Evidence Table (2015)* there are some suggested **strategies** that will help reach each goal. You can choose the one that best meets the needs, priorities, and resources of your community. You can also use one of your own.

**STEP 5 Choose activities that will help you to fulfil your strategy(ies).**

The activities listed in the *Chronic Disease Evidence Table (2015)* have been shown to help lower the number of people who get **chronic disease**. These activities can be used in your community to help you fulfil the **strategy** that you chose to reach your **chronic disease** prevention goal. It is important to remember that these activities are not 'one-size-fits-all' and that they can be changed to fit your community's needs. Some activities may not be good for all communities to try, however, don't let this discourage you. Change an activity so it serves your community best.

**STEP 6 Program examples**

At the end of each section there are examples **evidence-based practice** programs. These examples will give you a chance to see what has worked for others. These examples will help you to choose something that will work for your community. The goals or **objectives** of the program and target audience are given, and a short program summary is included. You will also find links to more information about the programs and resources that are available.

Here is an example that shows you the steps using physical activity as the protective factor that health programming is being made for.

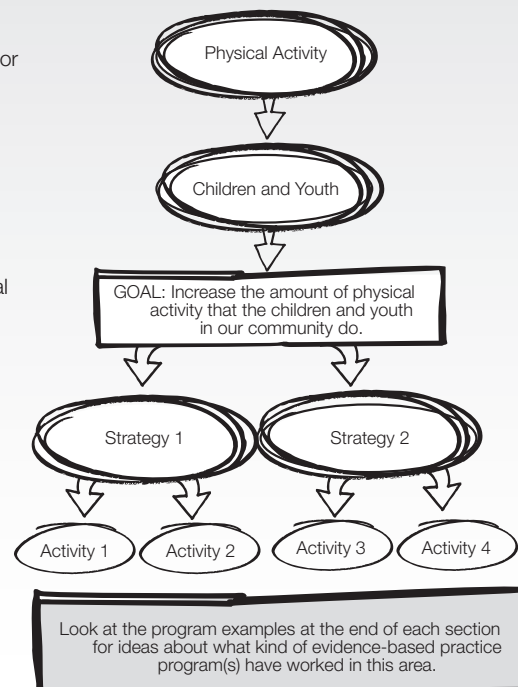
1 Decide on a chronic disease protective factor to focus on.

2 Decide on your target audience

3 Choose or make a goal that is best for your target audience

4 Which strategy(ies) work for your community?

5 Choose or make activities that will help reach your strategy(ies)



## Factors for success

When trying to change a **health behaviour** in a population, there are some factors for success that are true in almost every case. The points below may not always be possible, but know that they are key factors of success when trying to lower the risk and impact of **chronic disease** in your community.

1. The more activities that you use to fulfil a **strategy**, the more likely you are to see change in the behaviours, attitudes and knowledge of your community. If possible, try more than one activity with each of your **chronic disease** prevention **strategies**. For example, if your strategy is to increase the number of vegetables and fruits that elementary students eat each day, you could try the following activities:

- Change the school menu to offer more vegetables and fruit options (change the **built environment**).
- A classroom activity (improve the knowledge of the students about the importance of vegetable and fruit to their health).
- A homework activity to have children pack their own lunch and include one vegetable and one fruit (increase the skills and confidence of the students to make the **behaviour change**).

If you used all three of these activities, you would have a greater chance of changing the vegetable and fruit eating behaviour of your target audience than if you had used only one.

**Interventions** should focus on an ACTION (like a **behaviour change** or a new skill) rather than a gain in knowledge only. Knowledge is necessary, but helping people learn HOW to do what you are promoting is more important than just telling them they should do it.

2. The longer an **intervention** is in length the greater the chance that the positive **behaviour change** will be accepted and continued.
3. The following things are important factors in supporting your activity or program's success:
  - Get the community involved. The more people that 'buy in' to your program the greater the chance of its success.
  - Change the activity or program so that is culturally appropriate for your community.
  - Take a **holistic** approach to your planning – It is important to think about the whole person in your **strategies** and activities. You may be focusing on increasing the amount of **physical activity** that your target audience does, but if you make an effort to focus on the whole person – and take into account all the mental and social factors that contribute to whether or not people are physically active – the better your activity will be.



# **GOOD NUTRITION**



## TARGET AUDIENCE

Children and Youth

# GOOD NUTRITION

**GOAL »** Increase the number of nutritious food choices made by children and youth.

Strategies to help achieve the goal	Activities to achieve these strategies
1. Increase the amount of vegetables and fruits that children and youth eat.	<ul style="list-style-type: none"> <li>• Introduce classroom lessons and activities that are long enough in length to be able to change nutrition knowledge.</li> </ul>
2. Decrease the amount of dietary fat that children and youth eat.	<ul style="list-style-type: none"> <li>• Make long term changes to school/day-care/Head Start menus that promote <b>nutrient dense</b> food choices from all food groups.</li> </ul>
3. Decrease the amount of pop and other <b>sugar-sweetened beverages</b> that children drink.	<ul style="list-style-type: none"> <li>• Promote family involvement that supports <b>behaviour changes</b> that are introduced at school/day-care/Head Start (homework or in-school activities, celebrations or 'challenges' that can include family members).</li> </ul>
4. Increase the amount of milk, milk alternatives and water that children and youth drink.	<ul style="list-style-type: none"> <li>• Use media marketing (posters, displays, announcements in radio, websites, email, social media) to encourage participation in school/community events that include children and youth.</li> </ul>
5. Increase in the skills of children to prepare healthy food.	<ul style="list-style-type: none"> <li>• Work with your school principal and teachers to contact <b>APPLE</b> Schools for their implementation processes and helpful resources.</li> <li>• Ask Elders to teach children and youth traditional methods of gathering, preparing and eating food in both the school or community setting.</li> </ul>

# GOOD NUTRITION

TARGET  
AUDIENCE

Community

**GOAL »** Increase the number of healthy food choices made by people in your community.

Strategies to help achieve the goal	Activities to achieve these strategies
1. Increase the amount of vegetables and fruit that your community members eat.	<ul style="list-style-type: none"> <li>• Family activities like community-wide dinners that include nutrition education or introduction to new <b>nutrient dense</b> foods.</li> </ul>
2. Decrease the amount of dietary fat eaten by community members.	<ul style="list-style-type: none"> <li>• Change workplace policies about foods that are offered, served, sold or placed in vending machines.</li> </ul>
3. Increase the access to healthy food choices in your community.	<ul style="list-style-type: none"> <li>• Store-based <b>interventions</b> – work with business owners to change the foods sold, how they are advertised or where they are placed in the store.</li> <li>• Store-based <b>interventions</b> – work with business owners to provide information like <b>nutrition labelling</b>, recipes or nutrition-related events in the community.</li> </ul>
4. Increase the access to affordable healthy food choices in your community.	<ul style="list-style-type: none"> <li>• Start community, individual or shared gardening projects. Give any extra vegetables and fruit to schools, day-cares and <b>food insecure</b> households.</li> </ul>
5. Increase the awareness and understanding of the role that healthy foods play in overall health and disease management.	<ul style="list-style-type: none"> <li>• <b>Nutrition labelling</b> and nutrition information available in cafeterias, worksites, grocery stores, restaurants and/or schools that will support healthy food choices.</li> </ul>

## TARGET AUDIENCE

Elders

## GOOD NUTRITION

**GOAL »** Increase the number of healthy food choices made by Elders in your community.

Strategies to help achieve the goal	Activities to achieve these strategies
1. Increase the awareness and understanding of the role that healthy foods play in overall health and disease management.	<ul style="list-style-type: none"> <li>• Nutrition education (could include personal goal setting) that promotes healthy eating choices.</li> <li>• Increase homecare/personal visits that support and promote healthy eating. Target key nutrients that are at highest risk for deficient intake.</li> </ul>
2. Provide opportunities for Elders to share gardening knowledge, traditions and/or participation.	<ul style="list-style-type: none"> <li>• Start community, individual or shared gardening projects. Give any extra vegetables and fruit to schools, day-cares and <b>food insecure</b> households.</li> </ul>
3. Create social support for Elders to eat nutritiously by working with families, health care workers and peers.	<ul style="list-style-type: none"> <li>• Work with business owners to change the foods they sell, how they are advertised or where they are placed in the store.</li> <li>• Give opportunities for Elders to share their knowledge about traditional methods of gathering, preparing and eating food. This can be done informally, at home, or in the community at special events or through programs.</li> </ul>
4. Increase the access that Elders have to healthy food choices.	

Personal goal setting resource – SMART Goal Worksheet

[www.tacoma.washington.edu/diversity/programs/ssmp/SMART\\_Goals\\_Worksheet.pdf](http://www.tacoma.washington.edu/diversity/programs/ssmp/SMART_Goals_Worksheet.pdf)

## TARGET AUDIENCE

Workplace

# GOOD NUTRITION

**GOAL »** Increase the number and opportunity for healthy food choices that are being made in the workplace.

Strategies to help achieve the goal	Activities to achieve these strategies
1. Increase the amount of vegetables, fruits and fibre eaten by the people in your workplace.	<ul style="list-style-type: none"> <li>• Change workplace policies about the foods that are served or sold at work.</li> <li>• Have fridges and/or microwaves in your workplace to allow for foods brought from home to be safely stored and eaten.</li> </ul>
2. Make changes to the <b>built environment</b> at work that encourage healthy food choices by your employees.	<ul style="list-style-type: none"> <li>• Encourage and support family involvement through activities, celebrations or 'challenges' that can include family members.</li> <li>• Provide individual or group counselling or education opportunities about good eating habits in the workplace.</li> </ul>
3. Increase the amount of water and decrease the amount of <b>sugar-sweetened beverages</b> drank by the people in your workplace.	<ul style="list-style-type: none"> <li>• Change the foods and/or drinks that are put in the vending machines.</li> </ul>

## TARGET AUDIENCE

### Policy

## GOOD NUTRITION

**GOAL »** Increase the amount of healthy foods available and consumed throughout your community.

Strategies to help achieve the goal	Activities to achieve these strategies
1. Increase the access to healthy food choices in your community.	<ul style="list-style-type: none"> <li>• Work with business owners to change the foods sold, how they are advertised or where they are placed in the store.</li> <li>• Start community, individual or shared gardening projects. Give any extra vegetables and fruit to schools, day-cares and <b>food insecure</b> households.</li> </ul>
2. Increase the access to affordable healthy food choices.	<ul style="list-style-type: none"> <li>• Give chances for Elders to share their knowledge about traditional methods of gathering, preparing and eating food. This can be done in the community at special events or through formal programs.</li> <li>• Change the foods and/or drinks that are put in the vending machines in public places.</li> </ul>
3. Remove barriers to policy changes that support healthy food choices.	<ul style="list-style-type: none"> <li>• Make school or workplace policies like cafeteria menu changes that will support healthy food and drink choices.</li> <li>• Put a tax increase on unhealthy foods.</li> <li>• Give subsidies on healthy food and drink choices (i.e.; milk, vegetables and fruit).</li> </ul>



# **GOOD NUTRITION**

## **EXAMPLES OF EVIDENCE-BASED PROGRAMS**

## PROGRAM TITLE

### Take 5: 5-10 a day your way

## GOOD NUTRITION

### Target Audience

- Women aged 25-45 and their families.

### Program Goals and Objectives

The **objectives** of the program are to inform, educate, and encourage **behaviour change** related to vegetable and fruit procurement, preparation and storage in Ontario women aged 25-45 and their families. The program wanted to help them eat five to 10 servings of vegetables and fruit every day.

### Program Overview

This was a community-based behavioural **intervention** developed by Cancer Care Ontario (CCO). The Take 5 program is made up of six training modules based on social learning theory and **behaviour change**. The program was given once a week for six weeks by a trained facilitator.

### Website/Resources

EXECUTIVE SUMMARY Evaluation Results of the Pilot of Take 5: 5-10 a day...your way Vegetable and Fruit Behaviour Change Intervention » [www.ontla.on.ca/library/repository/mon/9000/247964.pdf](http://www.ontla.on.ca/library/repository/mon/9000/247964.pdf)

5-10 Homepage » [www.5to10aday.com/](http://www.5to10aday.com/)

### Sample Indicators to Measure Success

- Increase the amount of vegetables and fruits that participants and their families ate.
- Changes in behaviour, skills and knowledge about the importance of eating vegetables and fruit for health reasons.

## DURATION

Six training modules delivered at a rate of one/week.

**CookShop  
Program****GOOD NUTRITION****Target Audience**

- Children (age 6-12).
- School-based in neighbourhoods considered to be low-income.

**Program Goals and Objectives**

The goals of the CookShop program are to:

- Increase the amount of whole grains and vegetables that children eat.
- Improve children's preferences, attitudes, **self-efficacy**, and knowledge about these foods.

**Program Overview**

The CookShop program is a school-based nutrition **intervention** that targeted low-income children in an elementary school setting. The program promoted the eating of whole grains and vegetables. The program was delivered as a weekly classroom cooking and hands-on learning experience. Each week, one of 13 different whole grains or vegetables was targeted. The class would discuss the food in terms of plant anatomy, plant source; historical origins of the plant, and any other interesting information. Then in small groups they learned to prepare a dish using the food. Children were then able to eat what they made.

Throughout the five months that the program ran, the cafeteria also offered one of the targeted plant foods daily on a rotating schedule. Parents were given newsletters with information on buying, storing, and making the targeted whole grains and vegetables.

The program is now implemented in low income neighbourhoods of New York City by the Food Bank of NYC. The program has been used with both teenager and adult audiences.

**Website/Resources**

CookShop Program » [www.foodbanknyc.org/cookshop](http://www.foodbanknyc.org/cookshop)

**Sample Indicators to Measure Success**

- An evaluation of the CookShop program found that participating students had a larger intake of the targeted foods in the lunchroom, had more healthful food preferences, greater cooking **self-efficacy**, and better knowledge of the nutrition curriculum.

**DURATION**

Weekly classroom cooking for five months of the school year.

## PROGRAM TITLE

### Urban Aboriginal Community Kitchen Garden Project

## GOOD NUTRITION

### Target Audience

- This program was originally developed to target urban Aboriginal adults, but could be adapted for rural settings. There would be value in including children and youth with supporting adults in a revision of this program.

### Program Goals and Objectives

The stated mission of this garden project is “to give the opportunity and support for Aboriginal people living in East Vancouver to improve our capacity and create community by collectively, sustainably growing our own vegetables”.

### Program Overview

Started in 2005, the Urban Aboriginal Community Kitchen Garden shares a half-acre of University of British Columbia farmland with the Musqueam Community Kitchen Garden. Transportation to the garden is provided to the East Vancouver participants who plant, tend and harvest the garden produce. During each visit, participants share a meal in the on-site community kitchen. Crops grown include fruits, vegetables and herbs. These are used for cooking, traditional medicine and ceremonial purposes.

In addition to giving access to culturally-acceptable food, the project has shown to be good at community and social support, and teaching gardening, food processing, preservation and knowledge of food system issues.

### Website/Resources

This is a link to the original research article. It is a very good read » <http://heapro.oxfordjournals.org/content/25/2/166.full.pdf+html>

### Sample Indicators to Measure Success

- Participant satisfaction.
- Increase in skills, knowledge and cultural traditions.
- Reduction in reported **food insecurity**.
- Increase in the number of variety of vegetables and fruit servings eaten daily.
- Increase in **community engagement**.
- Increase in **physical activity**.

## DURATION

Program is ongoing.

## Good Food Box

# GOOD NUTRITION

### Target Audience

- Community groups or neighbourhoods.
- Individuals and families who are **food insecure**.

### Program Goals and Objectives

The goal of this program is to reduce **food insecurity** by making local fresh vegetables and fruits available and affordable.

### Program Overview

The Good Food Box (GFB) is a food buying and delivery system that offers a variety of fresh, nutritious foods at an affordable price to low-income people. Once or twice a month, individuals and families place orders for boxes with volunteer co-ordinators in their community. Program workers buy foods in bulk from local farmers, producers and wholesalers, and volunteers and staff pack the boxes for delivery. In some GFB programs, delivery is to local depots for pick-up. Customers pay the cost of the food itself, while distribution overheads are subsidized.

There are many communities across the province and country that have a Good Food Box program, so there are lots of contacts in the province for support and help. This program has already been successfully adapted to some Alberta First Nations communities.

This program could be run in association with a community garden project.

### Website/Resources

Good Food Box – A guide to starting your community Good Food Box – Four Alberta communities share their story

- If you have a OneHealth account you can access this resource under the Nutrition page » [www.onehealth.ca](http://www.onehealth.ca).
- If you do not have a OneHealth account please call the First Nations Inuit Health Resource Library at 780-495-2699 to have one sent to you.

The Good Food Box – A Manual (2nd edition) 2008 » [www.foodshare.net/files/www/Fresh\\_Produce/GFBManual-2ed.pdf](http://www.foodshare.net/files/www/Fresh_Produce/GFBManual-2ed.pdf)

Access to Food in Alberta: This is an interactive list of the **food security** services that are available throughout Alberta. They are organized by community » [www.albertahealthservices.ca/hp/if-hp-sn-access-to-food-in-alberta.pdf](http://www.albertahealthservices.ca/hp/if-hp-sn-access-to-food-in-alberta.pdf)

## DURATION

Program is ongoing.

### **Sample Indicators to Measure Success**

- The number of households that report **food insecurity**.
- Creation of a positive relationship between accessibility of healthy food in the home and how often these foods are eaten.
- Increase in self-reported **self-efficacy** around gardening and food production.
- Increase in **community capacity**.
- Increase in nutrition and food production knowledge.



## PROGRAM TITLE

### Little Salmon Carmacks Greenhouse and Farm

## GOOD NUTRITION

### Target Audience

- **Food insecure** households and individuals in the community.
- Youth who are looking for employment.

### Program Goals and Objectives

This program hopes to:

- Increase the **food security** of the community.
- Increase the number of youth employment opportunities.
- Provide healthy food to the hungry and vulnerable members of the community.

### Program Overview

The Little Salmon Carmacks First Nation is located in the Yukon. They started this community garden project in 2000. The garden produces fresh foods which are given out within the community. Priority is given to members with diabetes, pregnant and nursing mothers, and a local school. The program also gives several employment opportunities for community members.

**Outcomes** include: high demand for the produce and increasing number of members with their own backyard gardens, source of pride and media attention. They have been approached by other communities to learn about the program and its success.

### Website/Resources

The following is a link to a resource called *Celebrating Our Stories: Building a Healthier Yukon Together*. This book has eight stories from Yukon communities that support health and well-being. It has a description of the Little Salmon Carmacks Greenhouse and Farm » [www.aicbr.ca/announcements/celebrating-our-stories-building-a-healthier-yukon-together](http://www.aicbr.ca/announcements/celebrating-our-stories-building-a-healthier-yukon-together).

Working Towards Wellness » [www.yukonwellness.ca/pdf/celebratingourstories.pdf](http://www.yukonwellness.ca/pdf/celebratingourstories.pdf).

### Sample Indicators to Measure Success

- The number of households that report **food insecurity**.
- Creation of a good relationship between availability of healthy food in the home and how often these foods are eaten.
- More self-reported **self-efficacy** around gardening and food production.
- Increase in **community capacity**.
- Increase in nutrition and food production knowledge.
- Number of youth that the program has jobs for.

## DURATION

Program is ongoing.

**‘Drop the Pop’**

## GOOD NUTRITION

### Target Audience

- Children and youth and their families.
- School and classroom setting.

### Program Goals and Objectives

The goal of this program is to:

- Get children and their families to drink healthier beverages.
- Learn new skills and knowledge for healthy eating.
- To promote long-term healthy food intakes that maintain and improve overall well-being and prevent obesity and **chronic diseases** later in life.

This is a Canadian program that was developed in the Yukon and is already adapted by one First Nations community.

### Program Overview

‘Drop the Pop’ is an annual, month-long school-based program that encourages youth to lower the amount of **sugar sweetened beverages** that they drink and increase the amount of healthy foods they eat. Students make visual displays, do special activities, and receive awards and **incentives** to make them want to ‘Drop the Pop’. The program started in Nunavut in 2003, and in 2011 was copied in the Yukon and the Northwest Territories. It has also been adapted by at least one First Nation community (James Bay Cree).

### Website/Resources

<http://choosenwt.com/programs/drop-the-pop/>

<http://cbpp-pcpe.phac-aspc.gc.ca/aboriginalwtt/drop-pop/>

### Sample Indicators to Measure Success

A decrease in the amount of sugar sweetened beverages that are drank (measured at the beginning and the end of the program and again at 30 and 60 days after the program has been delivered)

### DURATION

This has been run as a one month program during each school year in elementary and junior high schools.

**Baltimore  
Healthy Stores****GOOD NUTRITION****Target Audience**

- Small businesses that sell food (corner stores or convenience stores).
- Could be adapted to larger food retailers.

**Program Goals and Objectives**

- To improve access to healthy foods through increasing how many healthy food choices are sold in local stores.
- To promote knowledge, purchase and consumption of these food items.

**Program Overview**

Baltimore Stores was designed to increase the availability and sales of healthy foods in corner stores located in low-income, urban neighbourhoods. To reach this goal, researchers set out to overcome the resistance of storeowners to new products and to make a demand for the healthy food items among the stores' customers.

Storeowners were offered financial **incentives**, suggestions for building relationships with their customers, nutrition education, and instruction in food purchasing, stocking and product placement. Based on customers' recall of food intake, the researchers selected ten healthy, affordable, culturally-appropriate food items that would be stocked in the stores that participated in the project.

The **intervention** was presented in five themed phases, each of two months duration. Themes included healthy breakfast, cooking at home, healthy snacks, carry-out foods, and healthy drinks. To encourage people to buy and eat the healthy food items, point-of-sale information was given to customers through taste tests, posters, shelf labels and educational displays.

**Website/Resources**

Project information and resources can be found at this link » <http://healthystores.org/projects/archive/baltimore-healthy-stores/>

**Sample Indicators to Measure Success**

- Changes in the storeowners' expectations about how to promote healthy foods in their store.
- Changes in stocking of healthy foods in the corner stores.
- Changes in sales of the healthy foods.

DURATION

10 months.

In Baltimore, results showed that in the **intervention** stores, storeowners' **self-efficacy** and knowledge scores went up. Stocking figures showed that **intervention** stores had increased the amount of healthy foods that they offered for sale. In the original project, sales figures showed improved sales of some healthy items in the stores, particularly cooking spray, low-sugar cereals, low-fat chips, low-salt crackers, whole wheat bread and 100% fruit juices. Stocking and sales of the healthy foods were continued six months after the end of the program.

## PROGRAM TITLE

### **Cooking Fun for Families (urban) & Food Skills for Families (rural)**

## GOOD NUTRITION

### **Target Audience**

- Communities (rural and urban).
- Low income families with school-aged children.

### **Program Goals and Objectives**

The goal of this program is to help Aboriginal, Punjabi, new immigrant and low income families improve their ability to pick and prepare healthy, culturally-acceptable meals.

Objectives:

- Connect isolated families with the school in a good way.
- To provide a supervised educational and recreational activity, for parents, or for parents and their children to do together.
- Give food/nutritional support for low income families.
- Boost self-confidence and social support for parents and children.
- Increase self-confidence and independence in their cooking skills.
- Give an chance for families to connect with one another and see what resources are open to them.
- Educate and motivate people about the importance of healthy eating.

### **Program Overview**

This is a motivational and skill-building program for healthy eating, networking and social support improvement, relationship building, confidence building, and enjoyment. It brings parents into the schools, or in some cases, other community institutions, and supports learning, literacy, and lifelong education.

Led by the Canadian Diabetes Association and the B.C. Healthy Living Alliance and funded by ActNow BC, Food Skills for Families was set-up for low-income, Aboriginal, Punjabi or new immigrant families in British Columbia communities. It was offered for free to the participants.

It can be held in school kitchens or similar facilities belonging to other organizations. Groups of eight to 12 people met weekly with a certified community facilitator for six sessions. Participants cooked and shared meals together and learned about nutrition, safe food handling, meal planning and healthy snacks. The program built social support networks within the target groups.

The program ran for three sessions in several communities in British Columbia, and has been adapted for delivery in a rural setting.

## DURATION

Delivered as six weekly sessions.

### **Website/Resources**

A School-Based Communities Kitchens Program as a Strategy for Providing Food and Nutrition-Related and Psychosocial Benefits to Inner City Families » [https://circle.ubc.ca/bitstream/handle/2429/23343/ubc\\_2010\\_spring\\_milligan\\_carol\\_dawne.pdf?sequence=1](https://circle.ubc.ca/bitstream/handle/2429/23343/ubc_2010_spring_milligan_carol_dawne.pdf?sequence=1)

Fresh Choice Kitchens » [www.freshchoicekitchens.ca/?CFFF](http://www.freshchoicekitchens.ca/?CFFF)

Food Skills for Families » [www.foodskillsforfamilies.ca/](http://www.foodskillsforfamilies.ca/)

### **Sample Indicators to Measure Success**

Evaluation results show that participants practice what they learned, changed their cooking and eating patterns after completing the program. The participants also said they had greater confidence reading nutrition labels and trying new recipes.

[www.foodskillsforfamilies.ca/about/program-outcomes/](http://www.foodskillsforfamilies.ca/about/program-outcomes/)



## GOOD NUTRITION

### Target Audience

First Nations communities:

- Workplaces, schools and families.
- Policy development.
- Community businesses (food **point-of-purchase**).

### Program Goals and Objectives

- Learn the rate of diabetes in their community.
- Describe biological and lifestyle factors linked with diabetes.
- Develop culturally appropriate **intervention strategies** based on **ethnographic** data.
- Make an **intervention strategy** that could be repeated in other First Nations communities.

### Program Overview

This diabetes prevention program has many targets for change and has been implemented over the past 20 years in the remote fly-in First Nation community of Sandy Lake in northern Ontario. The **intervention** includes: school-based diabetes lessons for children in grades 3 and 4; a diabetes radio show; and community activities aimed at increasing awareness and prevention of diabetes. The program was developed and managed by a partnership between the community of Sandy Lake and academic researchers.

### Website/Resources

Sandy Lake Health Authority » <http://sandylake.firstnation.ca/sandy-lake-health-authority>

### Sample Indicators to Measure Success

Pre-test/post-test evaluation findings reported an increase in healthy eating intention, healthy dietary preference, knowledge of health and nutrition and curriculum material, **self-efficacy** to eat healthy food, increase in dietary fibre and a decrease in screen time. No difference was found in intake of dietary fats although participants had a better understanding of the health concerns of eating a high-fat diet.

DURATION

Project is ongoing.

## PROGRAM TITLE

# GOOD NUTRITION/ PHYSICAL ACTIVITY

## The MEND (Mind, Exercise, Nutrition...Do it!) Program

### Target Audience

- Families with children from 2-13 years of age.

### Program Goals and Objectives

The MEND program aims to empower families of overweight and obese children to adopt and keep healthy lifestyle. The purpose of the program is to bring about long term improvements in families' dietary intake, fitness levels and overall health to help encourage healthy growth and weight management.

### Program Overview

The MEND Program is community-based. This program combines family involvement, **behaviour change**, practical education in nutrition, and an increase in **physical activity**. MEND is not a diet and it is not designed for rapid weight loss.

Families go to 20 bi-weekly sessions over the course of 10 weeks. Each session is two hours long, and is divided into two, one hour-long halves. These sessions teach hands-on skills around nutrition, education about healthy food choices and **behaviour change** methods to support healthy new habits. Children do fun **physical activities**, while the parents have an hour of guided discussion in the second hour of each session.

This program can be given by trained health centre staff, an independent facilitator or school staff.

### Website/Resources

MEND has partnered with Alberta Health Services (AHS). AHS offers MEND to three different age groups. Click the link to connect with the AHS MEND programming » [www.albertahealthservices.ca/mend.asp](http://www.albertahealthservices.ca/mend.asp)

MEND home page » <http://healthyweightpartnership.org/>

## AVAILABLE SUPPORT

The MEND program offers tried and tested programs, with all the supporting training, resources, systems, reporting, evaluation and project management that organizations need to help their communities manage child obesity.

## DURATION

20, two-hour sessions held twice weekly (for a total of 10 weeks), followed by a two-year follow-up support service.

### **Sample Indicators to Measure Success**

- Children – body weight, height, and waist circumference.
- Parents – body weight, and waist circumference and BMI.
- Body composition.
- Blood pressure.
- Children's cardiovascular fitness was assessed by the recovery heart rate one minute after a three minute step-test.
- Children's level of **physical activity** and **sedentary** behaviour could be measured using a questionnaire.
- Measurements could be taken before the program started, and then six and 12 months later in the program.

# GOOD NUTRITION/ PHYSICAL ACTIVITY

## Healthy Buddies

### Target Audience

- Children (age 6-12).
- Classroom-based **intervention**.

### Program Goals and Objectives

The goal of this program is to empower elementary school children to live healthier lives by increasing their knowledge and helping them have positive attitudes towards three areas of health: **physical activity**, healthy eating and feeling good about oneself.

### Program Overview

Healthy Buddies is a unique, child-centred health promotion program targeting attitudes and behaviours around **physical activity**, healthy eating, healthy drink consumption, healthy growth and development and healthy body image.

The classroom setting is used to teach kids about nutrition, the benefits of **physical activity**, and about healthy growth and development. The school setting is used because the social culture in schools adds to the development of children's attitudes and habits, which influence health/lifestyle beliefs and behaviours as they mature.

Healthy Buddies was originally developed and conducted as a pilot study on the Sunshine Coast of B.C. from 2002-2004, funded by the Sick Kids Foundation. Students at one school received the program and were compared to students at another school who did not. All students were evaluated at the beginning and end of the school year.

Additional funding was received to implement the Healthy Buddies program in 46 elementary schools in British Columbia between 2006 and 2008.

### Website/Resources

Healthy Buddies – homepage » [www.healthybuddies.ca/](http://www.healthybuddies.ca/)

### Sample Indicators to Measure Success

Evaluations included measurements of height, weight, blood pressure, and heart rate. Questionnaires measured students' knowledge about foods/drinks and activities, how often specific foods were eaten, how often children were active and inactive as well as general healthy living habits.

### DURATION

The program was delivered throughout the school year.

## PROGRAM TITLE

### **Kahnawake School Diabetes Prevention Program**

## **GOOD NUTRITION/ PHYSICAL ACTIVITY**

### **Target Audience**

First Nations communities:

- Education settings – children (age 6-12).
- Community/neighbourhood.
- Recreation/fitness/sport facilities.
- Policies makers.

### **Program Goals and Objectives**

Long-term goal:

- Decrease the future incidence of Type 2 diabetes.

Short-term goal:

- Reduce obesity, improve diets and increase **physical activity** among Kahnawake children ages six to 12 years.

### **Program Overview**

This program is a community and university partnership that began in 1994. It is delivered as a school-based diabetes prevention program for elementary school aged children (Grades 1-6). The education is delivered as health lessons that are 10-45 minute per grade. The program is supported by community-wide activities that match and support what is being taught at school.

### **Website/Resources**

Kahnawake School Diabetes Prevention Program – homepage » [www.ksdpp.org/](http://www.ksdpp.org/)

Kahnawake School Diabetes Prevention Program – About the project » [www.ksdpp.org/elder/about\\_ksdpp.php](http://www.ksdpp.org/elder/about_ksdpp.php)

### **Sample Indicators to Measure Success**

Link to evaluation study » [www.ncbi.nlm.nih.gov/pubmed/15687441](http://www.ncbi.nlm.nih.gov/pubmed/15687441)

## DURATION

10-45 minute lessons  
in each Grade 1-6  
classroom.

Program is ongoing.

## PROGRAM TITLE

# GOOD NUTRITION/ PHYSICAL ACTIVITY

## Nutrition Exercise Lifestyle Intervention Program (NELIP)

### Target Audience

- Overweight and obese pregnant women in their 16th to 20th week of pregnancy.

### Program Goals and Objectives

The NELIP was designed to prevent too much weight gain during pregnancy (the target was less than 10.6kg) and to reduce weight retention (the amount of pregnancy weight new moms still have) at two months after delivery among overweight and obese pregnant women.

### Program Overview

The Nutrition and Exercise Lifestyle Intervention Program (NELIP) was a London-Ontario-based study that provided a combined nutrition and exercise program to overweight and obese pregnant women beginning in the 16th to 20th week of pregnancy. The program focused on good pregnancy weight gain, healthy birth weight and reducing weight retention in the early postpartum period.

After meeting with a dietitian, women were given nutrition plans with a total energy intake of about 2000 calories per day. Carbohydrate intake was 40-55% of total energy intake and spread across the day with three balanced meals and three to four snacks per day. Total fat intake was 30% of total energy intake (non-saturated fatty acids were substituted for saturated and trans-fatty acids) and the remaining 20-30% of energy intake was protein. The nutrition plans were also designed to meet the vitamins, minerals and water recommendations for pregnancy. Women also did a walking program of 40 minutes of walking three to four times a week until delivery.

An evaluation was conducted and the NELIP stopped excessive pregnancy weight gain (of more than 10.6 kg) and reduced weight retention at two months after delivery among program participants compared to a group women who did not take the program. The program had an 80% success rate in preventing excess weight gain.

This program has been adapted for a First Nation target audience.

### Website/Resources

Capacity-building and Participatory Research Development of a Community-based Nutrition and Exercise Lifestyle Intervention Program (NELIP) for Pregnant and Postpartum Aboriginal Women: Information Gathered from Talking Circles » <http://ir.lib.uwo.ca/cgi/viewcontent.cgi?article=1023&context=iipj>

## DURATION

From 16-20 weeks  
gestation to two months  
postpartum.



Physical Activity Readiness Medical Examination » [www.csep.ca/cmfiles/publications/parq/parmed-xpreg.pdf](http://www.csep.ca/cmfiles/publications/parq/parmed-xpreg.pdf)

**Sample Indicators to Measure Success**

- The number of participants with the right amount of pregnancy weight.
- Weight loss at two months post delivery.
- Healthy birth weight in infants.



# **PHYSICAL ACTIVITY**



## TARGET AUDIENCE

Children and Youth

# PHYSICAL ACTIVITY

**GOAL »** Increase the amount of **physical activity** that children and youth in your community participate in.

Strategies to help achieve the goal	Activities to achieve these strategies
1. Increase the number of chances that children have to be physically active.	<ul style="list-style-type: none"> <li>• Give better chances for physical education in day cares, Head Start programs and school (longer/more physical education classes)<sup>1</sup>.</li> <li>• Add <b>physical activity</b> into other school <b>outcomes</b>: <ul style="list-style-type: none"> <li>- Start a classroom garden for science class.</li> <li>- Add suggestions from Alberta Education's <b>Daily Physical Activity Handbook</b>.</li> </ul> </li> </ul>
2. Increase the support for children to be physically active.	<ul style="list-style-type: none"> <li>• Offer "just-for-fun" or developmental sport teams or intermural activities outside of class time (lunch or after school).</li> <li>• Provide opportunities for families to be involved (newsletters, activities, homework, supervision of activities).</li> <li>• Offer classroom-based health education that is specifically focused on less television viewing and other <b>screen-based leisure activities</b>.</li> </ul>

Alberta Education Daily Physical Activity Handbook.

<http://education.alberta.ca/teachers/program/pe/resources/dpahandbook.aspx>

<sup>1</sup> Cochrane Library evidence shows that children who do school-based **physical activity interventions** are about three times more likely to do moderate to vigorous **physical activity** during the school day compared to children who do not have these kinds of programs.

# PHYSICAL ACTIVITY

TARGET  
AUDIENCE

Community

**GOAL »** Increase the amount of **physical activity** that your community members participate in.

Strategies to help achieve the goal	Activities to achieve these strategies
1. Increase the number of chances for community members to be physically active.	<ul style="list-style-type: none"> <li>• Use <b>point-of-decision</b> prompts to encourage <b>physical activity</b> (signs at elevators that send people to use the stairs).</li> <li>• Community-wide campaigns that have messages on radio or newspapers that promote the good health reasons to exercise and community-based chances to participate in <b>physical activity</b>.</li> </ul>
2. Increase the number of places that community members have to safely participate in <b>physical activity</b> .	<ul style="list-style-type: none"> <li>• Develop and promote community-based social support for exercise: <ul style="list-style-type: none"> <li>- Walking groups.</li> <li>- Sign-up for 'exercise-buddies' at work or within the broader community.</li> </ul> </li> <li>• Make more safe places for <b>physical activity</b>: <ul style="list-style-type: none"> <li>- Development of indoor/outdoor facilities.</li> <li>- Use school gyms during evenings and weekends.</li> <li>- Promotions for families to use facilities at lower cost during non-peak times.</li> </ul> </li> </ul>
3. Increase the access that community members have to participate in <b>physical activity</b> .	<ul style="list-style-type: none"> <li>• Give education sessions that give good ideas about appropriate exercises for all ages.</li> <li>• Sponsor community members to get exercise training and certification: <ul style="list-style-type: none"> <li>- <b>Alberta Leadership Fitness Certification Association (ALFCA)</b>.</li> <li>- <b>Home Support Exercise Program (HSEP) facilitator</b>.</li> </ul> </li> </ul>
4. Teach community members about how important being physically active is to physical and mental health, disease prevention and disease management.	<ul style="list-style-type: none"> <li>• Hold information discussions for families/ individuals to help remove barriers to doing <b>physical activity</b>.</li> </ul>

Home Support Exercise Training. [www.uwo.ca/ccaa/training/courses/hsep.html](http://www.uwo.ca/ccaa/training/courses/hsep.html)

Alberta Fitness Leadership Certification Association (**AFLCA**) certification  
[www.provincialfitnessunit.ca/about-aflca/](http://www.provincialfitnessunit.ca/about-aflca/)

## TARGET AUDIENCE

Elders

# PHYSICAL ACTIVITY

**GOAL »** Increase the amount of **physical activity** that the Elders of your community participate in.

Strategies to help achieve the goal	Activities to achieve these strategies
1. Offer group and individual <b>physical activity</b> programming to Elders.	<ul style="list-style-type: none"> <li>• Provide exercise demonstrations at events and meetings that Elders attend.</li> <li>• Use facilitator training and exercise programs that have been developed for this target audience: <ul style="list-style-type: none"> <li>- <b>The Home Support Exercise Program (HSEP).</b></li> </ul> </li> </ul>
2. Teach personal goal setting around <b>physical activity</b> markers.	<ul style="list-style-type: none"> <li>• Have talking circles with Elders to help them remove barriers to doing enough <b>physical activity</b>.</li> <li>• Allow the use of school gyms, malls, community centres for <b>physical activity</b>. Make and maintain designated walking routes.</li> </ul>
3. Make safe environments for Elders to safely do <b>physical activity</b> in during bad weather.	<ul style="list-style-type: none"> <li>• Introduce telephone follow-up to give support to long term <b>physical activity</b>.</li> <li>• Doctor prescription for exercise.</li> </ul>

Home Support Exercise Training

[www.uwo.ca/ccaa/training/courses/hsep.html](http://www.uwo.ca/ccaa/training/courses/hsep.html)

Personal goal setting resource – SMART Goal Worksheet

[www.tacoma.washington.edu/diversity/programs/ssmp/SMART\\_Goals\\_Worksheet.pdf](http://www.tacoma.washington.edu/diversity/programs/ssmp/SMART_Goals_Worksheet.pdf)

## TARGET AUDIENCE

Workplace

# PHYSICAL ACTIVITY

**GOAL »** Create a supportive environment in your workplace that promotes and values **physical activity**.

Strategies to help achieve the goal	Activities to achieve these strategies
1. Give employees the chance and the access to do <b>physical activity</b> .	<ul style="list-style-type: none"> <li>• Allow employees two weekly paid breaks of 90 minutes to do some form of exercise.</li> <li>• Give <b>physical activity</b>-related participation <b>incentives</b> for meeting work-based targets: <ul style="list-style-type: none"> <li>- Passes to recreation facilities or programming.</li> </ul> </li> <li>• Support/sponsor professionally-lead exercise classes in your workplace at lunch hour or before or after work.</li> <li>• Promote and support <b>physical activity</b> groups or exercise 'buddy systems' within the workplace.</li> </ul>
2. Have a work environment that shows that it values <b>physical activity</b> .	<ul style="list-style-type: none"> <li>• Take monthly half-day employee retreats where the whole work place does some kind of <b>physical activity</b> together.</li> <li>• Have information sessions in your workplace that include print material, displays and/or health screening that shows the benefits of <b>physical activity</b>. Use examples of <b>physical activity</b> and distance relative to your community (for example – 10,000 steps is the equivalent of walking to the grocery store from your workplace).</li> <li>• Free use of onsite exercise program/equipment (make sure all safety precautions are looked after before you do this).</li> </ul>

# PHYSICAL ACTIVITY

**GOAL »** Increase the amount of **physical activity** and decrease the amount of **sedentary** behaviours in your community members.

Strategies to help achieve the goal	Activities to achieve these strategies
1. Improve access and chances for all community members to do <b>physical activity</b> .	<ul style="list-style-type: none"> <li>• Make and/or improve access to safe places to do <b>physical activity</b>: <ul style="list-style-type: none"> <li>- Well lit streets.</li> <li>- Build and maintain walking trails.</li> <li>- Enforce animal control.</li> <li>- Provide access to existing public facilities where people could exercise (schools, boardrooms, Friendship Centres).</li> </ul> </li> </ul>
2. Make a community culture that values and supports <b>physical activity</b> .	<ul style="list-style-type: none"> <li>• Make school physical education policies and programs that increase the number of chances to exercise outside of physical education class.</li> <li>• Make policies for day care and/or preschools and Head Start programs that limit the amount of <b>sedentary</b> activities children and staff do each day.</li> </ul>



# **INCREASING PHYSICAL ACTIVITY**

## **EXAMPLES OF EVIDENCE-BASED PROGRAMS**

# INCREASING PHYSICAL ACTIVITY

## Kainai – Ever Active Schools

### Target Audience

- Teenagers/Youth (age 13-17).
- First Nations community-based.

### Program Goals and Objectives

Ever Active Schools helps the development of healthy children and youth by making social and physical environments that support healthy, active school communities. The goal is to help Alberta students live, learn and play in these types of environments while making it possible for these school communities to connect with each other and share helpful resources.

### Program Overview

This is an example of a successful adaptation of the Ever Active School Program to a First Nation community.

The Kainai Board of Education and Ever Active Schools worked together to understand how to improve health and wellness among youth in the Blood First Nation. The project led to daily **physical activity** chances within the high school, community-wide active living days and other community awareness campaigns. A photo voice project was used to document the project and the **outcomes** reached so far. Students who have participated in this program said that they have better self-confidence, health and motivation.

### Website/Resources

Success Story – Kainai Board of Education » [www.youtube.com/watch?v=d3fJkilaOKc](http://www.youtube.com/watch?v=d3fJkilaOKc)

An Introduction to the Battle River Project: District Implementation of a Health Promoting Schools Approach » [www.everactive.org/uploads/files/Documents/Research/Gleddie-Melnychuk.pdf](http://www.everactive.org/uploads/files/Documents/Research/Gleddie-Melnychuk.pdf)

Ever Active School – main website » [www.everactive.org/](http://www.everactive.org/)

### Sample Indicators to Measure Success

- Self-reported self-confidence.
- Self-reported **health behaviour** (for example – increase in **physical activity**).

DURATION

Program is ongoing.

# INCREASING PHYSICAL ACTIVITY

## Switch Play

### Target Audience

- Classroom-based.
- 10 year old children.

### Program Goals and Objectives

The goals of this program included:

- To prevent unhealthy weight gain among 10-year olds in a school setting by reducing **sedentary** behaviour and increasing **physical activity**.
- Increase children's enjoyment of **physical activity**, and to improve movement skills related to childhood games and sports.

### Program Overview

This experimental program took place over one school year (10 months) at low income schools in Australia. The key aims were:

- To prevent weight gain.
- Reduce **screen-based leisure activities**.
- Maintain **physical activity** levels among ten-year-old students.
- Increase children's enjoyment of **physical activity**.
- To improve movement skills related to childhood games and sports.

Parts of the program were added to the regular school curriculum. The program was made up of 19 lessons (38 for the combined group), and was taught in the school setting (classroom/ outdoors) by trained physical education teachers who used a detailed curriculum.

Twelve (12) year follow-up data show that the children who were exposed to the full **intervention** were significantly less likely to be overweight.

This study found good **outcomes** for children's body mass index (BMI) and weight. On average, between the start and the end and the 6- and 12-month follow-up, the children who took the program recorded lower BMI compared with children who did not take the program.

### Website/Resources

Curriculum document for download » [www.dhhs.tas.gov.au/mwew/files\\_from\\_old\\_site/Switch\\_to\\_Activity\\_Curriculum\\_Intro1.pdf](http://www.dhhs.tas.gov.au/mwew/files_from_old_site/Switch_to_Activity_Curriculum_Intro1.pdf)

### DURATION

Each lesson takes about 45 minutes to complete.

21-month period; 19 lessons delivered over a school year (10 months) and the follow-up.

A translational research intervention to reduce screen behaviours and promote physical activity among children: Switch-2-Activity» <http://heapro.oxfordjournals.org/content/26/3/311.full.pdf+html>

Link to more information and contact information » [www.healthinonet.ecu.edu.au/key-resources/programs-projects?pid=59](http://www.healthinonet.ecu.edu.au/key-resources/programs-projects?pid=59)

### **Sample Indicators to Measure Success**

- Body Mass Index (BMI).
- Less **sedentary** behaviours measured in minutes.
- Increase in the number of minutes of **physical activity** per week.
- Changes in **self-efficacy** for participating in **physical activity**.

# INCREASING PHYSICAL ACTIVITY

## Physical Activity for Life (PAL)

### Target Audience

- Based in doctors' office.
- Doctor with patients 50 year of age and older.

### Program Goals and Objectives

The overall goal of this program is for doctors to lower the risk of **chronic disease** in their older adult patients by using an exercise prescription and individual counselling to encouraging them to exercise.

### Program Overview

Physically Active for Life (PAL) is a health care office-based **physical activity** counselling program for adults aged 50 years and older.

This is a program that is centred on the patient's needs. Doctors tailor their **physical activity** counselling message to each patient. Doctors talk to patients during a regularly scheduled appointment and then give an exercise prescription, a patient manual and schedule a follow-up appointment with their patient. After the follow-up visit, patients receive four monthly newsletters giving tips for increasing and/or maintaining physical activities.

### Website/Resources

Program information and links to resources » [http://rtips.cancer.gov/rtips/rtips\\_details.do?programid=38&topicid=2](http://rtips.cancer.gov/rtips/rtips_details.do?programid=38&topicid=2)

Physical Activity for Life – Manual for Physicians » <http://rtips.cancer.gov/rtips/viewProduct.do?viewMode=product&productId=198054>

### Sample Indicators to Measure Success

- Did patients book the follow-up appointment.
- User satisfaction with the program.
- Changes in **physical activity** minutes each week by the patients.

### DURATION

A one-hour training session on **physical activity** counselling is required. The **intervention** takes place over two doctor office visits: the first appointment and the follow-up appointment. At the first visit, doctor talk to the patient about exercise for at least five minutes.

## PROGRAM TITLE

### Community Healthy Activities Models Program for Seniors (CHAMPS) II

# INCREASING PHYSICAL ACTIVITY

#### Target Audience

- **Sedentary** and underactive older adults and seniors.

#### Program Goals and Objectives

The CHAMPS II program goals were to encourage and support long term increases in **physical activity** among **sedentary** and underactive older adults/seniors.

#### Program Overview

CHAMPS II is a one-year program which aims to increase the lifetime **physical activity** levels of seniors.

There are three parts to this program:

- Individual planning session.
- Ten monthly group workshops.
- Telephone calls.

This program has been adapted in many ways to meet the needs of each unique community's needs.

#### Website/Resources

Community Health Activities Models Program – Homepage » <http://dne2.ucsf.edu/public/champs/>

CHAMPS resources » <http://dne2.ucsf.edu/public/champs/resources/index.html>

CHAMPS in the Community » <http://dne2.ucsf.edu/public/champs/community/action/index.html>

#### Sample Indicators to Measure Success

- An increase in the number of minutes of exercise per week.
- An increase in the number of exercise episodes per week.

## DURATION

One year in duration.

# INCREASING PHYSICAL ACTIVITY/ DECREASING THE USE OF NON-TRADITIONAL TOBACCO

PROGRAM  
TITLE

## Commit to Quit

### Target Audience

- Adult female smokers.

### Program Goals and Objectives

Doing regular **physical activity** may help female smokers stop smoking efforts because **physical activity** is a healthy alternative to smoking and it can improve health by helping to avoid the weight gain associated with smoking cessation.

### Program Overview

Commit to Quit was planned to test how well high-intensity **physical activity** helps women stop smoking.

Made for adult female smokers, Commit to Quit is a 12-session, group-based smoking cessation and exercise program made-to-fit each participant. The program includes the following topics: self-monitoring, stimulus control, coping with cravings and high-risk situations, stress management, and relaxation techniques.

Also included are topics that are often important to women; healthy eating, weight management, mood management, and balancing work and family.

The exercise part of the program involves going to three (3) exercise sessions each week. Exercise sessions include a five-minute warm-up, 30-40 minutes of aerobics, and a five-minute cool-down with stretching. Each woman is given an exercise prescription planned from the peak heart rate they had on a baseline exercise test.

### Website/Resources

Resources for this program can be found on the US Department of Health and Human Services, National Research Institute's website » [http://rtips.cancer.gov/rtips/rtips\\_details.do?programid=6&topicid=2](http://rtips.cancer.gov/rtips/rtips_details.do?programid=6&topicid=2)

### Sample Indicators to Measure Success

- Reduction in the number cigarettes smoked.
- Changes in body composition and/or fitness.
- Increase in the number of minutes of exercise/week.

### DURATION

The program needs 12 weeks to run. Participants go to the group-based, smoking cessation program once per week and have three 40-50 minute exercise sessions each week.





# **■ DECREASING THE USE OF NON- TRADITIONAL TOBACCO**



# DECREASING THE USE OF NON-TRADITIONAL TOBACCO

TARGET AUDIENCE

Children and Youth

**GOAL »** Reduce the number of children and youth in your community that use commercial tobacco products in a non-traditional manner.

Strategies to help achieve the goal	Activities to achieve these strategies
1. Decrease the number of children and youth who start using commercial tobacco products.	<ul style="list-style-type: none"> <li>• Start classroom-based education about the unhealthy effects that smoking has on the body.</li> <li>• School-based education programs that target the student's knowledge, attitudes, refusal skills, and self-beliefs about non-traditional tobacco.</li> </ul>
2. Decrease the number of cigarettes that children and youth who are smokers use each day.	<ul style="list-style-type: none"> <li>• Use child and youth-specific marketing that talks about the unhealthy effects that smoking has on the body (radio, social media sites).</li> <li>• Offer stop-smoking counselling on-site in schools or other places where children/youth gather.</li> </ul>
3. Increase the number of children and youth that have success in smoking reduction and cessation.	<ul style="list-style-type: none"> <li>• Start parent and teacher/principal working groups to talk about school policies to help make healthy smoke-free environments.</li> </ul>
4. Restrict minor's access to tobacco products.	<ul style="list-style-type: none"> <li>• Start school-based <b>peer-support</b> programs.</li> <li>• Use and enforce provincial retail sales laws, retailer education and reinforcement.</li> </ul>

# DECREASING THE USE OF NON-TRADITIONAL TOBACCO

TARGET AUDIENCE

Community

**GOAL »** Reduce the number of community members that use commercial tobacco products.<sup>2</sup>

Strategies to help achieve the goal	Activities to achieve these strategies
1. Decrease the number of adults who start using commercial tobacco products.	<ul style="list-style-type: none"> <li>• Mass media marketing that talks about the unhealthy effects that smoking has on the body.</li> <li>• Community education on how to decrease exposure to environmental tobacco smoke in the home and workplace: <ul style="list-style-type: none"> <li>- Media messages.</li> <li>- Educational material.</li> <li>- Add to counselling sessions and other health care <b>interventions</b>.</li> </ul> </li> </ul>
2. Decrease the number of commercial tobacco products that adults who are smokers use each day.	<ul style="list-style-type: none"> <li>• Start active healthcare provider reminder system (phone, text or e/mail) and social support.</li> <li>• Community-based tobacco reduction/cessation counselling at a choice of times during the day to help people come who have different schedules. <ul style="list-style-type: none"> <li>- Offer telephone counselling to people in remote areas or those without transportation.</li> </ul> </li> </ul>
3. Increase the number of adults that have success in quitting smoking.	<ul style="list-style-type: none"> <li>• Have childcare at reduction/cessation counselling.</li> <li>• Make, promote and support passive community messaging that indicates a smoke-free home or business: <ul style="list-style-type: none"> <li>- Signage for businesses or exterior of homes.</li> <li>- Positive public recognition for businesses who are smoke-free.</li> <li>- “Blue Light Project” for private homes.</li> </ul> </li> </ul>
4. Restrict minor’s access to commercial tobacco products.	<ul style="list-style-type: none"> <li>• Have a wide variety of self-help materials and counselling contact information at community events and buildings.</li> <li>• Use and enforce provincial retail sales laws, retailer education and reinforcement.</li> </ul>

Blue Light Project: The Lung Association – Manitoba » [www.mb.lung.ca/?pageid=75](http://www.mb.lung.ca/?pageid=75)

<sup>2</sup> Cochrane Library evidence finds that tobacco cessation efforts aimed at the broader community are not very successful but they do a good job to increase the awareness of the benefits and resources in place to help with reduction and cessation.

# DECREASING THE USE OF NON-TRADITIONAL TOBACCO

TARGET AUDIENCE

Workplace

**GOAL »** Reduce the number of employees in your workplace that use commercial tobacco products.

Strategies to help achieve the goal	Activities to achieve these strategies
1. Decrease the number of employees who start using commercial tobacco products.	<ul style="list-style-type: none"> <li>• Support lunch hour quit smoking sessions in your workplace (group or individual).</li> <li>• Start work-based <b>peer-support</b> and education programs.</li> <li>• Give paid time off for employees to go to reduction/cessation counselling.</li> <li>• Make and reinforce policies within the work place that support a smoke-free environment. Consider: <ul style="list-style-type: none"> <li>- Buildings.</li> <li>- Entrance doors.</li> <li>- Company vehicles.</li> <li>- One day each week when all staff try to quit smoking for the day.</li> </ul> </li> </ul>
2. Decrease the number of commercial tobacco products that employees who are smokers use each day.	
3. Increase the number of employees who are successful in quitting or reducing the amount they smoke.	<ul style="list-style-type: none"> <li>• Give <b>incentives</b> to employees who have met personal targets to decrease their cigarette use or to become smoke free: <ul style="list-style-type: none"> <li>- An extra holiday day.</li> <li>- 'Earned-time-off'.</li> <li>- Recognition among staff.</li> </ul> </li> </ul>

# DECREASING THE USE OF NON-TRADITIONAL TOBACCO

TARGET  
AUDIENCE

Policy

**GOAL »** Create healthy public policy that supports a smoke-free environment.

Strategies to help achieve the goal	Activities to achieve these strategies
1. Increase the number of health care providers in the community with <b>TRAC/OTRU</b> training.	<ul style="list-style-type: none"> <li>• Support all health and home care providers to become <b>TRAC/OTRU</b> counselors.</li> <li>• Support all health and home care providers to be trained to do <b>motivational interviewing</b>.</li> <li>• Offer flexible stop-smoking counselling: <ul style="list-style-type: none"> <li>- On-site counselling to workplaces and schools.</li> <li>- Have child care services offered at counselling.</li> <li>- Give phone counselling or reinforcement to remote areas or to people with restricted travel.</li> <li>- Bundle stop-smoking counselling with other home visit <b>objectives</b>.</li> </ul> </li> </ul>
2. Work with small businesses and other employers to create smoke free workplaces.	<ul style="list-style-type: none"> <li>• Work with community leaders to make and reinforce policies within the community that support a smoke-free public environment: <ul style="list-style-type: none"> <li>- Parks and streets.</li> <li>- Public buildings and entrance doors.</li> <li>- Community events and venues.</li> </ul> </li> </ul>
3. Work with community leaders to create smoke free public places.	<ul style="list-style-type: none"> <li>• Work with community leaders to make and enforce policies that will reduce access to commercial tobacco-related products: <ul style="list-style-type: none"> <li>- Increase the price of commercial tobacco products.</li> <li>- Increase taxes on commercial tobacco products.</li> <li>- Ban all tobacco displays.</li> <li>- Restrict where commercial tobacco products can be sold.</li> <li>- Decrease the amount of commercial tobacco products that community members can purchase per week.</li> </ul> </li> </ul>
4. Use and enforce provincial retail sales and tobacco display laws.	

Ontario Tobacco Research Unit (OTRU) – free online training » <http://tobaccocourse.otru.org/>

Alberta Health Services Tobacco Reduction and Cessation (TRAC) training information » [www.albertahealthservices.ca/services.asp?pid=service&rid=1044201](http://www.albertahealthservices.ca/services.asp?pid=service&rid=1044201)

*“Kicking the Addiction ToolKit”* – First Nations Inuit Health Branch, Health Canada. Please call the First Nations Inuit Health Resource Library at 780-495-2699 to get access to this resource.



# **DECREASING THE USE OF NON- TRADITIONAL TOBACCO**

## **EXAMPLES OF EVIDENCE-BASED PROGRAMS**

## PROGRAM TITLE

# DECREASING THE USE OF NON-TRADITIONAL TOBACCO

## Forever Free

### Target Audience

- Former adult smokers in danger of beginning to smoke again.
- Changes can be made to include this within a group program.

### Program Goals and Objectives

Forever Free was designed to help former smokers prevent relapse and remain smoke-free for life.

### Program Overview

Forever Free is a program to prevent smoking relapse. It is focused on ex-smokers, and involves eight brochures being sent to the participants' home (either all at once or over time). Those people who had all eight brochures mailed to them over time, or all at once, had lower rates of smoking relapse than those who had less support contact.

### Website/Resources

National Cancer Institute » <http://rtips.cancer.gov/rtips/programDetails.do?programId=102985>

Booklets are written at an easy-to-read level (5th -6th grade) can be purchased from website » <http://rtips.cancer.gov/rtips/productDownloads.do?programId=102985>

### Sample Indicators to Measure Success

- Rates of smoking relapse.
- Self-reported **self-efficacy** related to remaining smoke-free.

## DURATION

The whole program is eight mailings over 12 months.



## PROGRAM TITLE

# DECREASING THE USE OF NON-TRADITIONAL TOBACCO

## Project Towards No Tobacco Use (TNT)

### Target Audience

- Children/teenagers 10-15 years of age.

### Program Goals and Objectives

Prevent or reduce tobacco use in youth 10 to 15 year olds in Grades 5 to 10.

### Program Overview

Project Toward No Tobacco Use (TNT) are classroom-based lessons that are designed to prevent or reduce tobacco use in youth 10 to 15 years old. When they have finished this program, students will be able to talk about tobacco addiction and the consequences of using commercial tobacco use.

Delivered in 10 core and two booster lessons, TNT is proven to be good at helping youth to:

- Resist tobacco use and promote no tobacco use.
- Show strong communication, refusal, and cognitive coping skills.
- See how the media and advertisers influence youth to use commercial tobacco products.
- Know methods for building their own self esteem.
- Talk about ways to advocate for no commercial tobacco use.

This program works well for a wide variety of youth who may have different **risk factors** influencing their tobacco use.

### Website/Resources

Good description of program rational and implementation details » <http://minorityhealth.hhs.gov/npa/materials/ProjectTowardsNoTobaccoUse.pdf>

Evaluation document » [www.ncbi.nlm.nih.gov/pmc/articles/PMC1694992/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1694992/)

### Sample Indicators to Measure Success

- Change in attitudes and knowledge about the health impact of commercial tobacco use.
- A reduced smoking rate of children and youth in your community.

## DURATION

Delivered as 10 core lessons and two booster lessons with each lesson being 40 to 50 minutes in length. These first 10 lessons are designed to happen during a two-week period, although they may be spread over four weeks as long as all lessons are taught.

The two-lesson booster is delivered one year after the core lessons in a two-day sequence. However, the booster sessions may be taught one per week.

# DECREASING THE USE OF NON-TRADITIONAL TOBACCO

## Project Ex-4

### Target Audience

- Teenagers/Youth (age 13-17).
- Classroom-based delivery.

### Program Goals and Objectives

Project EX-4 is aimed at smoking cessation among teen smokers and smoking prevention for non-smokers.

### Program Overview

Project EX-4 is classroom-based smoking cessation and smoking prevention program for teens. It has eight sessions (45 minutes each) over a six week time period. It uses activities to prevent, reduce, or stop smoking among teens. The program also teaches self-control, anger management, mood management, and goal-setting techniques. Student participants are given good information about the social, emotional, environmental, and physical effects of non-traditional tobacco use.

A study in California of 12 high schools (approximately 1000 students) found the program to be good at decreasing weekly and monthly smoking at both the six month and 12 month post-tests. Quit rates were also higher for those in the program compared to the control group.

### Website/Resources

Training is available on the Project EX website. There are also program materials for sale.

Project EX-4 Products » <http://rtips.cancer.gov/rtips/productDownloads.do?programId=534937>

Adaptation Guidelines and Using What Works for trainer course on adapting to local context » [http://rtips.cancer.gov/rtips/reference/adaptation\\_guidelines.pdf](http://rtips.cancer.gov/rtips/reference/adaptation_guidelines.pdf)

Evaluation publication » [www.ncbi.nlm.nih.gov/pmc/articles/PMC3134402/pdf/nihms-302995.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3134402/pdf/nihms-302995.pdf)

### Sample Indicators to Measure Success

- Quit rates.
- Decrease in the number of cigarettes per day or per week used by teenage smokers.
- Refer to the evaluation publication shown above for more ideas.

### DURATION

Six weeks for eight sessions that are 45 minutes each.

Material costs are available on the Project EX-4 Products link provided above.

## PROGRAM TITLE

# DECREASING THE USE OF NON-TRADITIONAL TOBACCO

## Enhancing Tobacco Control Policies in NW Indians

### Target Audience

- First Nation communities who want to create tobacco use policies.

### Program Goals and Objectives

The aim of this program was to work with American Indian communities to make their own culturally appropriate tobacco-use policies.

### Program Overview

In the original project, two Aboriginal staff members of the Northwest Portland Area Indian Health Board delivered the program. Aboriginal representatives were invited to one of four regional workshops that included an overview of the project, a presentation on the health risks of smoking and environmental tobacco smoke, and an introduction to the Tribal Tobacco Policy Workbook. The regional meetings were followed by a visit to each community, where project staff typically worked with members of the Aboriginal health committee or people designated by the band council chair. A tobacco policy resolution approved by the tribal council was the goal for each community.

### Website/Resources

Tribal Tobacco Policy Workbook (2005) » [www.npaihb.org/images/projects\\_docs/WTPP/Final%20Policy%20Workbook.pdf](http://www.npaihb.org/images/projects_docs/WTPP/Final%20Policy%20Workbook.pdf)

National Cancer Institute » [http://rtips.cancer.gov/rtips/rtips\\_details.do?programid=8&topicid=1&co=N&cg=](http://rtips.cancer.gov/rtips/rtips_details.do?programid=8&topicid=1&co=N&cg=)

### Sample Indicators to Measure Success

N/A

## DURATION

N/A

# DECREASING THE USE OF NON-TRADITIONAL TOBACCO

## Ottawa Model for Smoking Cessation

### Target Audience

- Smokers who are coming out of a period of hospitalization.

### Program Goals and Objectives

The aim of the Ottawa Model is to increase the number of smokers who remain tobacco free after hospitalization.

### Program Overview

This program takes advantage of the increased interest in smoking cessation that being in the hospital may have for people. This strategy was originally developed at the University of Ottawa Heart Institute, and was aimed at patients with heart disease. It has since been tried in hospitals all across Canada and is being used to assist all smoking patients, not just those with heart disease.

The program is based on the “5 A’s” approach to cessation (ask, advise, assess, assist, and arrange). There are six key components to the Ottawa Model for Smoking Cessation:

1. Smoking status is recorded for all patients on entering the hospital, and this is documented in their medical records.
2. Bedside counselling is given to all smoking patients; either a brief **intervention** or more intensive counselling may be given, depending on the patient’s readiness to quit. If the patient is ready, a nurse counsellor helps them make a quit plan.
3. Drugs to help with cessation are encouraged for all smokers while they are being hospitalized in order to reduce the effects of withdrawal; for those ready to quit, a 10-week nicotine replacement therapy (NRT) program is provided at the time of discharge.
4. Self-help manuals provided by the Canadian Cancer Society are given to all smoking patients.
5. Patients are referred to community-based smoking cessation programs as needed.
6. Patients are all given the option of being contacted regularly (at 3, 14, 30, 60, 90, 120, 150 and 180 days after discharge) by automated interactive voice response calls. If the patient says that they are smoking again or report low confidence that they will remain smoke-free, a nurse counsellor will call and provide help.

### DURATION

Approximately 20  
minutes in hospital with  
six month follow-up.

This program has been evaluated many times over the course of its development, with patients showing smoking cessation rates of 30% to 50% after six months.

**Website/Resources**

Ottawa Model for Smoking Cessation – homepage » <http://ottawamodel.ottawaheart.ca/>

**Sample Indicators to Measure Success**

- Patients increased readiness to quit.
- Number of participants that enter the 10 week NRT program.
- Reduction rates.
- Cessation rates.



# ■ RESPONSIBLE USE OF ALCOHOL

This next section of the *Chronic Disease Prevention Evidence Table (2015)* gives examples of goals, **strategies** and **evidence-based practice activities** that target children and youth and teach the responsible use of alcohol and **chronic disease** prevention.



# RESPONSIBLE USE OF ALCOHOL

## TARGET AUDIENCE

Children and Youth

**GOAL »** Reduce the number of children and youth that use alcohol.

Strategies to help achieve the goal	Activities to achieve these strategies
1. Delay the age at which children and youth beginning using alcohol.	<ul style="list-style-type: none"> <li>• Use school-based education programs that target student's knowledge, attitudes, refusal skills, and self-beliefs about alcohol.</li> <li>• Use awareness and education efforts about the health and social impact of alcohol that target students, parents and the broader community:               <ul style="list-style-type: none"> <li>- Alberta Education and Alberta Health Services teaching resources.</li> <li>- Homework assignments.</li> <li>- Skill-rehearsal scenario-based discussion groups.</li> <li>- Community events that promote and support the responsible use of alcohol.</li> <li>- Peer-education.</li> </ul> </li> <li>• Start family-based alcohol misuse prevention programs that focus on parenting skills like:               <ul style="list-style-type: none"> <li>- Decision-making support.</li> <li>- Setting boundaries and rules.</li> <li>- Parental monitoring.</li> </ul> </li> </ul>
2. Lower alcohol use among those children and youth that are already using alcohol.	



# RESPONSIBLE USE OF ALCOHOL

## EXAMPLES OF EVIDENCE-BASED PROGRAMS

# RESPONSIBLE USE OF ALCOHOL

## PROGRAM TITLE

### Strengthening Families for the Future AND Strengthening Families for Parents and Youth (Canadian)

#### Target Audience

- Children aged 7-11 who may be at risk for substance use problems, depression, violence, delinquency and school failure.

#### Program Goals and Objectives

The goals of the program are to:

- Reduce children's or teens' intention to use alcohol and/or other drugs, and reduce other behaviour problems.
- Increase children's **resilience** and life skills.
- Increase positive and effective parenting.
- Increase family communication.

#### Program Overview

Strengthening Families for the Future is a prevention program for families with children between the ages of seven and 11 who may be at risk for substance use problems, depression, violence, delinquency and school failure. Strengthening Families is effective because it involves the whole family. It was designed specifically to:

- Reduce **risk factors**.
- Build individual **resilience**.
- Make family **protective factors** stronger.

Together, these **strategies** help prevent children from developing problems with alcohol or other drugs, and mental health problems.

The program is led by trained facilitators through community organizations that include school social work programs, children's mental health centres, teen medicine programs, community agencies or addiction and mental health facilities. The program works well when different organizations come together to oversee and participate in its delivery.

#### Website/Resources

Related Canadian Program » [www.parentactionondrugs.org/pad-sfpy/](http://www.parentactionondrugs.org/pad-sfpy/)

Order form for Canadian Resources » [www.parentactionondrugs.org/pad-sfpy/documents/SFPY\\_Order\\_Form.pdf](http://www.parentactionondrugs.org/pad-sfpy/documents/SFPY_Order_Form.pdf)

## DURATION

Nine week program.

Details of an adaptation in Ontario » [www.camhx.ca/Publications/Resources\\_for\\_Professionals/Strengthening\\_Families/index.html](http://www.camhx.ca/Publications/Resources_for_Professionals/Strengthening_Families/index.html)

### **Sample Indicators to Measure Success**

- Reduction in children's or teens' intention to use alcohol and/or other drugs.
- Increase in children's **resilience** and life skills.
- Increase in positive and effective parenting.
- Increase in family communication.

# RESPONSIBLE USE OF ALCOHOL

## Listening to One Another

### Target Audience

- Youth (10-14) and their parents.
- First Nations, Inuit, Métis.
- On-reserve.

### Program Goals and Objectives

- To reduce alcohol and drug use among First Nation early teens.
- To promote healthy families.
- Record how it has been adapted in some aboriginal communities.

### Program Overview

Since 2011, a community-based program was implemented that aimed to improve family well-being in First Nation communities across Canada. So far, five First Nation partners have creatively adapted the program to their respective culture. Youth and their parents attend the 14 sessions that are facilitated by local community members.

### Website/Resources

Mental Health Promotion for Aboriginal Youth » [www.mcgill.ca/mhp/](http://www.mcgill.ca/mhp/)

Summary of Prevention Outcomes » [www.mcgill.ca/mhp/files/mhp/results20generation20120or20220les.pdf](http://www.mcgill.ca/mhp/files/mhp/results20generation20120or20220les.pdf)

### Sample Indicators to Measure Success

- Reduction of alcohol use among target audience.
- Reduction of drug use among target audience.
- Improve family communication and increase chances for healthy discussions within families.

DURATION

14 weeks.

# RESPONSIBLE USE OF ALCOHOL

## Nimi Icinohabi Program

### Target Audience

- Class-room based.
- Children (age 8-12).
- Teenagers (age 13-17).
- First Nation communities.

### Program Goals and Objectives

The goal of this program is to create changes in student participants' knowledge, attitudes, refusal skills, and self-beliefs.

### Program Overview

This is an evidence-based substance abuse prevention program for Aboriginal children and youth (grades 3-9).

In response to substance abuse within their community, the Alexis Nakota Sioux Nation established a school-based substance abuse prevention program based on an existing model. It was adapted by the community to ensure that it matched their cultural beliefs, values, language, and visual images.

The benefits and challenges of using the program were documented. There were positive individual behaviour and community-level changes brought about by the program. A complementary parent program is in development.

Main findings include positive changes in student participants' drug and alcohol refusal skills, self-beliefs, and knowledge of the serious physical and social effects of drug and alcohol use.

### Website/Resources

Life Skills Training Program » [www.youtube.com/watch?v=Oxex7gbU9ds&feature=youtu.be](http://www.youtube.com/watch?v=Oxex7gbU9ds&feature=youtu.be)

A Culturally Adapted Drug and Alcohol Abuse Prevention Program for Aboriginal Children and Youth » <http://research4children.com/data/documents/ACulturallyAdaptedDrugandAlcoholAbusePreventionProgrampdf.pdf>

### Sample Indicators to Measure Success

- Drug and alcohol refusal skills.
- Self-belief.
- Knowledge of the serious health effects of drug and alcohol use.

### DURATION

Eight x two hour sessions  
over eight weeks.

# RESPONSIBLE USE OF ALCOHOL

## Project Northland

### Target Audience

- School-based and home-based.
- Children Grade 6-8.

### Program Goals and Objectives

To delay the age at which teens begin drinking, lower alcohol use among those already drinking, and limit the number of alcohol-related problems among young drinkers.

### Program Overview

Project Northland is a multilevel **intervention** conducted in 24 school districts and their communities in Minnesota beginning in 1991. The **intervention** targeted the class of 1998 (sixth-grade students in 1991) and was implemented for three school years (1991 to 1994).

Given to teens in grades 6-8 on a weekly basis, the program has a specific theme within each grade level that was incorporated into the parent, peer, and community components.

- The 6th-grade home-based program has content about teen alcohol use and uses student-parent homework assignments, in-class group discussions, and a community wide task force.
- The 7th-grade peer- and teacher-led lessons focus on resistance skills and normal expectations regarding teen alcohol use and is delivered through discussions, games, problem-solving tasks, and role-plays.
- During the first half of the 8th-grade Powerlines peer-led program, students learn alcohol use prevention through small group and classroom activities. During the second half, they work on community-based projects and hold a mock town meeting to make community policy recommendations to prevent teen alcohol use.

At the end of three years, students in the **intervention** school districts reported less onset and prevalence of alcohol use than students in the other school districts. The differences were stronger among those who were non-users in the beginning. **Intervention** students were less likely to drink alcohol and fewer students reported any alcohol use. Peer influence was shown to have a noticeable effect on alcohol use. Project Northland increased parent-child communication around alcohol use.

### DURATION

Sessions are delivered once a week for a total of three (3) school years when the program is delivered as described.

**Website/Resources**

[www.epi.umn.edu/projectnorthland/Schoolba.html](http://www.epi.umn.edu/projectnorthland/Schoolba.html)

Power Lines Curriculum 2ND Edition Project Northland - An Eighth Grade Alcohol-Use Prevention Curriculum » [www.hazelden.org/OA\\_HTML/ibeCCtpltmDspRte.jsp?item=14490](http://www.hazelden.org/OA_HTML/ibeCCtpltmDspRte.jsp?item=14490)

**Sample Indicators to Measure Success**

- Increase in the number of non-users of alcohol.
- Delay in the age at which teens begin drinking.
- Reduction in alcohol use among those teens already drinking.
- Reduction of the alcohol-related problems among young drinkers.
- Increased self-confidence in alcohol refusal skills.

## PROGRAM TITLE

# RESPONSIBLE USE OF ALCOHOL

## School Health and Alcohol Harm Reduction Project (SHAHRP)

### Target Audience

- Junior/High-school-based.
- Teenagers/Youth (age 13-14).

### Program Goals and Objectives

The SHAHRP **intervention** aimed to reduce the harm that young people experience from their own alcohol use and from other people's use of alcohol.

### Program Overview

The School Health and Alcohol Harm Reduction Project (SHAHRP) targeted students aged 13-14 in 14 schools in Perth, Australia. It adopted a harm reduction approach by providing three phases of alcohol harm reduction lessons during secondary school.

The lessons were conducted in three phases with eight lessons in the first year of the program, five booster lessons in the following year during phase two, and four additional booster lessons in phase three which occurred two years later.

Activities used deliveries of information were; skill rehearsal, individual and small group decision-making and discussions based on scenarios. A teacher's manual and teacher training supports the delivery of SHAHRP lessons. A student workbook in phase one and phase two of the program supports the activities conducted during the program.

SHAHRP had a measurable effect on alcohol-related knowledge, attitudes and behaviours early in the programs with some maintenance of effect one year after the second phase of the program had been completed. SHAHRP students had:

- Greater alcohol related knowledge.
- Lower level of total and risky consumption.
- Lower levels of harm associated with alcohol use.

### Website/Resources

School Health and Alcohol Harm Reduction Project (program details and resources are available here) » <http://ndri.curtin.edu.au/research/shahrp/index.cfm>

### Sample Indicators to Measure Success

- Alcohol related knowledge and attitudes and behaviours.
- Level of alcohol consumption.
- Reduction in alcohol-related harm to those who drink and their peers.

## DURATION

Three phases delivered over two years:

- eight lessons during the first year.
- five booster lessons in year two.
- four additional booster lessons in phase three.



# GLOSSARY

<b>AFLCA</b>	Alberta Fitness Leadership Certification Association: AFLCA provides training, evaluation, and accreditation to fitness exercise leaders in Alberta. AFLCA training helps people who are interested in being certified fitness leaders have a constant standard of training.
<b>APPLE school</b>	The <b>A</b> lberta <b>P</b> roject <b>P</b> romoting active <b>L</b> iving and healthy <b>E</b> ating (APPLE Schools) is a program that motivates change and changes school environments for better learning and health.
<b>Behaviour change</b>	Behaviour change refers to any change in human behaviour. In public health it also refers to a broad range of activities and approaches that focus on the individual, community, and environmental influences on behaviour.
<b>Built environment</b>	This term refers to the 'human-made' spaces in which people live, work, and play on a daily basis. This term includes things like the layout of our communities and buildings, where the grocery stores are located, public transportation and what kind of foods and drinks are sold in school or recreation centres.
<b>Chronic disease</b>	A chronic disease is a long-lasting condition that can be controlled but not cured. Another term that is used is 'non-communicable disease'.
<b>Community capacity</b>	Community capacity building often refers to strengthening the skills, and abilities of people and communities so they can overcome barriers that are holding them back from something like better health or education.
<b>Community engagement</b>	This term refers to the way that community organizations and individuals work together to build relationships for the purpose of reaching a benefit for everyone in the community. The more people that engage in making this benefit, the better chance it has of being successful and long-lasting.
<b>Daily Physical Activity Initiative</b>	This is an Alberta Education program that is based on the belief that healthy students are better able to learn and that school can provide a safe place for students to develop good habits needed for a healthy, active lifestyle. Alberta classrooms are expected to give each student the chance to do daily physical activity while they are at school.
<b>Ethnography</b>	This is a form of research that describes people and cultures. It focuses on traditions, habits and things that are different or unique about the people or culture.

<b>Evidence-based practice activities</b>	This term refers to an intervention, program, or initiative that is based on the most current and valid research results.
<b>Food security Food insecurity</b>	Food security refers to the situation when a person, family or community has physical and economic access to food that meets their dietary needs and their personal and cultural preferences. If these needs are not being met, then the family, community or individual is said to be <u>food insecure</u> .
<b>Health behaviour</b>	An action taken by a person to keep or regain good health and to prevent sickness. Some common health behaviours are; exercising regularly, eating a balanced diet, and getting the right immunizations.
<b>Holistic</b>	A holistic approach to health care takes into account the mental, spiritual and social factors of the whole person when treating their illness or disease, rather than just their physical symptoms.
<b>Home Support Exercise Program (HSEP)</b>	Home Support Exercise Program – This program is an in-home exercise program made up of 10 easy, step-by-step exercises that are set up to improve and keep functional fitness, mobility, balance and independence.
<b>Incentive</b>	An incentive is a thing that motivates or encourages someone to do something. Incentives can be personal goals like improved fitness to be able to walk farther or feel stronger, or they can be things like public recognition or money.
<b>Indicator</b>	An indicator is something you can measure to show change. Health indicators often measure the absence of disease or the delay of death.
<b>Intervention</b>	A treatment, procedure or program of health care that hopes to change the course of events of a health condition.
<b>Motivational Interviewing</b>	This is a goal-oriented, client-centred counselling style to help people change their behaviour. It helps people make change for themselves by helping clients to work around the barriers to the change.
<b>Nutrient dense</b>	A food that is nutrient dense is one that is rich in nutrients for the number of calories contained. The food has lots of nutrients and very few calories. Vegetables and fruit are examples of nutrient dense foods.
<b>Nutrition labelling</b>	Nutrition labelling is the information found on the labels of packaged foods that tell you about the serving size, nutrients, calories and ingredients that are in the food.
<b>Objective</b>	Program objectives are specific, measurable actions to be done within a certain time frame of your program.

<b>OTRU</b>	Ontario Tobacco Research Unit – this is a research network that is a Canadian leader in tobacco control research, monitoring and evaluation, teaching and training and is a respected place to go for science-based information on tobacco control. They have lots of resources and training available online.
<b>Outcome</b>	A (health) outcome is the change in health status of an individual, group or population that is the result of a planned intervention or program.
<b>Peer-support</b>	Peer-support is when people share knowledge, experience, and emotional, social or practical help with someone similar to them. Rather than getting help from an “expert” the help is given by an equal. An example of peer support is when teenagers support other teens with a life or health challenge (smoking cessation, safe sexual practices), or a new mother who is struggling to breastfeed seeks help from another mother who has successfully breastfed her babies.
<b>Point-of-decision</b>	Motivational signs or messages that are placed where people are about to make a decision that could impact their health. They are often used at the bottoms of stairs or elevators to encourage people to take the stairs. These messages are similar to <u>point-of-purchase</u> messaging in grocery stores which hope to encourage people to make a buying decision as they go to pay for their purchases.
<b>Physical activity</b>	This term refers to any skeletal muscle movement that result in energy use. Physical activity in daily life can be grouped into occupational, sports, conditioning, household, or other activities. Exercise is a subset of physical activity.
<b>Protective factor</b>	A protective factor is a condition or trait like skills, strengths, resources or coping strategies in individuals, families, communities or the larger society that help people deal well with stressful events. Protective factors lower or remove risk. If smoking is a risk factor for chronic disease then reducing non-traditional tobacco use is a protective factor.
<b>Resilience</b>	It is the ability to become strong, healthy, or successful again after something bad or difficult happens.
<b>Risk Factor</b>	A risk factor is something that increases a person's chances of developing a disease. For example, smoking is a risk factor for lung cancer, and obesity is a risk factor for heart disease and high blood pressure.
<b>Screen-based leisure activities</b>	These are leisure-time activities such as watching television, playing video or computer games, or using a computer.
<b>Sedentary</b>	Requiring sitting or very little physical activity. Screen-based leisure activities are usually sedentary activities.

<b>Self-efficacy</b>	This term refers to a person's belief in their own ability to do the behaviours that are needed to reach a goal. It reflects a person's confidence in their ability to have control over their own motivation, behaviour, and social environment. It is an important part of being able to keep a long term behaviour change.
<b>Sugar-sweetened beverages</b>	These are drinks containing added sweeteners that have calories like sugar, high-fructose corn syrup (HFCS), or fruit-juice concentrates. Examples of this kind of drink are pop, fruit drinks, sports drinks, energy and vitamin water drinks, sweetened iced tea, and lemonade.
<b>Strategies</b>	A careful plan or way to reach a goal. They are usually planned to do over a long period of time.
<b>TRAC</b>	Tobacco Reduction and Cessation

# REFERENCES

APPLE Schools » [www.appleschools.ca/](http://www.appleschools.ca/)

Cochrane Library » [www.cochrane.org/](http://www.cochrane.org/)

Cochrane is an independent network of researchers, professionals, patients, carers, and people interested in health from across the world. Their systematic reviews are recognized as representing the international standard for high quality, trusted information. The following research articles from the Cochrane Library were reviewed for the purpose of this resource:

- Nutrition
  - Interactive computer-based interventions for weight loss or weight maintenance in overweight or obese people. (2012)
  - Interventions for increasing fruit and vegetable consumption in children aged five years and under. (2012)
  - Increased fruit and vegetable intake to prevent cardiovascular disease. (2013)
  - Interventions for preventing obesity in children. (2011)
  - Lifestyle interventions for improving school achievement in overweight or obese children and adolescents. (2014)
- Physical Activity
  - School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged six to 18. (2013)
  - Community wide interventions for increasing physical activity. (2015)
  - Face-to-face interventions for promoting physical activity. (2013)
  - Interventions for promoting physical activity. (2013)
  - Behaviour changes for dietary and physical exercise modification in overweight and obese adults. (2014)
- Tobacco Reduction and/or Cessation
  - Psychosocial smoking cessation interventions such as behavioural counselling, telephone support and self-help interventions are effective in helping people with coronary heart disease stop smoking. (2009)
  - Can community interventions reduce smoking among adults. (2008)

- Can illegal cigarette sales to underage youth be prevented, and does it change their smoking behaviour. (2008)
- Can smoking prevention interventions targeted at Indigenous youth prevent Indigenous youth from starting to smoke or use other tobacco products? (2012)
- Do school tobacco policies prevent uptake of smoking? (2014)
- Do interventions in families prevent children and adolescents from starting to smoke. (2015)
- Can interventions delivered by mobile phones help people to stop smoking? (2012)
- Does support and intervention from nurses help people to stop smoking? (2014)
- Do exercise interventions help people quit smoking. (2014)
- Is the workplace an effective setting for helping people to stop smoking. (2011)
- Alcohol
  - Motivational interviewing (MI) for alcohol misuse in young adults is not effective enough. (2014)
  - Family-based alcohol misuse prevention for young people can be effective. (2011)
  - Universal multi-component alcohol misuse prevention for young people can be effective. (2011)

Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010 The Lancet, Vol. 380, No. 9859, p2095–2128 Prof Rafael Lozano, MD et al » [www.ncbi.nlm.nih.gov/pubmed/23245604](http://www.ncbi.nlm.nih.gov/pubmed/23245604)

Government of Canada Chronic Disease Initiatives » [www.phac-aspc.gc.ca/media/nr-rp/2011/2011\\_0919-fs-fr-eng.php](http://www.phac-aspc.gc.ca/media/nr-rp/2011/2011_0919-fs-fr-eng.php)

HSEP » [www.uwo.ca/ccaa/training/courses/hsep.html](http://www.uwo.ca/ccaa/training/courses/hsep.html)

Public Health Agencies of Canada – Canadian Best Practices Portal » <http://cbpp-pcpe.phac-aspc.gc.ca/>

The Global Economic Burden of non-communicable diseases – A report by the World Economic Forum and the Harvard School of Public Health – September 2011 » [http://www3.weforum.org/docs/WEF\\_Harvard\\_HE\\_GlobalEconomicBurdenNonCommunicableDiseases\\_2011.pdf](http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf)

WHO – Chronic Disease and Health Promotion: Part Two – The urgent need for action, Chapter One: Causes and Health Impact » [www.who.int/chp/chronic\\_disease\\_report/part2\\_ch1/en/index12.html](http://www.who.int/chp/chronic_disease_report/part2_ch1/en/index12.html)



ALBERTA FIRST NATIONS

# Chronic Disease Prevention

## EVIDENCE TABLE

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